

THE IMPACT OF CORONAVIRUS COUNTRY MEASURES ON ASYLUM AND RECEPTION SYSTEMS IN HUNGARY, SLOVAKIA AND POLAND

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I. Introduction

The current analysis focuses on the impact of the coronavirus pandemic and measures the national governments implemented with the aim to manage the health crisis on asylum and reception systems in Hungary, Slovakia and Poland. The authors provide an overview of the countries' asylum and reception systems and their functioning under the general COVID-19 preventive epidemiological measures. Due to the dynamic changes related to epidemiological situations in selected countries, the current analysis relates to the period from March 2020 until July 2021. While the crisis situation was present in Autumn 2021, awareness of systemic challenges and inequalities is important in order to maintain procedural guarantees during the asylum procedure, provide appropriate solutions and safeguard the wellbeing of asylum seekers in the region.

In late February and early March 2020, the COVID-19 pandemic started to appear in EU member states.¹ In response to the spread of the virus, the European Union proposed suspending non-essential travel.² On 16 March, the European Commission published its "Guidelines for border management measures to protect health and ensure the availability of goods and essential services".³ As early as March 2020, EU member states began to gradually introduce border traffic restrictions.

The Hungarian government declared a "state of danger" in response to the COVID-19 pandemic on 11 March 2020. The "state of danger" was lifted on 18 June 2020⁴ and a "state of preparedness" was introduced,⁵ but the worsening epidemiological situation led to the re-introduction of the "state of danger" on 3 November 2020.⁶ According to Act XL of 2021 amending Act

1 COVID-19 cases increase within the EU, Timeline- Council actions on COVID-19, <https://www.consilium.europa.eu/en/policies/coronavirus/timeline/>.

2 COVID-19: Temporary Restriction on Non-Essential Travel to the EU, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0115>.

3 COVID-19, Guidelines for border management measures to protect health and ensure the availability of goods and essential services, https://ec.europa.eu/home-affairs/sites/default/files/what-we-do/policies/european-agenda-migration/20200316_covid-19-guidelines-for-border-management.pdf.

4 Government Decree No. 282/2020. (VI. 17.) Korm.

5 Government Decree No. 283/2020. (VI. 17.) Korm.

6 Government Decree No. 478/2020. (XI. 3.) Korm.

I of 2021, the “state of danger” will remain in force until the 15th day following the first day of the 2021 autumn session of the Hungarian Parliament⁷.

In Poland, the Minister of Health announced a state of epidemic threat on 13 March 2020. This was replaced with the declaration of a state of epidemic on 20 March 2020⁸. Restrictions had been gradually loosened starting on 20 April 2020, but with the deteriorating situation and rapid spread of the second and third waves of the coronavirus, “lockdown” measures were restored. On 23 October 2020, the entire country was declared a “red zone”⁹. Although since May 2021, restrictions had been gradually lifted, the state of epidemic was still in force as for July 2021.

On 12 March 2020, a crisis situation was declared in Slovakia, but already three days later it was replaced by a state of emergency as of 16 March. With the approach of summer, the measures were relaxed and the state of emergency was lifted on 4 June 2020. Nevertheless, in September 2020, the second wave of the pandemic arrived and measures were tightened again. As of 1 October, the state of emergency was again in force, lasting until 14 May 2021. The crisis situation was still in force for July 2021.

Lasting for more than a year and a half, the health crisis caused by the spread of the COVID-19 virus has challenged migration, asylum, reception and integration systems on the EU and national levels. National governments managed asylum in their countries differently. For example, Slovakia continued to accept asylum applications despite the suspension of international mobility, while Hungary used the health crisis to bypass international and European law and hinder asylum procedures.

To enhance the health security of their populations, European governments introduced a range of measures, and as early as December 2020, countries started introducing vaccination programs. Nevertheless, asylum seekers and beneficiaries of international protection are still facing inequalities in access to medical and epidemiological care and vaccination. Moreover, lockdowns affect the social and economic situation of migrants, beneficiaries of international protection and asylum seekers.

7 On 27 September 2021, the Parliament decided on the extension of the “state of danger” until 1 January 2022 (see Act CII of 2021).

8 Ordinance of 13 March 2020 in the case of the announcement in the area of the Republic of Poland the state of epidemiological threat (Dz.U. 2020, Item 433), <https://dziennikustaw.gov.pl/D2020000043301.pdf>.

9 Ibidem, Cała Polska w czerwonej strefie, kolejne zasady bezpieczeństwa oraz Solidarnościowy Korpus Wsparcia Seniorów, <https://www.gov.pl/web/koronawirus/cala-polska-w-czerwonej-strefie-kolejne-zasady-bezpieczenstwa-oraz-solidarnosciowy-korpus-wsparcia-seniorow>.

The analysis consists of six parts. The introduction is followed by a brief part which presents an overview of the statistics on asylum applications and decisions on asylum for 2020 and the changes which have appeared during the pandemic in comparison to 2019. The third part constitutes overviews of national asylum systems and the impact of COVID restrictions on the access to asylum and asylum procedures. The fourth part provides an overview of national reception systems, epidemiological measures implemented in reception, accommodation and detention facilities and the access of asylum seekers to medical care and vaccination. Next, the authors present the main challenges for asylum seekers resulting from implemented measures and examples of good practices. The final part includes a summary and a set of recommendations.

II. Statistics on asylum

II.1. Asylum applications

For the last few years Poland and Hungary have deliberately reduced access to asylum, what reflects the general shift towards anti-immigration and anti-refugee attitudes of the right-wing governments. The health crisis allowed to provide further limitations for people seeking protection in both countries. In 2020, the number of asylum applications dropped in Poland and Hungary due to implemented restrictions and the closure of cross-border traffic during the COVID-19 pandemic. In Poland, the number of asylum applications decreased significantly in the period from March to May 2020, with its lowest numbers in April, when only 27 applications were registered. In the following months, the number of applications increased.¹⁰ During the first half of 2021, already 1678 people submitted asylum applications. For the first time, the largest group of migrants seeking protection in Poland were Belarusians, which was related to mass persecutions in the neighbouring country (previously the numerically largest group where citizens of Russian Federation from Chechnya). Compared to Poland and Hungary, Slovakia has a relatively small number of asylum applications which has remained stable in recent years, so any decline related to the pandemic is not as visible.

