

ASYLUM SYSTEMS IN THE CONTEXT OF THE PANDEMIC SITUATION

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Abstract

The current pandemic, caused by the rapid transmission of COVID-19 and the infection of a great number of people worldwide, has direct consequences on the way EU asylum and return rules are implemented, as well as a disruptive effect on resettlement. Urgent action is needed to support Member States, providing them with guidance on how EU rules can be applied flexibly, so as to ensure the greatest possible continuity of procedures and, at the same time, the full protection of citizens' health and rights. Even in an emergency situation adopted by a Member State, individual fundamental rights must be safeguarded. The Commission will be forced to fully acknowledge the difficulties that Member States are currently facing. Practical solutions must be provided in any guidelines drafted and decisions taken at European level, taking into account the legitimate constraints of the Member States. Any measures taken in the area of asylum, resettlement and return will be directly related to the health protection measures introduced by Member States to prevent the spread of coronavirus. Particular attention will be paid to vulnerable people, especially unaccompanied minors, and families.

Key Words: *asylum, pandemic, COVID, protection, procedure, reception system*

JEL Classification: [K37]

1. Introduction

The COVID-19 pandemic currently constitutes a huge challenge for the EU, and is a very good test of solidarity, as well of the respect for human dignity and rights.

States worldwide have adopted emergency measures and a combative tone in response to the crisis tightening borders, halting refugee resettlement and scapegoating of foreigners. While the immediate threat that the virus itself poses to migrant and refugee communities cannot be overstated, there is another, ominous threat looming: the risk that States and international organizations will allow COVID-19-inspired emergency policies to endure post-crisis. If they persist, these policies could have disastrous consequences and potentially upend the already fragile global refugee and asylum regime (Mourad & Schwartz, 2020).

It varies by refugee population and what the status of the pandemic is where they are living. Refugees will be infected and affected in a similar way to their host communities. Yet refugees are more vulnerable (Volkin, 2020).

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2. Protection measures and recommendations at European and global level for the protection of asylum seekers and refugees

2.1. *The reaction of the European Commission to the current pandemic*

The European Commission has recently adopted the *Guidance on the implementation of relevant EU provisions in the area of asylum and return procedures and on resettlement*.¹ This guidance with respect to the flexible implementation of EU rules on asylum and return procedures and on resettlement in the context of the coronavirus pandemic, in order to respond to Member States' requests for advice on how to ensure the continuity of procedures and respect at least the basic rights of individuals. The guidance was developed with the support of the European Asylum Support Office (EASO) and the European Border and Coast Guard Agency (Frontex), in cooperation with national authorities.

The guidance provides recommendations for practical solutions taking into account the legitimate concerns and constraints of Member States, and any measures taken in the area of asylum, resettlement and return should also take full account of the health protection measures introduced by Member States, in order to prevent the spread of coronavirus.

Asylum procedures

The healthcare measures taken to limit social interaction between asylum staff and asylum seekers have an impact on asylum processes, and therefore, the flexibility provided for in EU rules should be used.

Applications should still be registered and processed as before². All the possible flexibility should be allowed with respect to the deadlines and duration of the processing and examination of applications. However, any delay in the registration process should not mean that applicants are left without reception conditions. In accordance with the Eurodac Regulation, where, as a result of measures taken to protect public health, it is not possible for an applicant to have their fingerprints taken, Member States should carry out the fingerprinting as soon as possible and no later than 48 hours after the cessation of such healthcare reasons.³

¹ European Commission: *Communication from the Commission, COVID-19: Guidance on the implementation of relevant EU provisions in the area of asylum and return procedures and on resettlement*, Brussels, 16.04.2020, doc. no. C(2020) 2516 final.

² Thus, referring to the deadline for registration of asylum applications, it is mentioned that Art. 6 of the APD allows MS to extend the deadline for application registration to ten working days, if applications are submitted simultaneously by a large number of third-country nationals or stateless person, and if in practice it becomes difficult to comply with these time limits. In the guidance adopted, COM included the possibility for the MS to apply this derogation for a limited period of time, if it is difficult to meet the three- or six-day deadline for registration due to the COVID-19 situation. In any case, any delays in registering applications should not affect the rights of applicants in accordance with the Reception Conditions Directive which applies from the submission of an application.

