

## State of play of COVID-19 measures on international protection procedures (including the vaccination of asylum seekers)

### Background

From the outbreak of the COVID-19 pandemic until mid-April 2020, EU+ countries operated under a state of emergency or enforced extraordinary measures, which inherently impacted asylum and reception systems.<sup>1</sup> From mid-April until June 2020, EU+ countries began to ease emergency measures and gradually resumed activities in a manner adapted to avoid a further COVID-19 outbreak. From September 2020, COVID-19 cases increased, and the second wave of the pandemic led to restrictive measures being implemented anew across EU+ countries in November to December 2020.

With the gradual rollout of vaccines since the end of 2020, restrictions were eased. However, there were challenges with asylum seekers having access to the vaccinations.<sup>2</sup> International organisations voiced their concerns about equitable access and the inclusion of asylum seekers and refugees in national vaccination plans.<sup>3</sup> In June 2021, UNHCR [repeated](#) its call to countries to remove barriers impeding refugees' access to COVID-19 vaccines and warned of the risk of a vaccine gap for the world's stateless population.<sup>4</sup>

The EU/EEA<sup>5</sup> reported 35 million cases of the SARS-CoV-2 Delta variant in July 2021, which is now dominant in much of Europe.<sup>6</sup> This Situational Update analyses whether the temporary solutions introduced to mitigate COVID-19 represent indeed new, normal procedures in asylum and reception systems. It also presents policies and practices which have been implemented for the vaccination of asylum populations in EU+ countries. In addition, the latest court decisions on the implications of COVID-19 measures on international protection procedures are presented.

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<sup>1</sup> EASO has published three public reports on the impacts: "COVID-19 emergency measures in asylum and reception systems", [Issue 1 \(June 2020\)](#), [Issue 2 \(July 2020\)](#) and [Issue 3 \(December 2020\)](#). See also EASO contribution to the EMNOECD Inform, [The impact of COVID-19 in the migration area in EU and OECD countries](#), April 2021.

<sup>2</sup> In [March](#) and [May](#) 2021, EASO published Situational Updates on "COVID-19 vaccinations for applicants and beneficiaries of international protection". See also WHO, [COVID-19 cases top 60 million in European Region, says WHO/Europe](#), Press Release, 2 August 2021.

<sup>3</sup> WHO, [Global Evidence Review on Health and Migration: Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices](#), June 2021. UN High Commissioner for Refugees (UNHCR), [The Impact of COVID-19 on Stateless Populations: Policy recommendations and good practices on vaccine access and civil registration](#), 3 June 2021. Both [UNHCR](#) and the [IOM](#) regularly publish relevant data on the inclusion of asylum seekers in vaccination programmes. See also UNHCR, [COVID-19 Emergency Response – Regional Bureau for Europe](#), Update #29, June 2021. For past developments, see EASO, Situational Update, [May](#) 2021.

<sup>4</sup> UN High Commissioner for Refugees (UNHCR), [The Impact of COVID-19 on Stateless Populations: Policy recommendations and good practices on vaccine access and civil registration](#), 3 June 2021.

<sup>5</sup> <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>

<sup>6</sup> <https://www.euro.who.int/en/media-centre/sections/press-releases/2021/sars-cov-2-delta-variant-now-dominant-in-much-of-european-region-efforts-must-be-reinforced-to-prevent-transmission-warns-who-regional-office-for-europe-and-ecdc>

## Key findings

- ❖ The impact of COVID-19 measures on international protection procedures has receded as national authorities have adopted new working modalities, such as remote and online services. Furthermore, asylum authorities have reorganised the provision of services in line with the necessary preventive health and safety measures, without undermining the procedural guarantees defined in the Common European Asylum System (CEAS). In this context, access at staggered hours, restrictions in the number of people present, use of plexiglass, temperature measurement, and the use of masks and disinfectants are the new norm in international protection procedures.
- ❖ Medical screening, possible quarantine for newly-arrived asylum seekers and positive and symptomatic cases, rapid testing, and a revised maximum occupancy rate that enables social distance are widely used in reception.
- ❖ Appeal procedures have been adjusted to the new safety protocols, while in many cases remote hearings have been retained.
- ❖ The rollout of vaccines brought on new challenges related to ensuring unhindered access to vaccines for all applicants for international protection but also to overcoming the hesitancy of asylum populations to trust government guidelines. In this regard, specific policies were developed to inform, raise awareness and enhance community engagement.
- ❖ Courts and tribunals maintain a crucial role in scrutinising COVID-19 measures and in the implementation of CEAS standards in the context of the pandemic. Court rulings have had a direct impact on the assessment of applications for international protection, the Dublin procedure, returns to third countries and the integration of beneficiaries of international protection.