¹⁰ Data provided by the Office for Foreigners by request.

Table 1. Asylum applicants

Year	Hungary	Poland	Slovakia
2021	21 (1 January - 30 June 2021)	1678 (1 January 2021 - 30 June 2021)	87 (1 January - 30 April 2021)
2020	117	2803	282
2019	500	4095	232

II.2. Decisions on asylum

This report presents information provided by the national authorities on request (the Office for Foreigners in Poland, National Directorate General for Aliens Policing in Hungary and the Migration Office of the Ministry of Interior in Slovakia). The data show that in 2020, among the analysed countries, the majority of decisions issued were negative, resulting in the rejection of the protection both in the first instance and after an appeal. The difficulties caused by COVID-19 did not seem to affect the activities of the asylum authority in Hungary aimed at revising international protection statuses.

Hungary

Year	2019		2020		2021 (until 30 June)	
	First instance	Appeal	First instance	Appeal	First instance	Appeal
Total number of decisions	710	255	472	162	34	:
Positive decisions	60	173	126	77	20	:
Refugee status	22	:	83	:	7	:
Subsidiary protection	31	:	43	:	11	:
Humanitarian protection	7		:	:	2	:
Negative decisions	650	:	346	70	14	

Source: National Directorate General for Aliens Policing

Poland

Year	2019		2020		2021 (until 30 June)	
	First instance	Appeal	First instance	Appeal	First instance	Appeal
Total number of decisions	4000	1569	3491	1943	1375	-
Positive decisions	272	12	383	17	391	-
Refugee status	131	4	161	0	77	-
Subsidiary protection	130	7	222	9	314	-
Tolerated stay	4	1	16	8	0	-
Negative decisions	1730	1376	2028	1720	616	-

Source: Office for Foreigners

Slovakia¹¹.

Year	2019	2020	2021 (until 31 July)
Total number of decisions	333	315	218
Positive decisions	28	38	13
Refugee status	9	11	7
Subsidiary protection	19	27	6
Tolerated stay	-	-	-
Negative decisions (incl. cessation of the procedure)	305	277	205

Source: Ministry of Interior

11 Despite the requests, sent by the country expert, the national authorities refused to provide specific statistical data on asylum decisions. The Ministry of Interior does not provide statistics data on first instance decisions/decisions after appellate procedure. Presented above data have been generated from the generally available national statistics of Ministry of Interior, <https://www.minv.sk/?statistiky-20>

II.3. Recognition rate

The recognition rate in 2020 remained low in all three countries¹²:

Table 2. Recognition rate

	Hungary	Poland	Slovakia
2020	17.6%	6.6%	12.06%

In 2021, a significant increase has been noticed in Poland. For the period of the first half of 2021, the recognitions rate was 39%, what was related to the increased numbers of decisions on granting protection for international protection received by Belarusians (72% of total decisions) and high recognition rate for this group (100%) .¹³

II.4. Dublin transfers

Hungary

Dublin procedure	Requests IN	Transfers IN	Requests OUT	Transfers OUT
2020	1804	1	37	27
2019	1694	1	200	28

Source: National Directorate General for Aliens Policing

Poland

Dublin procedure	Requests IN	Transfers IN	Requests OUT	Transfers OUT
2020	2275	222	179	16
2019	3945	685	201	55

Source: Office for Foreigners

Slovakia

Dublin procedure	Requests IN	Transfers IN	Requests OUT	Transfers OUT
2020	245	25	200	10
2019	339	80	51	17

Source: the Migration Office of the Ministry of Interior

¹² In case of Slovakia, counted by the expert on the basis of the data from Ministry of Interior, as official data are not provided by the authorities.

¹³ Data provided by the Office for Foreigners by request.

III. COVID-19 emergency measures and the asylum system in V4 states

III.1. Hungary

III.1.1. Access to asylum

The Hungarian government adopted an action plan concerning the coronavirus in January 2020 before registering the outbreak of the virus.¹⁴ The first registered COVID-19 cases were announced by prime minister Orbán on 4 March 2020¹⁵. He announced that the first two reported cases were two students from Iran studying at Hungarian universities. The government reacted by suspending the issuing of visas for Iranian nationals and introduced testing for Iranian nationals entering Hungary by air and land.¹⁶

On 11 March 2020, in response to the COVID-19 pandemic, the Hungarian government declared a “state of danger”. Under this special legal order, the government is authorized to issue government decrees that derogate from acts adopted by the Parliament in order to manage the danger that gave rise to the special legal order.¹⁷

While the coronavirus pandemic placed burdens on all stakeholders in the asylum procedure, the government used the pretext of fighting the pandemic to make access to asylum nearly impossible thereby creating the greatest challenge in the Hungarian asylum system. Even in the period preceding the COVID-19 measures, access to asylum in Hungary had been restricted. Since September 2015, a “state of crisis due to mass migration” had been declared and upheld by the government. The “crisis due to mass migration” has been extended ten times already and is currently in force until 7 March 2022¹⁸. Due to this “state of crisis due to mass migration”, until 26 May 2020, asylum could only be sought at the border (inside the tran-

14 The website of the Ministry of Interior of Hungary <https://2015-2019.kormany.hu/hu/belugyminiszterium/hirek/az-operativ-torzs-akcioterve-a-koronavirus-jarvany-elleni-vedekezesert>.

15 On his Facebook page, <https://www.facebook.com/watch/?v=187876155837762>.

16 The government suspended visa issuing for Iranian nationals, in Hungarian, <https://koronavirus.gov.hu/cikkek/operativ-torzs-kormany-felfuggesztette-az-iraniak-szamara-vizumkiadast>.

