Regional COVID-19 infection rates continued rising through mid-July, before levelling off toward the end of the month. **Movement and travel restrictions** continued to be in general cautiously relaxed. Despite COVID-19 prevention measures limiting international travel due to the spread of new variants, **access to territory for persons of concern** was generally maintained. Movement restrictions continue to impact UNHCR staff in country offices. To date, 34 offices are **partially teleworking**, one is **fully teleworking**, and one had shifted **out of telework mode**.

Populations of Concern

**SOURCE: UNHCR 2020 ANNUAL GLOBAL REPORT**

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, 40 countries and one territory have reported cases among persons of concern at some point. 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 the WHO, after reaching a low point in mid-June, regional infection rates continued to rise rapidly through mid-July, mainly due to the spread of the more infectious Delta variant, before levelling off toward the end of the month. Restrictions on travel and social gatherings continued to be in general cautiously relaxed, except where Delta variant spread remained a concern. COVID-19 vaccinations progressed across the region, reaching more populations of concern alongside the general population.

- At the end of July, one UNHCR office continued in full telework mode, and 34 offices in partial telework mode. One office had shifted out of telework mode altogether. Visits to reception centres are strictly regulated, and outbreaks in collective accommodation or detention centres continue to temporarily limit the ability of UNHCR and partners to access persons of concern in some countries.

UNHCR Areas of Intervention

**Quarantine measures upon arrival:** Testing and quarantine measures are in place in all countries registering significant numbers of sea arrivals. In July, 8,606 individuals arrived in **Italy** by sea (2,766 more than in June), of whom at least 55 reportedly tested positive for COVID-19. With the exception of unaccompanied and separated children (UASC) and some persons with special needs, all arrivals usually observe quarantine on offshore ferries, but for the first time since the beginning of the pandemic, some were transferred to northern Italy for quarantine. UASC also started to be transferred to smaller facilities rather than hotspots and large reception centres. However, throughout July, a significant number of UASC were still accommodated in non-dedicated facilities. As of 31 July, nearly 3,650 persons were either quarantined or being transferred to quarantine facilities. On 23 July, the 44 survivors of a 30 June shipwreck, including 13 UASC, were transferred to the mainland as a result of joint advocacy by UNHCR and MSF.

Some 2,878 persons arrived in **Spain** in July (2,480 in June), mostly by sea, a 13 per cent increase compared to the same period last year. Of the July arrivals, 41 per cent reached the Andalusian coast and 20 per cent the Canary Islands. Among arrivals in Andalusia, 37 persons tested positive in Almeria and 346 close contacts were isolated, while in Cadiz several persons tested positive and the entire group of 35 arrivals was isolated as a result.

All irregular arrivals in **Lithuania** apprehended at the land border with Belarus (2,884 persons in July) were subject to COVID-19 testing and quarantine, after which they were tested again and, if positive, their quarantine was extended.

**Reception conditions:** Lack of sufficient reception spaces, overcrowding and inadequate facilities in a number of locations in Europe continue to pose challenges for residents to follow physical distancing, hygiene and other preventive measures, compounding risks of contagion. Outbreaks in centres remain a concern and result in restrictions of movements for some centre residents.

In **Bosnia and Herzegovina**, quarantine capacity in Una-Sana Canton is limited following the closure of a temporary reception centre in late June, so coordination among relevant actors is crucial to ensure compliance with preventive measures and maintain sanitary conditions in the event of further transfers to the one centre where quarantine space remains available. Meanwhile,
overcrowding remained a challenge in centres in western and northern Serbia, where refugees and migrants continue to arrive given their proximity to EU borders. However, thanks to public health measures in place and ongoing vaccination, no new COVID-19 cases were recorded in June or July.

**Internally Displaced Persons:** In Ukraine, to facilitate movements of residents of NGCA (non-government-controlled areas) to the GCA, the President signed a draft law in July abolishing fines for residents of NGCA and Crimea who cross into Ukraine through the Russian Federation. Separately, however, amid concerns over the spread of the Delta variant, the authorities announced tightened restrictions on border crossing by reintroducing self-isolation using a smart phone app at international borders, Entry-Exit Checkpoints (EECPs) at the contact line and at the administrative boundary with Crimea. This will again present barriers in access to services and public benefits for NGCA residents and may have a particular impact on older persons and others with specific needs who do not have access to smart phones.

### HEALTH

**Inclusion in vaccination plans:** Persons of concern are generally included in national vaccination plans on par with the general population. As a result, persons of concern receiving the vaccination have been those in priority groups due to age, profession or accommodation in collective shelters. In several countries, people living in collective shelters are vaccinated as a group, for example in Malta, where vaccinations progressed in open centres and where 94 per cent of residents in closed centres had been vaccinated as of end July. The second round of inoculations has concluded in reception centres managed by UNHCR’s partner in Portugal, including both persons of concern and staff.

In Greece, 1,861 asylum-seekers and refugees have reportedly tested positive for COVID-19 since the onset of the pandemic: 717 on the mainland (same as last month) and 1,144 on the islands (three more than last month). In the meantime, some of those having tested positive have recovered. Vaccinations of asylum-seekers on the islands continued on Lesvos, Samos and Chios, where 630 persons had been vaccinated as of 26 July. The Minister of Migration and Asylum stated on 12 July that 20 per cent of refugees and asylum-seekers on the islands had been vaccinated to date. UNHCR continues supporting awareness-raising efforts among refugee and asylum-seeking communities on the vaccination roll-out in coordination with authorities, IOM and other actors.