### Methodological note

This update is based on information gathered through the EASO Query System, EASO Policy Survey (PCYS.2021.003) on “PCYS.2021.002 – State of play of COVID-19 measures in asylum and reception including vaccinations”, launched in June 2021. 20 EU+ countries provided input (BE, HR, DK, FI, FR, HU, IS, IE, IT, LV, LU, NL, NO, PL, PT, RO, SK, SI, SE, CH) and agreed to publicly share their contributions.

The analysis is supported by diverse sources of information, which are duly referenced. Jurisprudence is extracted from the [EASO Case Law Database](#).

EASO expresses gratitude to asylum and reception authorities in EU+ countries for the continued cooperation and information exchange. The contributions of national asylum experts are invaluable in helping EASO maintain an accurate and up-to-date overview of asylum-related developments in Europe and beyond.

## 1. Impact of COVID-19 measures on first instance procedures in EU+ countries



### Registration/lodging of asylum applications

Preventive health and safety measures, such as the use of disinfecting products, distancing, use of masks, etc., are in place in all EU+ countries. Furthermore, asylum authorities maintain access at staggered hours (e.g. BE, IE), limit the number of people present (e.g. BE, IT, LU, SE), use plexiglass (e.g. BE, HR, DK, SK, SE) and take temperature measurements (e.g. HR).

In Luxembourg, all new arrivals are tested before being received at the Directorate of Immigration. In the Netherlands, special quarantine and isolation locations still exist for asylum seekers when needed. Romania continues to undertake registration and initial epidemiological screening in dedicated areas (tents) inside reception centres.

Iceland retains a 5-day quarantine in a hotel and a PCR test for immediate registrations of unvaccinated asylum seekers before transferring them to the reception centre. In Norway, if applicants for international protection are in quarantine, they may be registered using the videoconference system, 'ATEA meetnow'. For this step, the applicant is placed in the transit centre with a facilitator, who is responsible for initiating contact with the police officer and the interpreter, collecting ID documents and disinfecting all equipment after use. The case officer may be at the same location (in a different room), in the police station (Oslo) or working remotely from home. As a general rule, the interpreter is based at the police station (also in a separate room).

As the epidemiological situation in Slovenia has improved, the initial 10-day quarantine imposed on newly-arrived asylum seekers in the reception centre has been withdrawn.

To limit the physical presence of applicants at the offices, the International Protection Office (IPO) in Ireland developed an [online tool](#) for the renewal procedure for Temporary Residence Certificates (TRC).

### Provision of information

In general, the provision of information as part of the standard registration procedure has not been subject to modifications. General health and safety measures apply as well (use of masks, social distancing, use of plexiglass, etc).

Belgium holds individual consultations between applicants for international protection and social workers, while collective sessions are organised in small groups. Similarly, in Slovenia, before lodging an application, information is provided through videos at the Ministry of the Interior, while applicants have the possibility to ask questions and receive explanations on the procedure.

Efforts have also been made to enhance information-sharing by telephone (e.g. IT), videos (e.g. SI), online platforms (e.g. NL, RO, CH) and alternative communication means such as emails, electronic forms and online applications (e.g. IE, NO, PL). Indicatively, the Norwegian Organisation for Asylum Seekers (NOAS) provides information either online (by MS Teams), by telephone or in small groups in large meeting rooms.

## Personal interview

Personal interviews with the physical presence of all stakeholders continue under strict safety protocols and protective measures (social distancing, use of masks, use of plexiglass, sanitizers, requirements for room size, etc.) in BE, HR, DK, FR,<sup>7</sup> HU, IE, IS, IT, LV,<sup>8</sup> LU, NL, PT, RO, SK, SI and CH<sup>9</sup>. Regular breaks and frequent airing of the rooms are also common. In Denmark, the first interview is usually held 7 days after arrival as applicants undergo a PCR test on the fourth day and the quarantine ceases if the results are negative.

In some countries, remote personal interviews remain the norm. For instance, in Finland partly remote interviews and/or remote interpretation continue. Similarly, in Ireland interviews resumed in May 2021 using videoconferencing with the applicant in one room and the interviewer in another within the IPO building.<sup>10</sup> Additional equipment is being installed in the Dublin office, and plans are in place to conduct interviews from the applicant's accommodation using videoconferencing. In Poland, only remote interviews are currently conducted, with applicants joining remotely from the accommodation or the detention centre or from a separate room at the Office for Foreigners.

The Norwegian Directorate of Immigration (UDI) has conducted all personal interviews remotely since March 2020. In the majority of interviews, the interviewer and the interpreter are located in two separate offices on the UDI premises. Sometimes the interviewer works from home using UDI-owned IT equipment and secure lines. The interpreter is always at an UDI office. The applicant participates in the interview from the accommodation centre<sup>11</sup> or rarely from an UDI office.