17 Under Article 53 of the Fundamental Law.

18 Government Decree No. 509/2021. (IX. 3.) Korm.

sit zone)¹⁹ and asylum applicants were obliged to remain there until the final decision concerning their application. Admittance was very sporadic to the transit zones between January and March 2020²⁰ and was completely suspended in March 2020.²¹ Under asylum legislation²², only those lawfully staying could apply for asylum in the country (i.e., outside the transit zones).

One of the first measures adopted by the Hungarian government against the coronavirus pandemic was the closure of borders.²³ In the first piece of legislation detailing the measures against the coronavirus pandemic,²⁴ the government decided to reintroduce border controls on Hungary's (internal Schengen land) borders with Austria and Slovenia from 12 March 2020.²⁵ The initial measures were soon amended to introduce an entry ban for foreign passengers²⁶ arriving from all over the world²⁷ and to introduce the possibility of exceptions from the rules for foreigners in duly justified exceptional cases.²⁸ As of March 2020, the government allowed no new entries in the transit zones, claiming a direct link between the coronavirus and "illegal migration".²⁹

19 Act LXXX of 2007 on Asylum, Section 80/J.

20 AIDA Asylum Information Database – Country report: Hungary, 2020 update.

21 As detailed in the next paragraph.

22 Act LXXX of 2007 on Asylum, Section 80/J.

23 "Prime Minister Orbán announced that Hungary's borders are closed to passenger traffic due to the coronavirus pandemic, in the future only Hungarian nationals will be allowed to enter Hungary", see: <https://koronavirus.gov.hu/cikkek/orban-lezarjak-magyarorszag-hatarait-szemelyforgalom-elott-betiltjak-rendezyenyeket> (in Hungarian).

24 Government Decree No. 41/2020. (III. 11.) Korm.

25 Border control on the borders between Hungary and Slovakia was reintroduced a week later, on 20 March 2020. The border control was lifted in June 2020 and reintroduced again in September 2020. The government announced that it will lift the border control on the internal Schengen borders on 24 June 2021.

26 Except for permanent resident EEA nationals.

27 Government Decree No. 46/2020. (III. 16.) Korm.

28 Government Decree No. 45/2020. (III. 14.) Korm.

29 Source: the website of the Hungarian government: "Hungary suspends the entry of illegal migrants to the transit zone for an undetermined period" <https://2015-2019.kormany.hu/hu/belugyminiszterium/hirek/koronavirus-magyarorszag-hatarozatlan-idore-felfuggeszti-az-illegalis-migransok-beengedeset-a-tranzitonaba> (in Hungarian).

In May 2020, the Court of Justice of the European Union (CJEU) ruled³⁰ that Hungary's practice of automatically placing asylum-seekers in closed land-border transit zones during the entire asylum procedure constitutes unlawful detention. As a reaction, the government – using its powers under the special legal order – introduced new asylum rules that, in practice, made it impossible for most asylum-seekers to apply for asylum. A Government Decree³¹ prescribed that asylum applications may only be made after a “statement of intent for lodging an asylum application” is handed in by the asylum-seeker in “one of the embassies of Hungary outside the Schengen area”. The transitional provisions introduced in connection with the termination of the “state of danger” contained further restrictions.³² These included provisions maintaining the requirement of the “statement of intent” in the asylum procedure, but with a further restriction – the government designated only the embassies in Belgrade and Kyiv as embassies where the statements of intent may be submitted.

The “state of danger” due to the coronavirus pandemic was lifted on 18 June 2020³³ and a “state of preparedness”³⁴ was introduced. However, the worsening epidemiological situation led to the re-introduction of the “state of danger” on 3 November 2020³⁵. Nevertheless, changes in the special legal order did not have any impact on the limited access to asylum. Under the new rules (applicable until 31 December 2021³⁶), foreigners wishing to seek asylum in Hungary have to first submit a “statement of intent of lodging an asylum application” in the embassy of Hungary in Belgrade or Kyiv. The embassies forward the statement of intent to the asylum authority (National Directorate General for Aliens Policing, NDGAP) which shall examine it within 60 days (the NDGAP may organize remote hearings). The NDGAP

30 Judgement in joint cases C-924/19 PPU and C-925/19 PPU.

31 Government Decree No. 233/2020. (V. 26.) Korm.

32 The bill was adopted as Act LVIII of 2020 on the Transitional Provisions related to the Termination of the State of Danger and on Epidemiological Preparedness (Transitional Act).

33 Government Decree No. 282/2020. (VI. 17.) Korm.

34 Government Decree No. 283/2020. (VI. 17.) Korm.

35 Government Decree No. 478/2020. (XI. 3.) Korm.

36 The initial end period was 31 December 2020, that was extended until 30 June 2021 by Act CLXII of 2020 and further extended until 31 December 2021 by Act CI of 2021. In October 2021, the government proposed the extension of the end period until 31 December 2022 (see: bill T/17283, Sections 79-80)

then informs the embassy whether it may issue a single-entry permit for the person submitting the statement of intent or not. If the single-entry permit is issued, the person concerned has to travel to the Hungarian border within 30 days after issuing the permit and avail him/herself to the border police. The border police have to present the person concerned to the ND-GAP where the person may finally lodge the asylum application. The rules on the “statement of intent” were adopted in May 2020 as a temporary measure, but their application has already been extended twice, currently until 31 December 2021. The detailed rules are not defined in the legislation, thus, according to the Hungarian Helsinki Committee, people are regularly turned away at the embassy when attempting to lodge their “statement of intent” and are informed that they are placed on an undefined “waiting list” to get an appointment to lodge the intent.³⁷ According to the official statistics, in 2020 (from 27 May till the end of the year) there were 24 migrants and in 2021(as for 30 June) there were 42 people who submitted a “statement of intent of lodging an asylum application” in the embassies of Hungary in Belgrade or Kyiv.

There are only a few exceptions from the general restrictions envisaged in the special order: beneficiaries of subsidiary protection, family members of beneficiaries of international protection and foreigners subject to forced measures, measures or punishment affecting personal liberty (except if they are detained for crossing the border illegally) may apply for asylum without having to leave Hungary.³⁸ According to information provided by NGO experts working in the field, the NDGAP also exempts unaccompanied minors from the procedure, namely they may stay in Hungary. Nevertheless, their temporary guardian has to submit their declaration of interest to one of the embassies, and unaccompanied minors may only submit their asylum applications after the procedure on the “statement of intent” is completed.