³ With regard to registration, the Commission has noted good examples of how MS have taken measures to avoid contact between applicants and processing staff, as well as for online registration. As regards Eurodac's obligation to take fingerprints, they must be taken within 72 hours of the

Individual interviews can be conducted making use of special measures, for example remotely by videoconference, or even omitted if necessary.⁴

The Dublin Regulation

The close cooperation between Member States has a fundamental importance for the proper functioning of the Dublin system. The Commission encourages all Member States to resume transfers of applicants as soon as it is practically possible, taking into account the evolution of circumstances. Before making a transfer, Member States should consider the coronavirus situation, including that resulting from great pressure on the healthcare system of the responsible Member State. If transfers to the responsible Member State cannot be made within the applicable time limit, Member States still have the possibility to agree bilaterally to carry out the transfer at a later date, a situation which should be encouraged, for example, for unaccompanied minors and for cases of family reunification.⁵ The Commission and EASO are ready to facilitate cooperation between Member States.

Reception conditions

Quarantine and isolation measures must be reasonable, proportionate and non-discriminatory. Applicants must receive the healthcare they need. Applicants in detention should still have access to the outdoors and any restrictions, such as restricting visitors, should be carefully explained.

Resettlement

The outbreak of the coronavirus pandemic has led to a serious disruption of resettlement operations. Member States, the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) have temporarily suspended resettlement operations. Preparatory work should continue, as far as possible, so that these operations can be resumed under good conditions. The Commission will continue to support Member States in meeting

submission of the application, but this obligation is suspended as long as an applicant's fingerprinting is not possible due to measures taken to ensure their own health or to protect public health.

⁴ With regard to personal interviews, it is pointed out that the COM guidance outlines the ways and means to make specific arrangements to ensure online/remote interviews as a first option. If this is not possible, Article 14(2)(b) of the APD may be applied, allowing the omission of the personal interview, depending on the circumstances of the case, but MS should make reasonable efforts to allow applicants to submit additional information, stating that the absence of a personal interview should not adversely affect the decision-making authority's decision. Therefore, omitting the interview is only an option, and only in the particular cases and conditions set forth in the Directive.

⁵ As regards the application of the Dublin Regulation, it sets forth clear rules for the transfer deadlines provided for in Article 29. As stated in the Guidance, where these deadlines are not met, the responsibility shall be transferred to the Member State that requested the transfer in compliance with Article 29(2) of the Dublin Regulation. In addition, the COM stated that no provision of the Regulation allows a derogation from this rule in a situation such as that resulting from the COVID-19 pandemic. This includes the impossibility of derogating due to force majeure.

their 2020 commitments, offering a certain amount of flexibility in terms of the implementation period.

Return

The measures taken worldwide to keep the pandemic under control have a significant effect on return. Despite the temporary disruptions caused by coronavirus, activities within the procedures of return to third countries, in particular those that may be carried out despite the restrictive measures, should be continued in order for the authorities to be prepared when return operations resume. More than ever, voluntary returns should be carried out as a matter of priority, also because they pose a lower risk to health and safety. Frontex is ready to assist Member States in organising air operations. In addition, MS should maintain close cooperation and contacts with third countries regarding the identification of their nationals, the issuance of the required travel documents and the return of such nationals. With regard to detention prior to removal, the temporary restrictions applied during the pandemic should not be interpreted as automatically leading to the conclusion that there is no reasonable possibility of removal in all cases. The Commission invites Member States to examine each case in order to determine whether, when deciding on the appropriate measures to be taken, there is still a reasonable possibility of removal.

2.2. UNHCR's worldwide reaction for the protection of asylum seekers and persons granted a form of protection

The COVID-19 pandemic has brought an extraordinary and unprecedented public health emergency situation to European States. In response to this crisis, States can take necessary and legitimate measures to prevent the spread of the virus and to protect their populations. Many measures have been taken within a declared nationwide state of emergency, based on specific national legislation governing these emergencies.

Responding to the exceptional nature of the crisis we are facing and the challenges that States are dealing with, through the document published by UNHCR⁶, the UN Agency aims to provide governments with a set of practical recommendations and advice on the situations at hand so as to enable an effective response to the current crisis, while respecting the international law in the area of international protection. The recommendations also apply to stateless persons in connection with access to the registration procedure or statelessness determination procedures.