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<sup>7</sup> The French Office for Refugees and Stateless Persons (OFPRA) has established a strict protocol for personal interviews. A prior appointment is compulsory to enter the office. National sanitary measures, such as wearing a mask, providing hydroalcoholic gel, establishing of a flow direction, and maintaining a distance of 1 m between people, are respected inside the premises and during personal interviews. Plexiglass between applicants and case officers have been installed in the interview rooms, and the ventilation system has been adapted. To limit the number of people in the waiting rooms and the interview boxes, applicants who are summoned to an interview are invited to come unaccompanied by their children when possible. Third parties authorised by the law (e.g. lawyers) must notify their presence to OFPRA at least 48 hours in advance so that appropriate organisational measures are taken. Finally, access to OFPRA premises is subject to a temperature check by the security staff. In case of possible COVID-19 symptoms, security staff take specific measures without delay.

<sup>8</sup> As of June 2021, personal interviews are conducted face-to-face, while it is still possible to conduct interviews remotely.

<sup>9</sup> The number of participants in one room is limited to five, and participants are separated by plexiglass dividers. Special "2+3" interview settings can be provided to applicants at risk of severe disease in case of SARS-CoV-2 infection. In this case, the interviewee and their legal counsel are in the same room with the interviewer, while the interpreter and the minute secretary are in an adjacent room.

<sup>10</sup> The IPO resumed in-person interviews during the summer of 2020 using Perspex, social distancing, ventilation and personal protective equipment in line with health and safety advice. The duration of the interviews was also limited in line with health and safety advice. During early 2021, interviews were halted due to revised and much stricter public health advice which was issued at the end of 2020. Interviews resumed on 10 May 2021 for IPO Dublin and on 17 May for the Cork office.

<sup>11</sup> Around 20 centres are equipped to offer remote interviews.

## Notification of decisions

The notification of first instance decisions has not been greatly affected, especially when it was already done remotely by mail, at the reception centre or through legal representatives (e.g. DK, FR, HU, IE, IT, LV, LU, NO,<sup>12</sup> PL, RO,<sup>13</sup> SK, SI, CH). If the physical presence of the applicant is needed (e.g. in BE, HR, FI, LU only for positive decisions,<sup>14</sup> PT only for positive decisions, SE), the same safety protocols and protective measures (social distancing, use of masks, use of plexiglass, sanitizers) apply.

France developed electronic means for the notification of decisions. Similarly, Sweden uses videoconferencing for notifications or when physically present, plexiglass is installed.

## Dublin transfers

In general, Dublin transfers are subject to the same entry requirements set for travelling in EU+ countries (negative COVID-19 test, vaccination certificate, quarantine, etc.). DubliNet is used to share relevant documentation. Where quarantine or self-isolation is required, reception is arranged (e.g. IE, IT,<sup>15</sup> LV,<sup>16</sup> LU,<sup>17</sup> NO,<sup>18</sup> SI<sup>19</sup>). Croatia limits the number of persons to be transferred to a maximum of three persons per day (exceptions are made for families with more than three family members). In Iceland, if an asylum seeker is transferred under the Dublin procedure, the person must undergo a PCR test and stay in a quarantine hotel for 5 days before entering the reception centre. If the person is vaccinated, a PCR test suffices for a direct transfer to the reception centre.

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<sup>12</sup> Negative decisions are notified by a lawyer. The notification of the first instance decision is also provided by the UDI by telephone or online. Furthermore, the UDI has developed a video which is used in some cases for persons who have been granted a permit to stay, replacing in-person notification in these cases.

<sup>13</sup> The notification is conducted in asylum centres.

<sup>14</sup> Decisions granting refugee status or subsidiary protection are notified in person. After the national lockdown (March-May 2020), the notification of these decisions resumed in June 2020. However, notifications are no longer made in an office but at a counter where a glass divider has been installed.

<sup>15</sup> Transferees to Italy should undergo self-isolation for 5 days. Following the 5-day self-isolation, another COVID-19 test is mandatory. Reception services were arranged to support transferees arriving in Rome-Fiumicino and Venezia-Marco Polo airports when they were not provided with an address where the mandatory quarantine period could be spent.

<sup>16</sup> For all incoming transferees from [high-risk countries](#), a 10-day quarantine in the Asylum Seekers Centre is required.

<sup>17</sup> Dublin transferees do not need to quarantine before a transfer to Luxembourg but will be required to quarantine upon arrival.

<sup>18</sup> Applicants will quarantine after arrival at the National Arrival Centre where they will also be tested for COVID-19.

<sup>19</sup> Applicants from 'red' areas need to undergo a 10-day quarantine upon arrival to Slovenia.

## 2. Impact of COVID-19 measures on appeal procedures

General preventive health and safety measures, such as use of disinfecting products, social distancing, use of masks, plexiglass installations, etc., are in place in second instance procedures as well.

Specific measures are in place for applicants to access appeal authorities and hold personal hearings. For instance, in Denmark the boardrooms were reorganised to ensure compliance with social distancing requirements, plexiglass was installed and hearings are planned with half an hour intervals for disinfection. In Luxembourg and Portugal, applicants can attend the hearings by invitation only if elements need to be added to their pleadings.