All other foreigners who do not have the single-entry document will be pushed back from Hungary; the border police shall “direct them towards the Hungarian embassy in the neighboring country”.³⁹

37 Source: [AIDA Asylum Information Database – Country report: Hungary, 2020 update](#).

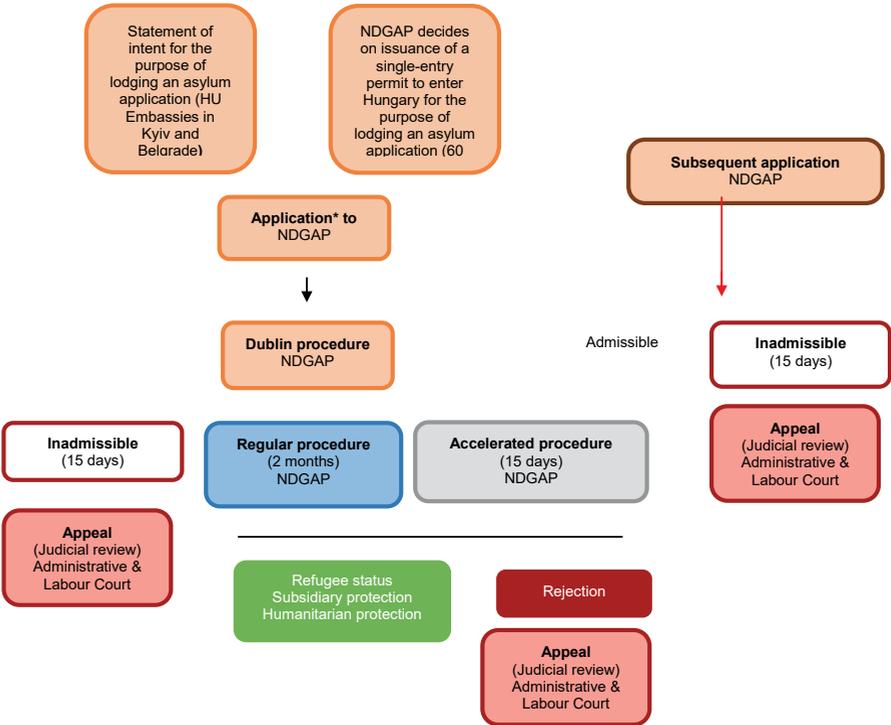
38 More information and detailed analysis of this system is provided by the Hungarian Helsinki Committee: <https://helsinki.hu/wp-content/uploads/new-Hungarian-asylum-system-HHC-Aug-2020.pdf>

39 Act LVIII of 2020, Section 271, paragraph 2.

The UNHCR expressed its criticism of the new system⁴⁰ and the European Commission considers the rules presented above to be in breach of EU law and launched infringement procedures against Hungary in October 2020.⁴¹

III.1.2 Asylum procedures

Asylum procedure in Hungary



Source: AIDA report on Hungary (https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-HU_2020update.pdf), page 13.

40 UNHCR Position on Hungarian Act LVIII of 2020 on the Transitional Rules and Epidemiological Preparedness related to the Cessation of the State of Danger, June 2020, <https://www.refworld.org/docid/5ef5c0614.html>.

41 October infringements package: key decisions, https://ec.europa.eu/commission/presscorner/detail/en/inf_20_1687; https://ec.europa.eu/commission/presscorner/detail/EN/INF_21_441.

Besides the introduction of the “statement of intent” procedure described above in II.1.1, the rules on asylum applications have not changed in the examined period. According to the NDGAP the average length of asylum procedure (from the application until the final decision) was 465 days in 2019, 159 days in 2020, and 143 days in 2021.⁴²

On the other hand, the Hungarian Helsinki Committee (HHC) observed significantly extended asylum procedures in 2019 and in 2020 as well.⁴³ The HHC accounts the extended length to the fact that most of the negative decisions are quashed in court, and the NDGAP has to conduct a new procedure that in many cases results in another negative decision which is then quashed again by the court.

In addition, as a reaction to the CJEU judgement on the transit zones described in point III.1.1, the NDGAP decided to close the transit zones and to place asylum-seekers in open facilities,⁴⁴ which resulted in the suspension of several cases pending before the courts. The legal procedures to appoint the competent court with jurisdiction prolonged the procedures considerably.⁴⁵

Among the measures adopted during the “state of danger” due to COVID-19, the government decided to extend the validity of identity, travel and other documents, including residence documents issued to foreigners.⁴⁶ Beneficiaries of international protection were not issued residence permits in Hungary; their right to stay in the country was based on the decision of the asylum authority granting refugee/beneficiary of subsidiary protection status. The extension of the validity of the documents issued by state authorities was relevant for beneficiaries of international protection concerning their ID cards, driving licenses, social security cards and travel documents (the documents remained valid only in the territory of Hungary). According to information from NGO experts assisting the integration of beneficiaries of international protection, there was a difference between the rules adopted in the spring of 2020 (during the first wave of the pandemic) and in the autumn of 2020 (during the second/third wave). In the first wave, the validity

42 Until 31 March 2021.

43 Source: [AIDA Asylum Information Database – Country report: Hungary, 2020 update](#).

44 See point III.1.1. for detailed information.

45 Source: [AIDA Asylum Information Database – Country report: Hungary, 2020 update](#).

46 See: Government Decree 85/2020. (IV. 5.) Korm. and Government Decree No. 500/2020. (XI. 13.) Korm.

of ID cards, driving licenses, etc. was extended to the 180th day following the termination of the “state of danger”, but the authorities were reluctant to apply this rule to beneficiaries of international protection as the legislation mentioned Hungarian nationals only.⁴⁷ During the second wave, these documents remained valid until the 60th day following the termination of the “state of danger”,⁴⁸ and the legislation referred to “official documents valid in the territory of Hungary issued by Hungarian authorities” without specifying the persons to whom the documents were issued.