The recommendations proposed in the document help States to adapt their systems to the constantly evolving situation and to prevent the accumulation of a large number of unregistered persons and an increasing number of persons with

⁶ UN High Commissioner for Refugees, *Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic*, 15 April 2020, available at <https://data2.unhcr.org/en/documents/details/75453>.

illegal residence for a long period of time. Such actions may also support a gradual stabilisation of the situation once the emergency situation is over.

Ensuring access to the territory while protecting public health

UNHCR recommends the consideration of the following measures to manage the arrival of asylum seekers:

- Medical testing, which may entail visual observation, measurement of body temperature, questionnaires for travellers, and/or the presentation of health certificates, as well as medical and laboratory examination by medical staff, conducted in a non-discriminatory manner and in line with guidance of the WHO and national health authorities.

- Quarantine in the form of a preventive and time-bound (normally 14 days) separation from the rest of the population, implemented in a non-discriminatory and proportionate manner.

- Where entry bans or border closures are implemented, an explicit exemption for asylum seekers should be considered, combined with the enhanced health measures already set out above.

Maintaining basic registration and documentation

These measures can be adapted to maintain effective systems and prevent the accumulation of backlogs in protection and statelessness determination procedures:

- A simplified registration process, focusing only on the recording of essential data and the identification of specific needs. It can take place immediately upon arrival or identification, in conjunction with a medical screening.

- Enhanced hygiene measures for registration (additional protective equipment)

- The written or electronic submission of registration requests provides a practical solution for situations where national health guidelines prohibit any direct contact.

- Support to the applicant to submit a registration request, provided either by phone, online, or through cultural mediators

- The issuance and/or extension of documentation can be fully automatized; such documentation, including evidence of registration, should ensure legal stay and access to services, including health services.

Preventing transmission in the context of reception and detention

UNHCR recommends the consideration of the following measures:

- Whenever possible, shift to independent private accommodation or smaller collective centres, in particular for elderly persons.

- Adaptation to existing centres to reduce the risk of transmission, for example decongestion, provision of additional space of installations

- For new arrivals, individual health screening should be considered, as well as a possible quarantine or self-isolation measure.
- Separate facilities or segments for persons confirmed or suspected of being infected
- Modalities of service and assistance provision in the centre can be adapted to prevent crowds or gatherings, managed so as to ensure the required physical distance and to avoid unnecessary contact.
- Epidemiological surveillance (the monitoring of suspected and confirmed cases in line with WHO case definitions), case investigations
- Mental and psycho-social health considerations and attention to particular groups of people with specific needs are essential in times of physical distancing.
- Attention should be paid to asylum seekers, refugees or stateless persons that are homeless or stay in informal settlements where important transmission safeguards cannot be upheld.

Heightened risks in confined spaces:

Given the confined and often congested space of a detention facility, implementing and upholding the required preventative measures is very challenging. This is a particular difficulty where access to water and sanitation had already been limited and where inadequate conditions existed. In such confined environments, the risk of spread of COVID-19 is heightened, putting the health and possibly lives of detained as well as the staff working in these facilities at risk.

Asylum procedures and backlog management

Scenario 1: Continuation of asylum procedures as a means of backlog management: it is reasonable to continue asylum procedures in order to prevent backlogs.

A. Adaptation to prevent COVID-19 transmission

- Physical adaptations may require additional equipment or installations. Several States have resorted to the use of additional or alternative facilities with sufficient spacing, upgraded hygiene standards in facilities, or installed plexiglass shields where face-to-face interactions take place.
- Medical screenings for all persons entering such facilities are implemented, coupled with information provision on transmission prevention requirements.
- Remote interviewing modalities as alternatives to face-to-face interviewing, at least in part, including video- or teleconferencing are used or under consideration by several European countries.

B. Adaptation for procedural fairness purposes

- Reduced case scheduling based on a prioritisation and adapted or more flexible deadlines. This should include manifestly well-founded cases as well as urgent protection cases.

- Flexibility should be available.

Scenario 2: Backlog management with suspended asylum procedures:

Where asylum procedures are suspended, it is encouraged to undertake strategic actions and preparations for backlog management during the time of suspension.