The International Protection Appeals Tribunal (IPAT) in Ireland only holds remote hearings with audio/video (A/V) technology in collaboration with legal representatives, appellants, the Legal Aid Board and relevant stakeholders. Contingency arrangements are in place to ensure the conduct of all hearings if COVID-19 restrictions continue to hinder on-site hearings. The IPAT has equipped its hearing rooms to facilitate hybrid A/V and on-site hearings, and the new interconnectivity allows hearings to spread across multiple rooms once on-site hearings will be permitted. This enables the IPAT to accommodate a limited number of appellants who cannot access A/V hearings remotely.

Norway also follows the hybrid model of physical presence and remote participation through Teams. Until September 2020, only board members living in the greater Oslo area were present to minimise travelling.

A mixed procedure applies in Latvia, where hearings may take place face-to-face, remotely or in a written process. In Poland, interviews may be conducted through digital tools.

In Switzerland, the appeal period in the accelerated procedure has been temporarily extended to 30 days (from 7) with the COVID-19 Asylum Ordinance, Article 10).

## 3. Impact of COVID-19 measures on reception procedures in EU+ countries



Extensive preventative measures – such as medical screening, possible quarantine for newly-arrived asylum seekers and positive and symptomatic cases, rapid testing, and the reorganisation of services – represent the new norm in reception. In addition, relevant information is shared or posted in common areas. National authorities have adapted practices and created specific procedures in line with general health protocols and guidelines to eliminate the transmission of COVID-19.

In Belgium, for instance, isolation zones for positive cases have been created in all collective reception structures. A colour code is used for each reception structure, based on the number of COVID-19 cases in the reception centre. PCR or rapid tests are done on all persons with COVID-19 symptoms, any person integrating or re-integrating through the Arrival Centre, high-risk contacts and all persons transferred from a centre with a yellow or orange colour code.

In Croatia, the reception centres are under constant medical supervision and all officials have been vaccinated. Newly-arrived asylum seekers are placed in a 10-day mandatory isolation (quarantine).<sup>20</sup> Similarly, any asylum seekers who are accommodated in a reception centre and show symptoms are placed into quarantine, get tested and released with negative results. Hungary does not undertake testing, but all new arrivals in reception centers are quarantined for 10 days. In some cases, a quarantine is imposed depending on the country of entry (COVID-19 low-/high-risk countries) (e.g. LV, NL, RO, SK and CH) or the COVID-19 test result (e.g. LU, PT, SE, SI, SK).

In an effort to mitigate the risks related to COVID-19, all new arrivals undergo an isolation period of at least 14 days in a dedicated IPAS facility in Ireland. The IPAS has created two dedicated facilities, one primarily for newly-arrived families with children and the second mainly for singles and couples. COVID-19 testing is carried out at dedicated facilities,<sup>21</sup> within 24 hours of arrival and again between Day 8–10. On completion of the 14-day isolation and upon negative testing, applicants are transferred to the National Reception Centre in Dublin with transport provided and arranged by IPAS Operations staff. For new applicants presenting directly at the IPO, transport is organised by the IPAS Operations team to the appropriate dedicated isolation facility, depending on the personal situation.

Similarly, since the resumption of reception activities in the Podkowa Leśna-Dębak centre in Poland, asylum seekers may be placed there for compulsory quarantine. It should be noted that the asylum seekers – those crossing the border and submitting an application to the Border Guard units, as well as those transferred through a Dublin procedure – regardless of the medical examination conducted by the Border Guard, or the quarantine, are obliged to undergo a medical examination at the Epidemiological Filter immediately after arriving at the reception centre. Additionally, medical consultations are available in a medical point at every reception or accommodation centre.

In Portugal, all new arrivals are accommodated in a facility for self-isolation for applicants of international protection until a negative COVID-19 test result is issued before entering the reception centre or once health authorities indicate. All applicants are also tested when transferred to a new collective or semi-collective structure, including when under the support of the Social Security System. Suspected cases also get tested and isolated in an isolation facility with the support of the authorities.

Beyond the general measures (sanitary measures, awareness-raising campaigns, containment areas, etc.), France started screening campaigns in accommodation facilities at the end of April 2021. Weekly tests are also performed in Switzerland, while in Luxembourg, all asylum seekers are registered in the locally-competent municipality<sup>22</sup> and receive an invitation to the large-scale testing done by the Luxembourgish government to monitor and prevent the spread of the virus. In the latter, two reception structures are currently in place as isolation facilities for people who have tested positive to COVID-19 and with only mild symptoms. Furthermore, isolation rooms have been established for positive or symptomatic cases, particularly in structures where singles persons are accommodated in dormitories.

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<sup>20</sup> If during that period there are signs of symptoms, applicants undergo testing. If asylum seekers test positive upon arrival, the quarantine is 14 days and their contacts must stay quarantined for 10 days.

<sup>21</sup> General medical care is also provided at these dedicated isolation facilities. Psycho-social supports is also provided by an NGO on site.