A 2016 amendment of the asylum legislation introduced a mandatory revision of both refugee and subsidiary protection statuses at least every three years.⁴⁹ The difficulties caused by COVID-19 did not seem to affect the activities of the asylum authority aimed at revising international protection status. The revisions continued in 2020 as well, and their numbers increased – while the NDGAP initiated the revision of refugee and subsidiary protection statuses in 41 cases in 2019, the number of revision procedures initiated in 2020 was 317 and 117 in 2021⁵⁰. According to the Hungarian Helsinki Committee, the number of withdrawals of status for national security reasons increased in 2020⁵¹.

III.1.3. Deportations

There was neither legislation adopted nor any official statement issued on suspending returns from Hungary, but the measures adopted against the pandemic, especially concerning air traffic impacted returns as well. The NDGAP issued 882 return decisions in 2020 and implemented the removal of 414 persons – the data refer to all non-EU nationals, not to asylum applicants or persons whose international protection status was specifically withdrawn.⁵²

47 The practice was unlawful as, according to the asylum legislation, refugees are entitled to the same rights as Hungarian nationals and beneficiaries of subsidiary protection are entitled to the same rights as refugees (Act LXXX of 2007 on Asylum, Sections 10 and 17).

48 The “state of danger” has been extended by the Parliament by Act XL of 2021 until the 15th day following the first day of the autumn session of the Parliament, however, the Act authorizes the government to terminate the “state of danger” on an earlier date. On 14 September 2021, the government proposed a bill in Parliament to extend the “state of danger” until 31 December 2021 (<https://www.parlament.hu/irom41/17053/17053.pdf>, in Hungarian).

49 Act XXXIX of 2016.

50 Until 31 March 2021.

51 [AIDA Asylum Information Database – Country report: Hungary, 2020 update.](#)

52 National Directorate General for Aliens Policing, http://bmbah.hu/images/Kiadv%C3%A1nyf%C3%BCzet_2020_December_OIF_1.xls.

III.2. Poland

III.2.1 Access to asylum

Already on 2 March 2020, the Polish Parliament adopted new legislation – the “Act on specific solutions related to the prevention and combating COVID-19 and other infectious diseases and crises they caused” (the COVID Law).⁵³ The government started to implement “lockdown” type measures, and on 13 March 2020, the Minister of Health announced a state of epidemic threat in Poland. Days later, on 20 March 2020, a state of epidemic was declared. A set of further regulations, including travel restrictions and affecting cross-border mobility, was introduced. On 15 March 2020, border traffic between Poland and eastern neighbourhood countries was restricted, and only a few checkpoints on the borders with Ukraine, Belarus and the Russian Federation remained open. Moreover, controls at borders between Poland and EU states were temporarily introduced. Besides Polish citizens, only specific categories of migrants – including foreign residents (with the right of permanent or temporary residence), people with work permits and holders of the Card of the Pole – might return to Poland.⁵⁴

Already since 2015 the number of asylum applications submitted in Poland has decreased, what reflected the anti-refugee rhetoric of the ruling right-wing nationalist Law and Justice (pl. Prawo i Sprawiedliwość, PiS) and, in practice, limitations and violations of the right to international protection.⁵⁵ The European Court of Human Rights in Strasbourg has twice declared actions of the Polish Border Guards as illegal (in the judgments of M.K. and

53 Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, https://fra.europa.eu/sites/default/files/fra_uploads/pl_report_on_coronavirus_pandemic_may_2020.pdf [access date 03.05.2021].

54 Regulation of the Minister of Internal Affairs and Administration of 13 March 2020 on the temporary suspension or restriction of border traffic at certain border crossing points (Journal of Laws of 2020, item 435, with amendments.).

55 According to human rights activists the Border Guards repeatedly refused entry to people who declared the willingness to apply for international protection. In HFHR report: access to asylum procedure at Poland's external borders. Current state of affairs and future challenges, <https://www.hfhr.pl/en/hfhr-report-access-to-asylum-procedure-at-polands-external-borders-current-state-of-affairs-and-future-challenges/>.

others of 2020 and D.A. and others of July 8, 2021)⁵⁶. The COVID-19 pandemic and preventive national measures allowed national authorities to further restrict affected access to asylum procedures. Implemented solutions also affected the course of the administrative procedures.⁵⁷ With the restrictions of cross-border movement between Poland, the Russian Federation, Belarus and Ukraine introduced on 15 March 2020, access to asylum procedures was again limited. Instead of asylum applications, the Border Guards asked persons to submit declarations of their intention to submit an asylum application.⁵⁸ A person submitting such a “declaration of intention” was not eligible for any kind of medical and social assistance.⁵⁹ Only in particular cases (not specified in the regulation), the officer of the Border Guard post might allow a person to enter the country after obtaining the consent of the chief commander of the Border Guard.⁶⁰ According to the official statistics, in 2020 the Border Guard registered 298 declarations of intention to apply for international protection⁶¹.

56 Chechen refugees unlawfully refused entry at the Terespol border crossing, rules the ECtHR, <https://www.hfhr.pl/en/chechen-refugees-unlawfully-refused-entry-at-the-terespol-border-crossing-rules-the-ecthr/>; Kolejny wyrok ETPC w sprawie odmowy wjazdu uchodźcom na przejściu granicznym w Terespolu, <https://www.hfhr.pl/kolejny-wyrok-etpc-w-sprawie-odmowy-wjazdu-uchodzcom-na-przejsciu-granicznym-w-terespolu/>

57 Overview of the main changes since the previous report update, AIDA, <https://asylumineurope.org/reports/country/poland/overview-main-changes-previous-report-update/>, [access date 10.07.2021], The Report of the Association for Legal Intervention “SIP w działaniu. Prawa cudzoziemców w Polsce w 2020, https://interwencjaprawna.pl/wp-content/uploads/2021/01/raport_SIP_w_dzialaniu_2020.pdf.

