

WHAT IS NEEDED: A COVID-19 RECOVERY AND FUTURE PANDEMIC PREPAREDNESS THAT IS **CULTURALLY AND LINGUISTICALLY RESPONSIVE** TO THE NEEDS OF MIGRANT AND REFUGEE WOMEN AND GENDER DIVERSE PEOPLE ACROSS AUSTRALIA.



COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC). WHO recommends the continuation of community engagement to achieve strong, resilient, and inclusive risk communications.

*World Health Organization (2023). Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic

1.5x higher death rate for those born outside Australia



Those who died of COVID-19 with a country of birth of overseas, had a death rate **one and a half times higher** than that of people who were born in Australia.

*Australian Bureau of Statistics. (2022, December 22). COVID-19 Mortality in Australia: Deaths registered until 28 February 2023. ABS.



Lower vaccine rates for non-English speakers

For those who speak a language other than English at home **vaccination rates were lower** than for the general population in Australia.

*Department of Health and Aged Care (2023). COVID-19 vaccine rollout update – 24 March 2023. Department of Health and Aged Care.

WHAT RESEARCH SHOWS

- People from migrant and refugee backgrounds have been disproportionately affected by the COVID-19 pandemic.
- Compounding systemic and structural inequality have significantly impacted migrant and refugee communities and consequently there are many barriers to accessing the COVID-19 related health information and health services that they need.
- Migrant and refugee women do not have access to the same level and quality of COVID-19 information in their languages and level of English proficiency.
- Migrant women are concerned about the effects of vaccination on themselves and their children, especially during pregnancy.
- Migrant and refugee women experienced multiple hardships during the COVID-19 pandemic, including:
 - Financial stress
 - Family separation
 - Community isolation
 - Household insecurity
 - Discrimination
 - Reduced income
 - Increased unpaid care work
 - Mental health issues
 - Healthcare access
 - Loss of employment

KEY RECOMMENDATIONS

- Invest and strengthen intersectional policy development and analysis to ensure that Australian government policy addresses the multiple forms of disadvantage and barriers to accessing information and services by migrant and refugee women.
- Provide continuing funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive health information that meets the needs of migrant and refugee women and non-binary people in Australia.
- Support the COVID-19 economic recovery of Australian industries and jobs in which migrant women are concentrated and create employment pathways to facilitate their active participation in the workforce.
- Ensure that government public health messaging is consistent and transparent.
- Promote and support a multilingual women-led workforce that delivers in-language health education to communities that have been made more vulnerable due to impacts associated with the COVID-19 pandemic.
- Provide English language and digital-literacy support programs that meet the needs of all migrant women, including those on temporary visas.

KEY POLICY FRAMEWORKS

- [National COVID-19 Health Management Plan for 2023](#)



Read **Left Behind: Migrant and Refugee Women's Experiences of COVID-19 Report**



Read **Breaking the Barriers: Migrant and Refugee Women's Experiences of Health Care in Victoria**