<sup>22</sup> Based on the location of the accommodation structure.

## Detention

In the case of detention of third-country nationals and exceptionally of asylum seekers, similar protocols are in place, such as protective equipment, use of masks, disinfectants, regular health monitoring, etc. (for example in HR, FI, FR, LU, NO, SK, SE, CH).

To reduce the number of residents in detention centres in France, one-half of the detention capacity was closed. The use of alternatives to detention was reinforced, e.g. designated residence. Finally, a detention centre has been specifically dedicated to the reception of asylum seekers who test positive for COVID-19 but do not require hospital care. The medical presence within this detention centre has been strengthened to ensure appropriate health monitoring of these detainees.

Quarantine is also used as a preventative measure. In Croatia, the rules in the Detention Centre for Foreigners apply to both third-country nationals in the return process and to asylum seekers in accordance with the recommendations of the Zagreb County Institute of Public Health and the Croatian Institute of Public Health. In particular, a negative PCR test is required along with a 7-day quarantine, after which there is rapid antigen test. If the test is negative, the third-country national is transferred to regular accommodations. Information leaflets on symptoms and instructions from the Croatian Institute of Public Health are available, and dispensers with disinfectants have been installed in the facilities.

Hungary requires a 10-day medical quarantine and daily temperature monitoring. The detainees may voluntarily ask to be tested one time. Disinfectants, rubber gloves and masks are also provided.

In Latvia, a COVID-19 test is performed and the asylum seeker is placed in quarantine when arriving to the detention centre. Since visits are not allowed, video communication is available. The number of people is limited to one person per room. Similarly, Sweden has reduced the number of available places by setting a limit for each room to facilitate social distancing. Isolation areas were created and testing is done before moving back to the normal facility. The maximum number of persons has also been set in Slovenia, with a maximum of two people except for family members.

Upon arrival, all new detainees are tested and placed in quarantine for 7 days in Luxembourg. At the end of this quarantine period, they are tested again and if they test is negative, they move to the accommodation area. The maximum capacity of detainees had to be reduced in order to create available places for a quarantine unit. At any time, any detainee showing possible symptoms of COVID-19 is instantly tested by medical staff, and if need be, isolated from other detainees.

A section for quarantine and a section for detainees with COVID-19 have been established in Norway, while individual assessments and COVID-19 tests are available. Slovakia imposes a quarantine until COVID-19 test results are received for newly-arrived detainees, which is repeated after 10-14 days.

Poland ceased quarantine measures when the COVID-19 test is negative. As of 21 May 2021, direct visits in guarded centres are again possible. For foreigners staying in the guarded centre, medical personnel check their body temperature at least once a day. When the body temperature exceeds 38 degrees Celsius, the health services are informed. Information (translated into several languages)

on the vaccine is provided to foreigners and posted on the information boards in detention centres. Foreigners are informed about the possibility of receiving the vaccination in accordance with the schedule indicated in the National COVID-19 Immunization Programme and they are taken to the local vaccination point.

#### 4. State-of-play of COVID-19 vaccinations for asylum seekers



##### Access to COVID-19 vaccinations

As the WHO underscored the urgency for refugee- and migrant-sensitive practices as a first step towards a responsive and inclusive approach, leaving no one behind in the spirit of the Sustainable Development Goals,<sup>23</sup> several countries have introduced measures to vaccinate undocumented migrants.<sup>24</sup> For instance, France vaccinates undocumented people by creating vaccination numbers in the centre which monitors for side effects. UNHCR has commended Portugal's efforts for introducing an [online registration system](#) for undocumented people "to ensure that no one is excluded from the national vaccine roll-out<sup>25</sup>". Equitable access to COVID-19 vaccinations to all migrants regardless of nationality, migration status or other prohibited ground of discrimination has been also stressed by the UN Special Rapporteur on the human rights of migrants.<sup>26</sup>

Currently more countries (for example BE, HR, IE, NL, PT, RO, SE and CH) have introduced specific policies or strategies for the vaccination of applicants for international protection. At the same time ten countries (DK, FI, FR, HU, LV, LU, NO, PL, SK and SI) reported that the priorities defined for the general population are applied to asylum seekers as well (e.g. by age groups and vulnerabilities).

To boost the vaccination of applicants for international protection, many countries (for example HR, IE, LV, NL, PT, SE, CH as well as [BE](#), DE,<sup>27</sup> [EL](#), [CY](#)) started providing *in situ* vaccinations in reception and accommodation structures or set up dedicated vaccination points (e.g. RO). In Denmark, accommodation centres organise vaccinations in cooperation with regional authorities. In France, mobile teams visit vulnerable people in order to inform and guide them if they express the wish to be vaccinated.

In some countries, asylum seekers receive an invitation for the vaccination, while in others, they are expected to express their interest by registering through online tools (e.g. [EL](#), LU, PT,<sup>28</sup> SK<sup>29</sup>) or

<sup>23</sup> WHO, [Global Evidence Review on Health and Migration: Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices](#), June 2021, p. xiv.