58 AIDA Country Report Poland https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-PL_2020update.pdf.

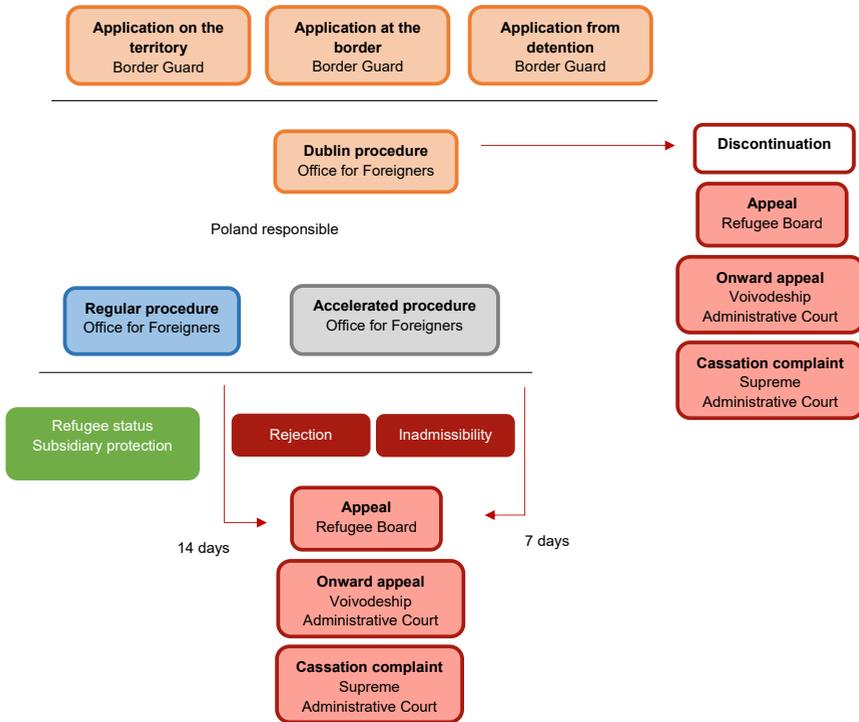
59 Ibidem.

60 Poland introduces restrictions when crossing the border, 16.03.2020, <https://www.strazgraniczna.pl/pl/aktualnosci/8301,Polska-wprowadza-ograniczenia-przy-przekraczaniu-granicy.html>, [access date 03.05.2021].

61 AIDA Country Report Poland https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-PL_2020update.pdf.

III.2.2. Asylum procedure

Asylum procedure in Poland



Source: AIDA report on Poland (<https://asylumineurope.org/reports/country/poland/>), page 13.

The country's main national legal act, the "Constitution of the Republic of Poland of 2 April 1997", provides the general provisions on access to the territory of Poland for persons seeking international protection (Article 56).⁶² Detailed regulations and conditions have been specified in subsequent legal acts. The main legal acts pertaining to the procedures for granting international protection are the "Law of 13 June 2003 on granting protec-

62 Art. 56, The Constitution of the Republic of Poland of 2 April 1997 (Journal of Laws 1997 No. 78, item 483 with amendments, <http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/48187/73135/F401971080/POL48187%20English.pdf>).

tion to foreigners within the territory of the Republic of Poland”⁶³, the “Law of 12 December 2013 on foreigners”⁶⁴ and the “Ordinance of the Minister of Interior and Administration of 19 February 2016 on the amount of assistance for foreigners seeking international protection”.⁶⁵

In Poland, a person might obtain one of three forms of international protection (refugee status, subsidiary protection, temporary protection) or asylum, which is a national form of protection.⁶⁶ A person can submit their application to the Border Guard at a border-crossing point, while already staying in Poland or from a detention centre. After lodging the asylum application with the Border Guard, the person is directed to one of the reception centres for registration. After registration, she or he is entitled to medical and material reception assistance for the entire period of the asylum procedures. The person can choose one of two forms of material reception assistance – accommodations in a migrant centre or a financial allowance to ensure accommodations outside the centre.

Following the regulation of the Minister of Health and introduction of the state of epidemic in Poland, the Office for Foreigners suspended direct services from 16 March 2020 to 25 May 2020. During this period, direct contact was possible only when “absolutely necessary”. Face-to-face interviews were temporarily suspended⁶⁷. From 31 March to 24 May 2020, administrative and court proceedings were also suspended. Since 25 May, face-to-face appointments have been resumed in accordance with the sanitary rules,⁶⁸ and the Border Guard have renewed registration of asylum applications.

Introduced measures affected the duration of the asylum procedures. According to the law, the asylum decision should be taken within six months,

63 Law of 13 June 2003 on granting protection to foreigners within the territory of the Republic of Poland (Journal of Laws 2012 pos. 680) (Law on Protection).

64 The Law of 12 December 2013 on foreigners (Journal of Laws 2013 pos. 1650).

65 the Ordinance of the Minister of Interior and Administration of 19 February 2016 on the amount of assistance for foreigners seeking international protection (Journal of Laws 2016 pos. 311). Pachocka M., Sobczak-Szelc K., Refugee Protection Poland Country Report, <https://respondmigration.com/wp-blog/refugee-protection-regimes-poland-country-report>.

66 Art 3, sec 1 the Law of 13 June 2003 on granting protection to foreigners within the territory of the Republic of Poland (Journal of Laws 2012 item 680).

67 Suspension of direct customer service, <https://udsc.gov.pl/zawieszenie-bezposredniej-obslugi-klientow> [access date 05.05.2021].

