FACT SHEET 2: TRADE UNION RESPONSE TO THE CHALLENGES FACED BY MIGRANT HEALTH AND SOCIAL CARE WORKERS

MIGRANT HEALTH AND SOCIAL CARE WORKERS

DURING THE COVID-19 PANDEMIC

his fact sheet summarises data from a 2021 survey carried out by PSI and The Open University to gain information about the experiences and needs of migrant health and social care workers during the Covid pandemic. Over 40 unions from more than 32 countries of origin and destination completed the survey.¹

MIGRANT HEALTH AND SOCIAL CARE WORKERS EXPERIENCE A DISPROPORTIONATE BURDEN OF COVID

78.7% of unions said that the pandemic negatively impacted on the rights of migrant health and social care workers.

Over half (54%) of unions reported that migrant health workers experienced significant **negative impacts** on their health and wellbeing, including fatigue and burnout.



One-third (32.4%) reported an increase in violence and harassment, which was frequently targeted at migrant health and social care workers.





Nearly one-half (47.8%) reported that migrant health workers had **poor access to**, and in some cases **denial** of, access to safety protections,e.g. PPE and necessary training.



27% reported that migrant health and social care workers had only unpaid sick leave when they were infected with Covid. This is even though Covid is a significant occupational risk for migrant health and social care workers on th front-line of care.

40%

40% reported problems associated with short-term contracts and employment insecurity.

27% reported that migrant health and social care workers had higher levels of illness and death from Covid than non-migrant workers.

¹ Argentina, Australia, Bermuda, Brazil, Canada, Caribbean countries (one survey completed for Anguilla, Antigua & Barbuda, Aruba, Barbados, Belize, BES islands, Curacao, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia, St Vincent & the Grenadines, Trinidad & Tobago), Chile, Colombia, Côte d'Ivoire, Croatia, Democratic Republic of Congo, Finland, Germany, Ghana, Guyana, India, Italy, Japan, Lebanon, Malawi, Nepal, Nigeria, Palestine, Palestine-Gaza, Philippines, République du Congo, Senegal, South Africa, Sweden, United Kingdom and United States of America. 52% were origin countries, 22% were destination countries, and 26% were both origin and destination countries.

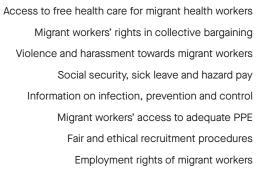


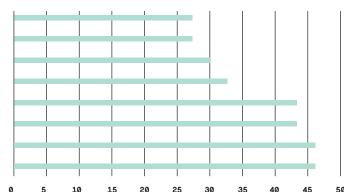


UNIONS REPORT ON MULTIPLE WAYS THAT THEY ARE DEFENDING THE RIGHTS AND SAFETY OF MIGRANT HEALTH AND SOCIAL CARE WORKERS.

The top eight areas reported by unions can be found in the Chart below.

Trade union defence of the rights of migrant health and care workers during Covid: priority issues (%)





AN IMPORTANT ISSUE RAISED BY MANY UNIONS IN THE RESEARCH IS MIGRANT WORKERS' GREATER VULNERABILITY TO INFECTION FROM COVID.

COUPLED WITH THIS IS THE RISE OF RACISM TOWARDS MIGRANT HEALTH AND SOCIAL CARE WORKERS.