Proposal 1 – Continuation of decision preparation: a preparation of decisions for cases where interviews already took place. In cases where an interview has not yet been carried out, an omission of the interview – while not advisable as a general measure – may be considered in light of the prevailing situation where the intention is to recognise claims, i.e. in manifestly well-founded cases. In such cases, the written application may be considered as having afforded the procedural standard of the applicant’s “right to be heard”, and the decision can be prepared without an interview. Other cases, notably those that require the establishment of material facts through interviews or other substantive clarifications cannot be prepared with procedures in suspension. Once asylum procedures resume, the formal issuance and notification of withheld negative decisions should be staggered so as not to overwhelm review procedures in case of appeals.

Proposal 2 – Merging of registration and asylum procedures: In situations where registration and asylum interviewing are undertaken by the same authority and where no interview has taken place yet, the interview may be carried out merged with the registration activity. Such a merged procedure should only be used where there is a high presumption of inclusion, notably in manifestly well-founded cases.

Proposal 3 – Preparation for backlog management upon resumption: where asylum procedures are suspended and decision cannot be prepared, i.e. for cases that require the establishment of material facts or other substantive clarifications requiring interview or other face-to-face follow-up, authorities are encouraged to use the time to strategically prepare for backlog management upon resumption of procedures. Backlog management measures can include the following requirements: (a) consideration of planning for accelerated and simplified procedures in line with UNHCR’s discussion paper “Fair and Fast”; (b) calculation and planning for additional processing capacity needs in view of the anticipated backlog and budget for the temporary increase in capacities; (c) backlog management may also centre on specific time-bound clearing projects with set targets, e.g. pertaining for a specific nationality, profile or other priorities.

Community engagement and risk education

In the context of the COVID-19 pandemic, the provision of information is life-saving and crucial to ensure equal and non-discriminatory access to health and other basic services. The recommendations are as follows:

- Inclusion of refugees, asylum seekers, stateless and internally displaced people (IDP) in risk education and information efforts related to COVID-19, with particular attention to their language and cultural preferences, and the need to adapt

the information to the needs of children, older persons, minority groups and persons with disabilities.

- The use of multiple channels of information, including written materials and other means of communication (such as video, radio and television messages)

2.3. Measures implemented at European level by Member States in the area of asylum to combat the pandemic

General measures have been announced by EU+ countries in order to ensure continuity of services and to protect the health of staff and applicants.

Several countries have declared a *state of emergency*, e.g. Bulgaria (13 March 2020),⁷ Estonia (20 March),⁸ Finland (16 March 2020),⁹ Spain (14 March 2020),¹⁰ Italy (31 January 2020)¹¹, Latvia (18 March 2020)¹², Lithuania (02 March)¹³, Portugal (18 March)¹⁴, Romania (18 March)¹⁵, Slovakia (12 March)¹⁶, Netherland (23 March)¹⁷, Hungary (19 March)¹⁸; *health emergency* Malta (7 March), *state of crisis* Luxembourg on (18 March)¹⁹; *epidemic* Poland (20 March)²⁰, or introduced *urgent emergency measures* (Belgium on 27 March)²¹, (Ireland on 20 March)²²,

⁷ Bulgarian Parliament, viewed 15 May 2020, <https://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=147150>.

⁸ Permanent Representation of Estonia to the Council of Europe, Verbal note, <https://rm.coe.int/16809cfa87>, accessed 15 May 2020.

⁹ Finnish Government communique, viewed 15 May 2020, available at: https://valtio.uu.fi/en/article/-/asset_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi.

¹⁰ Moncloa Palace, Madrid, Saturday 14 March 2020, available at: <https://www.lamoncloa.gob.es/lang/en/gobierno/councilministers/Paginas/2020/20200314council-extr.aspx>, accessed 15 May 2020.

¹¹ Misura dal Governo, viewed 15 May 2020, <http://www.governo.it/it/coronavirus-misure-del-governo>.

¹² State Chancellery declaration, <https://www.mk.gov.lv/en/aktualitates/regarding-declaration-emergency-situation>, accessed 15 May 2020.

¹³ Ministry of Interior announcement, <https://vrm.lrv.lt/en/>, accessed 15 May 2020.