<sup>24</sup> PICUM, [The COVID-19 vaccines and undocumented migrants: What are European countries doing?](#), July 2021.

<sup>25</sup> <https://news.un.org/en/story/2021/06/1094662>

<sup>26</sup> United Nations General Assembly, [Human rights of migrants - Note by the Secretary-General](#), 30 July 2021, A/76/257.

<sup>27</sup> See for instance the vaccination strategy in Bavaria: <https://www.fluechtlingsrat-bayern.de/wp-content/uploads/2021/04/2021-03-29-G3-Impfkonzept-Asylunterkuenfte-G4-6745-1-575.pdf>

<sup>28</sup> Applicants for international protection who are no longer living in a collective structure may submit their application to be vaccinated using the following link: <https://servicos.min-saude.pt/covid19/vacinacao-nao-utente>. After filling out and submitting the digital National Health Service application, they will be contacted by the Local Health Units.

directly at the reception centres (e.g. BE, HR, FI, FR, IE, LV, PL, RO, SK). A mixed approach may also apply. For instance, in Belgium, an invitation is sent based on national registration numbers and domiciles or they are invited by the staff in the collective reception structures. Similarly, in Luxembourg, asylum seekers may register through an online registration portal to book an appointment after having received an invitation. In Romania, asylum seekers may get vaccinated either through the General Inspectorate for Immigration and transfer to the vaccination point or by going directly to the vaccination point. Each vaccinated person is registered in the national database based on their personal identification number. Similar arrangements are in place in Iceland, where asylum seekers are offered vaccinations in the health care centre in Reykjavík. In this regard, the Directorate arranges transportation and provides relevant information.

For the required documentation, the applicant’s card (e.g. FI, LV, SK), Social Security Number (e.g. IE) or the national health insurance number/card may be required (e.g. [EL](#), LV, PT, CH) when registering for a vaccination.

### Information campaigns

EU+ countries have launched targeted campaigns to address information needs, raise awareness and encourage the vaccination of asylum populations. In an effort to reach out to asylum seekers, authorities share printed material, such as flyers and posters, in reception centres (e.g. BE, HR, DK, FI, FR<sup>30</sup>, IE, IS, LU, NL, PL, RO and CH). In addition, relevant information is made available through newsletters (e.g. IE), online (e.g. [BE](#), DE ([regional councils](#)), [IE](#), [FR](#), [RO](#), and [CH](#)), personal letters (e.g. DK), audio-visual means (e.g. CH) and through staff in the accommodation structures (e.g. DK, IE, FR, LU, SK,).

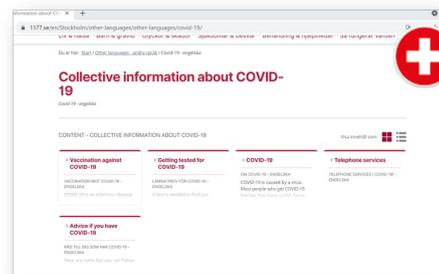
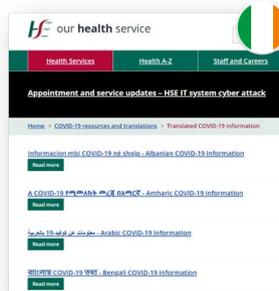
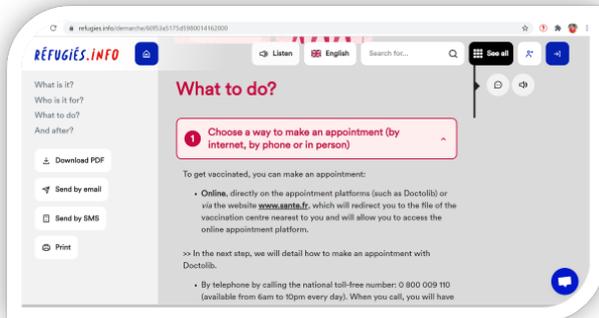
#### Samples of information materials



<sup>29</sup> The applications for vaccination are registered on the national website (<https://korona.gov.sk>, <https://vakcinacia.nczisk.sk/registracia>).

<sup>30</sup> See analytically EASO, Situational Update on “COVID-19 vaccinations for applicants and beneficiaries of international protection”, [May 2021](#).

Samples of information shared online



Information shared in Lower Saxony

UNHCR also provides relevant information through its online local platforms, e.g. in [Greece](#) and [Romania](#).



The participation of asylum seekers in receiving the vaccine

Although statistics are not available on the exact number of vaccinated asylum seekers in EU+ countries, some countries have reported challenges in mobilising asylum seekers to get vaccinated.

In Poland, Slovakia and Slovenia, a low interest in receiving the vaccine among asylum populations was reported. Switzerland also noted that participation rates are significantly lower among asylum seekers than amongst the general population, despite targeted information campaigns and the ease of access.