68 Resumption of direct customer service, <https://udsc.gov.pl/wznowienie-bezposredniej-obslugi-klientow/>, [access date 05.05.2021].

but the time limit can be prolonged if the case is “considered complicated”.⁶⁹ In 2020, the average proceeding time was 207 days, while in 2019, the average proceeding time was 152 days.⁷⁰

In order to ensure the legality of the stay of migrants in Poland, the government introduced a range of new legal tools. On 18 March 2020, the government announced a legislative package, the so-called “Anti-crisis shield”.⁷¹ Amended several times, the document also regulated the situation of non-Polish citizens remaining in the country, extending the validity of residence documents until the “end of the 30th day following the date of cancellation of the last state (state of epidemic emergency or state of epidemic)”⁷². On 7 April 2020, the Council of Ministers amended the “anti-crisis shield” providing the extension of temporary identity certificates (pł. Tymczasowe Zaświadczenie Tożsamości Cudzoziemca, TZTC) - documents issued to persons applying for international protection.⁷³

The COVID-19 pandemic affected the realization of Dublin transfers. For the period of 16 March to 8 July 2020, all transfers were suspended. Afterwards, they were resumed, but in accordance with preventive procedures introduced in Poland and other EU states. According to the AIDA report, the duration of the procedure was extended because of obligatory testing and medical examinations. The general overview shows that the number of transfers temporarily decreased in 2020. According to the Office for Foreigners, in total 222 transfers IN and 16 transfers OUT were carried out in 2020, compared to 685 transfers IN and 55 transfers OUT in 2019. But, already in 2021, the number of Dublin transfers increased. During the first half of 2021

69 AIDA Country Report Poland https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-PL_2020update.pdf

70 AIDA Country Report Poland https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-PL_2020update.pdf

71 Coronavirus COVID-19 outbreak in the EU, Fundamental Rights Implications, https://fra.europa.eu/sites/default/files/fra_uploads/pl_report_on_coronavirus_pandemic_may_2020.pdf [access date 03.05.2021].

72 Coronavirus outbreak – special solutions for foreigners, <https://udsc.gov.pl/en/coronavirus-outbreak-special-solutions-for-foreigners/>, [access date 5.05.2021], The Act of 31 March 2020 on amending the act on special solutions related to the prevention, counteracting and combating of COVID-19, other infectious diseases and crisis situations caused by them, as well as some other acts (Journal of Laws, item 568), which entered into force on 31 March 2020, the Act of 16 April 2020 on special support instruments in connection with the spread of the SARS-CoV-2 virus (Journal of Laws, item 695), which entered into force on 18 April 2020, the Act of 14 May 2020 amending some acts in the field of protective activities in connection with the spread of the SARS-CoV-2 virus (Journal of Laws, item 875), which entered into force on 16 May 2020, https://udsc.gov.pl/en/coronavirus-outbreak-special-solutions-for-foreigners/#_edn2.

73 Coronavirus outbreak – another solutions dedicated to foreigners, <https://udsc.gov.pl/en/coronavirus-outbreak-another-solutions-dedicated-to-foreigners/>, [access date 15.05.2021].

(01.01.2021-30.06.2021), Poland received 748 IN requests and 112 IN transfers were carried out; 179 OUT requests were sent by Polish authorities, and 33 OUT transfers were carried out.⁷⁴

III.2.3 Deportations

During the health crisis, on the basis of the COVID Law, the time limit for returns in the case of a negative decision or a decision to discontinue the procedure for international protection has been extended until the 30th day following the termination of the epidemic threat or state of epidemic in Poland.⁷⁵ Due to the involvement of the Association for Legal Intervention, a human rights organization, the Council for Refugees suspended the execution of decisions on refusal to grant international protection as well as decisions regarding the recognition of an application for international protection as inadmissible.⁷⁶ Nevertheless, human rights organizations have raised the alarm that the Border Guard have continued deportations during the pandemic.⁷⁷

III.3. Slovakia

III.3.1 Access to asylum

The first case of COVID-19 was confirmed in Slovakia on 6 March 2020. On 12 March 2020, a crisis situation was declared. From 16 March 2020, a state of emergency was put into effect, and schools, leisure facilities and venues were closed. A compulsory 14-day quarantine was introduced for all those returning from abroad. Borders were closed, allowing only persons with permanent residence or temporary stay in Slovakia, or those with a valid Slovakian passport to enter the country.

The government implemented measures pertaining to non-citizens and migrant communities including the adoption of an amendment to the Act

74 Information provided by the Office for Foreigners upon request.

75 Coronavirus outbreak – special solutions for foreigners, <https://udsc.gov.pl/en/coronavirus-outbreak-special-solutions-for-foreigners/>.

76 The Report of the Association for Legal Intervention “SIP w działaniu. Prawa cudzoziemców w Polsce w 2020, https://interwencjaprawna.pl/wp-content/uploads/2021/01/raport_SIP_w_dzialaniu_2020.pdf.

77 Poland: Deportations continued despite the nationwide lockdown, <http://www.forintegration.eu/pl/poland-deportations-continued-despite-the-nationwide-lockdown>.

on Residence of Foreigners on 7 April 2020,⁷⁸ which extends residence permits for two months after the revocation of the crisis situation. Those who entered Slovakia legally but who are without a granted residence permit are also entitled to remain in Slovakia until one month after the revocation of the crisis situation. A curfew was in force throughout Slovakia, limiting movement other than travel to work, for testing, to provide essential needs or to stay in the countryside in the district of residence.

On 31 October 2020, the first day of nationwide testing took place on which 2,581,113 people were tested, 25,850 of whom tested positive. On 1 November 2020, the second and final day of full-scale testing took place. In the following period, regular testing was carried out. This was not compulsory, but a negative test was a pre-condition for the performance of most activities, including exceptions to the curfew and access to work.

In December 2020, a “COVID automat” entered into force, based on which restrictions in specific regions depended on the epidemiological situation in the region. The softening of restrictions during Christmas was followed by a tightening of the measures while classifying almost the entirety of the Slovak Republic as a black region with strict restrictions. Based on the “COVID automat” and the improvement of the pandemic situation, the state of emergency was lifted on 14 May 2021. Foreign Police units started accepting clients again as of 15 February 2021 (they had been previously closed).