¹⁴ Decreto n.º 2-A/2020, <https://dre.pt/web/guest/pesquisa/-/search/130473161/details/maximized>, accessed 15 May 2020.

¹⁵ Note verbale JJ9014C dated 18 March 2020, <https://rm.coe.int/16809cee30>, accessed 15 May 2020.

¹⁶ Ministerstvo Vnutra announcement, <http://www.minv.sk/?tlacove-spravy&sprava=ustredny-krizovy-stab-pritvrdil-opatrenia-v-boji-proti-sireniu-koronavirusu>, accessed 15 May 2020.

¹⁷ Government of the Netherlands announcement, <https://www.government.nl/latest/news/2020/03/23/stricter-measures-to-control-coronavirus>, accessed 15 May 2020.

¹⁸ About Hungary News in Brief, <http://abouthungary.hu/news-in-brief/coronavirus-update-state-of-emergency-extended/>, accessed 15 May 2020.

¹⁹ The Grand Ducal Regulation, <http://www.legilux.lu/eli/etat/leg/rgd/2020/03/18/a165/jo>, accessed 15 May 2020.

²⁰ Serwis Rzeczypospolitej Polskiej announcement, <https://www.gov.pl/web/koronawirus/wprowadzamy-stan-epidemii-w-polsce>, accessed 15 May 2020.

²¹ Le Conseil du Contentieux des Etrangers announcement, <https://www.rvv-ccc.be/fr>, accessed 15 May 2020.

²² Minister of health announcement, <https://www.oireachtas.ie/en/bills/bill/2020/3/>, accessed 15 May 2020.

(Greece on 11 March), (Cyprus on 23 March),²³ (Czech Republic on 13 March)²⁴, (Denmark on 25 March).²⁵

Following the declaration of a state of emergency, Estonia, Latvia, Romania submitted relevant Notification to the Council of Europe pursuant to Article 59 of the European Convention for Human Rights.

Border controls have been also reintroduced in most of the countries. Italy announced that ports can't be classified as "safe places" for boats under foreign flag, Malta announced that it can't ensure the availability of a "safe place" on the Maltese territory.

Several national asylum and reception administrations, as well as judicial institutions, have partially or totally restricted services and introduced preventative measures.

2.4. Access to justice for asylum seekers during the pandemic

Access to justice is a basic principle of the rule of law. In the absence of access to justice, people cannot exercise their rights or be protected against discrimination. Based on this principle, the right to equal access to justice for all is emphasised, including members of vulnerable groups, asylum seekers and persons with some form of protection, and Member States have reaffirmed their commitment to take all necessary measures to provide fair, transparent measures, non-discriminatory and responsible services that promote access to justice for all (Zlătescu *et al.*, 2019) regardless of the times we are going through.

In the context of the spread of COVID-19 virus infection, as well as given the measures restricting the freedom of movement adopted in emergency situations, in some Member States trials only continue in cases of special urgency. In the context of the principles listed above and taking into account the particularities of asylum seekers' files, they may be included in the category of those which are the object of special urgency cases.

All EU Member States ensure access to the asylum procedure to any foreign citizen that is on the national territory or at the border, from the time of the manifestation of will showing that they request protection from the Romanian State.

The vast majority of applications submitted by applicants for international protection coming from safe third countries of origin or who invoke economic reasons, following the analysis in the administrative phase, are rejected in an expedited procedure, as no basis is found for invoking fear of persecution or exposure to serious risk in the country of origin, with the foreigners in question usually belonging to the category of economic migrants. Following the exercise of the rights

²³ Press Release, <https://www.pio.gov.cy/en/press-releases-article.html?id=12858#flat>, accessed 15 May 2020.

²⁴ Der Bundesrat announcement, <https://www.admin.ch/opc/de/classified-compilation/20200744/index.html>, accessed 15 May 2020.

²⁵ Integrationsministeriet press release, <https://uim.dk/nyheder/covid-19-konsekvenser-for-de-resterende-kvoteflygtninge-pa-2019-kvoten>, accessed 15 May 2020.

conferred by the European *acquis* in the area of asylum, a high percentage of those listed above challenge the rejection decisions in court. The described situation, corroborated with the fact that during the pandemic the trial activity continues only in cases of special urgency, can lead to a blockage of national systems due to the inability to ensure the minimum conditions of reception and processing.