Belgium had a 50% participation rate, which is currently increasing as efforts to raise awareness have intensified. Latvia estimated the participation of residents in accommodation centres to be around 60%.

In Croatia and the Netherlands, the positive response rate is considered satisfactory as it is estimated up to 70% and 80%, respectively. Similarly, Portugal generally considers the vaccination rate satisfactory.

Building trust and confidence – as well as community engagement – are important to address COVID-19 vaccine hesitancy, especially among asylum seekers and refugees who may be distrustful of the government. To this end, targeted campaigns to inform and respond to questions, along with the support of community organisations to conduct extensive and well-managed community engagement,<sup>31</sup> may be the safest and best way to reach herd immunity within the asylum and refugee populations.

## 5. Relevant jurisprudential developments

As indicated in EASO's "[COVID-19 emergency measures in asylum and reception systems](#)" in December 2020, the resumption of court operations has led to the review of emergency measures and guidelines implemented in international protection procedures. In 2021, the courts assessed the impact of the COVID-19 situation both on procedural and substantial terms.

### The pandemic situation as a determining factor in the assessment of applications

The Belgian Council for Alien Law Litigation (CALL) noted in several cases that the COVID-19 pandemic had a significant impact on the already-difficult financial situation of UNRWA in the Gaza Strip.<sup>32</sup>

Furthermore, the Italian Court of Campobasso granted special protection due to the COVID-19 situation in Nigeria in January 2021. The court held that in assessing the possibility of an applicant's repatriation, the danger posed by COVID-19 in Nigeria must be duly considered in light of the increase in infections and deaths, jointly with the inability of the health system to manage the emergency and the high cost of accessing health services in Nigeria.<sup>33</sup>

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<sup>31</sup> See OECD, [OECD Policy Responses to Coronavirus \(COVID-19\)](#): Enhancing public trust in COVID-19 vaccination: The role of governments, 10 May 2021.

<sup>32</sup> Belgium, Council for Alien Law Litigation [Conseil du Contentieux des Étrangers - CALL], [X \(Palestine\) v Commissaire général aux réfugiés et aux apatrides \(CGRS\)](#), No 250 868, 11 March 2021; Belgium, Council for Alien Law Litigation [Conseil du Contentieux des Étrangers - CALL], [X \(Palestine\) v General Commissioner for Refugees and Stateless persons \(Commissaire général aux réfugiés et aux apatrides\)](#), No 249 930, 25 February 2021; Belgium, Council for Alien Law Litigation [Conseil du Contentieux des Étrangers - CALL], [X \(Palestine\) v Commissaire général aux réfugiés et aux apatrides \(CGRS\)](#), No 249 784, 24 February 2021. Links redirect to the English summary in the EASO Case Law Database.

<sup>33</sup> Italy, Civil Court [Tribunali], [Applicant \(Nigeria\) v Territorial Commission for the Recognition of International Protection \(Salerno\)](#), No 443/2020, 19 January 2021. Link redirects to the English summary in the EASO Case Law Database.

### Implications for Dublin transfers

The German Federal Administrative Court referred a case to the CJEU in January 2021, requesting an interpretation of the Dublin III Regulation and the suspension of transfers due to COVID-19.<sup>34</sup> The preliminary ruling concerned the legality of a decision to suspend Dublin transfers during an appeal, because of an actual temporary impossibility to implement transfers due to the COVID-19 pandemic, a decision which is revokable, in line with the provisions of Article 27(4) of the Dublin III Regulation, the potential interruption of the transfer period according to Article 29(1) of the Dublin III Regulation and if this situation would be applicable for applicants prior to the outbreak of COVID-19.

Furthermore, the execution of Dublin transfers was affected by mandatory COVID-19 PCR tests which were required before departures to enter certain EU countries. For instance, in France, the Council of State ruled that, when a transfer was not possible because the applicant intentionally refused to undergo a COVID-19 PCR test prior to a Dublin transfer, the effect is that the application cannot be registered in France even though the 6-month transfer period (framed by Article 29 of the Dublin III regulation) has passed as the applicant is considered in a “situation of absconding”.<sup>35</sup>

In contrast, in another case where the applicant was not properly informed in a language that he would understand of the consequences of refusing to undergo a COVID-19 PCR test, the Council of State annulled the Dublin transfer and ordered that the application for international protection be registered in France.<sup>36</sup>

### Implications for return procedures

Various cases in 2021 concerned removals, deportations and returns to third countries. In this context, an applicant in Belgium challenged a forced removal, arguing that, in the context of the COVID-19 pandemic, a removal is a non-essential trip and thus unlawful. The Court of Cassation rejected the appeal and the applicant’s allegations and ruled that in principle an expulsion order of a foreigner in the context of the global COVID-19 pandemic and a forced removal from the territory are not unlawful, because there is no ‘trip’, or even a ‘non-essential trip’, within the meaning of the current restrictions.<sup>37</sup>