The one-shot vaccine has proven favourable for rapid immunization of certain population groups, such as asylum-seekers with high rates of onward movement, including in Croatia’s reception centres, where vaccinations kicked off in mid-July, as well as in Bulgaria and Spain. Authorities in Italy issued guidelines in July recommending one-jab vaccines for marginalized groups and those with high mobility.

Offices have also reported on specific initiatives to facilitate vaccination of persons of concern who fall outside the scope of general vaccination plans due to their status or documentation, or who are otherwise difficult to reach. Asylum-seekers in Slovenia, not formally included in the national vaccination plan, were able to receive vaccination when a mobile unit visited accommodation centres on 27 July. In France, regional authorities in Calais launched a campaign on 13 July to vaccinate homeless persons, including migrants and persons with international protection needs in accommodation centres and informal settlements.

Where needed, UNHCR advocacy for inclusion of all persons of concern in vaccination plans and roll-out continues, in particular of those lacking the documentation required to register for vaccination. For example, in Croatia, undocumented persons (unless in return procedures) and stateless persons without status remain unable to access vaccines. In Ukraine, asylum-seekers, stateless persons and persons with an undetermined nationality are not included, and the UN has been raising the matter with the authorities. In North Macedonia, UNHCR continues advocating for a systematic inclusion of asylum-seekers and stateless persons without ID numbers.
 Advocacy also continues in the **Russian Federation**, where persons of concern without legal status are ineligible for free vaccination by the State. Thanks to efforts by UNHCR and partners, the Russian Red Cross is offering free vaccination for all persons of concern with any type of ID, but advocacy continues for inclusion of undocumented persons in the general vaccination campaign. In a positive development, following UNHCR advocacy in **Greece**, asylum-seekers with a final rejection decision will now receive a temporary number for vaccination. However, undocumented persons remain outside the national vaccination plan. UNHCR continues advocating with the relevant Ministries and offering practical recommendations for inclusion of all third country nationals irrespective of status.

At the regional level, UNHCR continues its joint advocacy through the Issue-Based Coalition on Large Movements of People, Displacement and Resilience (IBC LMPDR), which it co-chairs with UNDP and IOM. In July, the IBC LMPDR issued its [**Key Messages and Advocacy Points on COVID-19 Vaccination Plans**](#), calling for the inclusion of refugees, asylum-seekers, internally displaced persons, stateless people and migrants in national vaccination campaigns on par with nationals.

### COMMUNICATION WITH COMMUNITIES

Communication with communities of concern continued on COVID-19 vaccination campaigns across the region, making use of different channels, in line with the needs and preferences of communities of concern. Many country offices continue to report that some persons of concern have expressed hesitations regarding the vaccine. Therefore, additional efforts are made to clarify questions related to the effects and benefits of the vaccine through webinars, information brochures and posters in different languages and social media.

### CASH-BASED AND IN-KIND ASSISTANCE

UNHCR continues delivering COVID-19-related in-kind support, where needed, to persons of concern or authorities working with them. In **Azerbaijan**, UNHCR distributed food parcels to nine persons of concern, bringing the total to 2,189 food parcels distributed to date as of end July. In **Greece**, UNHCR delivered 9,776 core relief items and PPEs this month to authorities supporting persons of concern on the islands and mainland. In July, UNHCR in **Ukraine** provided cash assistance to ten vulnerable IDP households impacted by the pandemic.
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 with WHO and other partners. In addition, UNHCR co-chairs with UNDP and IOM 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

- For 2021, USD 469 million of UNHCR’s COVID-19-related needs has been mainstreamed into its Global Appeal and USD 455 million are supplementary needs bringing the total COVID-19-related requirements in 2021 to USD 924 million. 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 924 M**

![](image)

**Total contributed or pledged to UNHCR COVID-19 appeal as of 27 July: USD 269,371,839 (29%)**

including: United States of America | African Development Bank | European Union | Canada | Unilever (UK) | Austria | China | Education cannot Wait | France | USA for UNHCR | UN Covid-19 MPTF | Country-Based Pooled Funds | Germany | Japan | Swedish Postcode Lottery | Sunshine forever Limited | Private donors China | Luxembourg | Australia for UNHCR | UNHCR Insamlingsstiftelse | Japan Association for UNHCR | UN Conflict-Related Sexual Violence MPTF | Private donors Republic of Korea | Private Donors Canada | Private Donors USA | UN Programme On HIV/AIDS | Spain | Other private donors

**Unearmarked contributions to UNHCR’s 2021 global programme**

Norway $80M | Sweden $66.9M | Private donors Spain $42.6M | Netherlands $36.1M | Denmark $34.6M | Germany $26M | Private donors Republic of Korea $21.5M | France $20M | Private donors Japan $17.6M | Switzerland $16.4M | Ireland $12.5M | Belgium $11.9M | Italy $10.7M | Private donors Sweden $10.6M | Private donors Italy $10.6M

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 contributed USD 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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