By including in the category of cases of special urgency complaints lodged by applicants for international protection against rejection decisions, at least those rejected in the expedited procedure, and complaints lodged against decisions rejecting applications for access to a new asylum procedure, all procedural rights of the target group can be safeguarded and institutional blockages in Member States' asylum systems can be avoided.

Conclusions

1. At national and European level

Considering the current situation worldwide in relation to the rapid spread of coronavirus – COVID-19, including in Europe, from the point of view of the applicable legislation in the area, it should be mentioned that in accordance with Art. 36¹ of Law no. 122/2006 on asylum in Romania, transposing Art. 6 of Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (APD), when a person applies for international protection, their application is registered within the following time frame from its date of submission:

- 3 business days at most when submitted to the structure responsible for asylum issues;
- 6 business days at most when submitted to the other competent authorities in the matter of reception, in compliance with the law;
- 10 business days at most in case of a massive influx of applications for international protection submitted to any of the competent authorities

According to the European Centre for Disease Prevention and Control, coronavirus COVID-19 has an incubation period of up to 14 days, which evidently exceeds the time limits for registering asylum applications.

It should also be noted that there are currently no other provisions in the relevant legislation in force that exempt, for instance, the quarantine period from the above time limits.

According to Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (RCD), “detention” means any measure of confinement of an applicant by a Member State within a particular place, where the applicant is deprived of his or her freedom of movement.

According to recital (15) of the RCD, applicants may be detained only under very clearly defined exceptional circumstances laid down in Art. 8 (3) and subject to the principle of necessity and proportionality with regard to both the manner and the purpose of such detention.

Article 13 of the RCD sets forth that Member States may require applicants to undergo a medical examination on public health grounds.

In the context of the emergence of COVID-19 in several Member States and the possibility of further spread, including among aliens traveling illegally, in conditions of poor hygiene and without receiving healthcare until they request a form of international protection in a Member State, I appreciate that there is a high likelihood that some asylum seekers are either people with symptoms specific to coronavirus or who we have good reasons to believe that they may have travelled through areas/countries affected by this virus.

In addition, given that the measure of placing asylum seekers in quarantine entails restricting their freedom of movement, it can be equated with a form of detention. Thus, I consider that it is necessary to clarify the manner of application of Art. 13 of RCD in correlation with Art. 6 of the APD and Art. 8 of the RCD, given that the medical examinations required for diagnosing and subsequently treating conditions such as COVID-19 also involve quarantine measures for periods exceeding the deadlines provided in the APD for registering asylum applications, as well as restricting the freedom of movement for public health reasons.

In view of the above, I consider it necessary to urgently request a point of view from the Commission and even to draw up, approve and publish Council Decisions in order to clarify the application of the provisions of the APD and the RCD in the context of a possible emergence of public health risks in Member State. Moreover, I believe that these issues need to be taken into account in the negotiation process on the draft legislation making up the reformed Common European Asylum System (CEAS), possibly by including exceptions/derogations from the currently provided deadlines and safeguards, as well as the possibility of Member State suspending the time limits for the registration of applications for international protection until the public health risks have disappeared. In any circumstances the CEAS should offer improved access to asylum procedures for people seeking protection, it leads to fairer, faster and better asylum decisions, it helps ensure that people who fear persecution will not be brought back to such danger and it provides dignified, decent conditions for both asylum seekers, and for those who enjoy international protection on the territory of the European Union (Pîrvu, 2018, p. 20).

2. Worldwide

Worldwide, in countries affected by migration crises, especially in those with ongoing armed conflicts or in developing countries, action coordinated by UNHCR is required under the COVID-19 Global Humanitarian Response Plan, aiming directly to strengthen the preparedness, prevention and response measures to COVID-19, focusing on the health of refugees, internally displaced persons, other persons of concern and staff providing assistance in more than 130 countries.

UNHCR's engagement can be achieved by facilitating the access of refugees to specialised healthcare services in order to limit the transmission of COVID-19, using technology to ensure remote monitoring of protection, ensuring the

participation of refugees in forms of distance learning so as to ensure education under the restrictive measures brought about by COVID-19, increasing access to water points and sanitation services to prevent the transmission of the virus, providing the expansion of shelters to ensure the physical distancing required to break the chain of contagion, and uninterrupted financial assistance to help meet their daily needs when introducing travel restrictions.