For a return to Mali in June 2021, the French Court Nationale du Droit d’Asile (CNDA-National Court of Asylum) noted that, besides the indiscriminate violence in the country of origin, the COVID-19

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<sup>34</sup> Germany, Federal Administrative Court [Bundesverwaltungsgericht], [Applicant \(Nigeria\) v Federal Office for Migration and Refugees \(BAMF\)](#), BVerwG 1 C 52.20, ECLI:DE:BVerwG:2021:260121B1C52.20.0, 26 January 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>35</sup> France, Council of State [Conseil d’État], [French Minister of Interior v B.A.](#), No 450928, ECLI:FR:CEORD:2021:450928.20210410, 10 April 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>36</sup> France, Council of State [Conseil d’État], [French Minister of Interior v A.](#), No 450931, ECLI:FR:CEORD:2021:450931.20210410, 10 April 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>37</sup> Belgium, Court of Cassation [Cour de Cassation], [MY v Belgian state \(represented by the State Secretary for Asylum and Migration\)](#), P.21.0277.F, ECLI:BE:CASS:2021:ARR.20210310.2F.7, 10 March 2021. Link redirects to the English summary in the EASO Case Law Database.

outbreak had worsened an already critical situation, marked by malnutrition and water scarcity.<sup>38</sup> Also in June 2021, the Italian Court of Bari annulled a return to India, holding that the likely situation in which the applicant would find himself if returned would be one of serious vulnerability and poverty considering his integration in Italy, the spread of the COVID-19 pandemic in India and his family situation.<sup>39</sup>

In Germany, the Federal Constitutional Court issued interim measures in February 2021 in a case concerning a return to Afghanistan. It based its decision on the fact that the administrative court failed to properly assess the possibility of a return to Afghanistan under the current economic and humanitarian crisis caused by the COVID-19 pandemic and the individual circumstances of the applicant.<sup>40</sup>

Mandatory COVID-19 tests also limited the execution of deportations. In Germany, the Administrative Court of Mainz held in June 2021 that COVID-19 compulsory tests for carrying out deportations are permitted.<sup>41</sup> On the same topic of deportations, detention with COVID-19-quarantined inmates was found to violate several provisions of the European Convention in *Feilazoo v Malta*.<sup>42</sup>

### Impact on integration and family reunification

Restrictions caused by the COVID-19 pandemic also affected family reunifications and full integration in 2021. In France, the Council of State ruled in January 2021 that the government's decision to suspend the issuance of family reunification visas because of the COVID-19 pandemic was not proportionate to the health hazard.<sup>43</sup>

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<sup>38</sup> France, National Court of Asylum [Cour Nationale du Droit d'Asile (CNDA)], [S. \(Mali\) v French Office for the Protection of Refugees and Stateless Persons \(OFPRA\)](#), No 20029676, 15 June 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>39</sup> Italy, Civil Court [Tribunali], [Applicant \(India\) v Ministry of the Interior \(Ministero dell'interno\)](#), No 8687/19, 18 June 2021. Link redirects to the English summary in English, available in the EASO Case Law Database.

<sup>40</sup> Germany, Federal Constitutional Court [Bundesverfassungsgericht], [Applicant \(Afghanistan\) v Schleswig-Holstein Administrative Court](#), 2 BvQ 8/21, 9 February 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>41</sup> Germany, Regional Administrative Court [Verwaltungsgerichte], [Applicant \(Azerbaijan\) v Federal Office for Migration and Refugees \(BAMF\)](#), 4 L 472 / 21.MZ, 14 June 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>42</sup> Council of Europe, European Court of Human Rights [ECHR], [Feilazoo v Malta](#), Application No 6865/19, ECLI:CE:ECHR:2021:0311JUD0006865, 11 March 2021. Link redirects to the English summary in the EASO Case Law Database.

<sup>43</sup> France, Council of State [Conseil d'État], [La Cimade, l'Association des avocats pour la défense du droit des étrangers \(ADDE\), le Groupe d'information et de soutien aux immigrées \(Gisti\) and others](#), Nos 447878 and 447893, 21 January 2021. Link redirects to the English summary in the EASO Case Law Database.



Courts also noted that COVID-19 restrictions, and especially night curfews that were in place during the first half of 2021, were additional obstacles to proper integration in EU+ countries. For instance, the German Higher Administrative Court of North Rhine-Westphalia cancelled the removal of a refugee who was granted protection in Greece due to inadequate living conditions in Greece for beneficiaries of international protection. The court noted that the COVID-19 restrictions pose additional difficulties to refugees who are homeless.<sup>44</sup>

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<sup>44</sup> Germany, High Administrative Courts (Oberverwaltungsgerichte/Verwaltungsgerichtshöfe), [Applicant \(Eritrea\) v Federal Office for Migration and Refugees \(BAMF\)](#), No 11 A 1564/20.A, 21 January 2021. ECLI:DE:OVGNRW:2021:0121.11A1564.20A.00. Link redirects to the English summary in the EASO Case Law Database.