Bibliography

Scientific papers/European law

1. Moroianu Zlătescu, I., Dănișor, D.C., Balan, M. N., Bercea, R., Alistar, V., Deteșeanu, D. A., Tomuleț, C. and Lazăr, R. Ș., 2019, *Studiu comparativ privind accesul la justiție, la asistență și consiliere juridică, căi alternative de rezolvare a litigiilor, inclusiv a litigiilor administrative în state membre ale Uniunii Europene și ale Consiliului European*, Transparency International, <http://www.acces-justitie.ro/uploads/articole/attachments/5e6a0d462d6e9997925495.pdf>.
2. Mourad, L. Schwartz, S., 2020, "Could COVID-19 Upend International Asylum Norms?", *Lawfare*, <https://www.lawfareblog.com/could-covid-19-upend-international-asylum-norms>.
3. Pirvu, E. L., "International Protection Regulations in the European Union", *13th International Conference on European Integration - realities and perspectives, Legal Sciences in the New Millennium*, pp. 11-31, <http://proceedings.univ-danubius.ro/index.php/eirp/article/viewFile/1871/1930>.
4. Volkin, S., 2020, *How are refugees affected by covid-19?*, Johns Hopkins University, <https://HUB.JHU.EDU/2020/04/20/COVID-19-REFUGEES-ASYLUM-SEEKERS/>.
5. European Commission: Communication from the Commission, COVID-19: *Guidance on the implementation of relevant EU provisions in the area of asylum and return procedures and on resettlement*, Brussels, 16.04.2020, doc. no. C(2020) 2516 final.
6. UN High Commissioner for Refugees, *Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic*, 15 April 2020, published on <https://data2.unhcr.org/en/documents/details/75453>.

Media sources

1. Bulgarian Parliament, <https://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=147150>.
2. Decreto n.º 2-A/2020, <https://dre.pt/web/guest/pesquisa/-/search/130473161/details/maximized>.
3. Der Bundesrat announcement, <https://www.admin.ch/opc/de/classified-compilation/20200744/index.html>.

4. Finnish Government communique, https://valtioneuvosto.fi/en/article/-/asset_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi.
5. Government of the Netherlands, <https://www.government.nl/latest/news/2020/03/23/stricter-measures-to-control-coronavirus>.
6. Hungary News in Brief, <http://abouthungary.hu/news-in-brief/coronavirus-update-state-of-emergency-extended/>.
7. Integrationsministeriet press release, <https://uim.dk/nyheder/covid-19-konsekvenser-for-de-resterende-kvoteflygtninge-pa-2019-kvoten>.
8. Le Conseil du Contentieux des Etrangers, <https://www.rvv-ccc.be/fr>.
9. Minister of health, <https://www.oireachtas.ie/en/bills/bill/2020/3/>.
10. Ministerstvo Vnutra, <http://www.minv.sk/?tlacove-spravy&sprava=ustredny-krizovy-stab-pritvrdil-opatrenia-v-boji-proti-sireniu-koronavirusu>.
11. Ministry of Interior, <https://vrm.lrv.lt/en/>.
12. Misura dal Governo, available at: <http://www.governo.it/it/coronavirus-misure-del-governo>.
13. Moncloa Palace, Madrid, Saturday 14 March 2020, <https://www.lamoncloa.gob.es/lang/en/gobierno/councilministers/Paginas/2020/20200314council-extr.aspx>.
14. Note verbal <https://rm.coe.int/16809cfa87>.
15. Note verbale JJ9014C dated 18 March 2020, <https://rm.coe.int/16809cee30>.
16. Press Release, <https://www.pio.gov.cy/en/press-releases-article.html?id=12858#flat>.
17. Serwis Rzeczypospolitej Polskiej <https://www.gov.pl/web/koronawirus/wprowadzamy-stan-epidemii-w-polsce>.
18. State Chancellery declaration, <https://www.mk.gov.lv/en/aktualitates/regarding-declaration-emergency-situation>.
19. The Grand Ducal Regulation, <http://www.legilux.lu/eli/etat/leg/rgd/2020/03/18/a165/jo>.