As of June 2021, quarantine conditions upon arrival from abroad varied, depending on whether a person was coming from a “green”, a “red” or a “black” country; as of July 2021 the restrictions depended on vaccination status of arriving person. Foreigners who entered the Schengen area legally might enter Slovakia through its internal borders with Austria, Czechia, Hungary or Poland, as well as through internal air borders (border crossings at airports in Slovakia for flights from within the Schengen Area) under the condition of compliance with quarantine measures (home isolation, testing for COVID-19) in accordance with the current Public Health Authority Decree. Only specific groups of foreigners (EU citizens, Slovak citizens’ relatives, etc.) could enter Slovakia via its external border (land border with Ukraine, as well as air borders for flights from outside the Schengen Area) under the condition of compliance with quarantine measures.⁷⁹ Access to

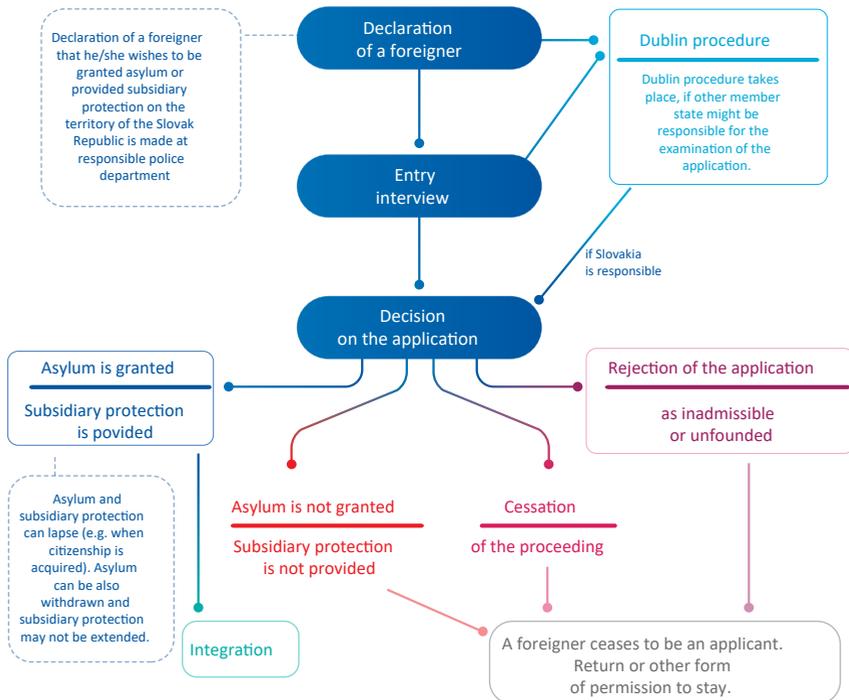
78 Act. Nr. 73/2020 Coll.

79 Koronavírus a Slovensko, www.korona.gov.sk.

asylum remained unchanged, although it was subjected to the limitations resulting from the measures taken against the pandemic, in particular, those restricting international traffic. The internal mechanism for monitoring the quality of the decision-making process in the international protection procedure was also applied in 2020.⁸⁰

III.3.2. Asylum procedures

Asylum procedure in Slovakia



Source: Migration Office, 25 years, page 20, https://www.minv.sk/?tlacove-spravy&sprava=migracny-urad-mv-sr-posobi-uz-viac-ako-stvrtstoriec&subor_spravy=340470.

⁸⁰ Slovak Government Office, Materials submitted for discussion, <https://rokovania.gov.sk/RVL/Material/25921/1>.

The asylum procedure is regulated mainly by Act Nr. 480/2002 Coll. on Asylum which stipulates the role of the state institution as well as the rights and obligations of foreigners. Police offices and the Migration Office of the Ministry of Interior play the main role in the asylum procedure in Slovakia.

The asylum procedure is commenced with a foreigner's declaration at a competent Police department that he/she is applying to be granted asylum or subsidiary protection on the territory of the Slovak Republic. Applicants are obliged to appear in a reception centre within 24 hours from making the declaration, where they undergo a medical examination. After submission of the declaration, an authorized employee of the Ministry of Interior carries out an entry interview with the applicant.⁸¹

After medical examination and quarantine, applicants are placed in the accommodation centres, where they usually stay throughout the entire asylum procedure. According to information obtained from the Migration Office, asylum procedures have taken place without major restrictions and under stricter epidemiological measures. Personal interviews with applicants have been implemented in compliance with all standards, in the presence of all participants (interpreters, legal representatives).

The Ministry of Interior is obliged to render its decision within six months from the commencement of the procedure. The pandemic has not had a significant effect on length of asylum procedure; first-instance decisions were mainly issued within legal deadlines without extension.⁸² Judicial reviews of the decisions were taken mainly within the legal time limits. In cases where the presence of the applicant was required, the legal representative declared prolongations due to pandemic restrictions of the court and court proceedings with the exclusion of the public.⁸³ All the time limits and conditions laid down by law have also been respected in the procedure for the extension of subsidiary protection.

Dublin procedures have been carried out within the time limits and procedures laid down in accordance with the relevant legislation. In 2020 and in 2021, Slovakia did not suspend transfers to any country applying the Dublin Regulation if requests of the Slovak Republic were accepted by the Member State concerned and transfer decisions were enforceable in accordance with

81 Act Nr. 480/2002 Coll. on Asylum.

82 Information letter from the Migration Office of the Ministry of Interior, dated 4 June 2021.

83 Information obtained from Slovak Humanitarian Council, dated on 11 June 2021.

the applicable Slovak legislation, and if the responsible state provided full assistance in the arrangements for preparation of the transfers.⁸⁴ The Ministry of Interior received and processed 245 requests from other Member States applying the Dublin Regulation to determine responsibility for the examination of an asylum application (carried out 25 transfers) and sent 200 requests to transfer responsibility to other Member States in 2020 (carried out 20 transfers).⁸⁵

The Slovak Parliament adopted an amendment to the Act on Residence of Foreigners to alleviate negative effects of the COVID-19 pandemic and the quarantine on foreigners. An extension of legal residence is among the newly approved measures. Validity of a permit for temporary residence, permanent residence or tolerated stay that would otherwise expire during a situation of emergency, state of emergency or state of exception declared in connection with the COVID-19 pandemic, or that would expire within one month of lifting of the crisis situation, shall be extended until expiration of two months after the lifting of the crisis situation.⁸⁶ The crisis situation is still ongoing. These provisions, however, are not applicable for temporary residence based on granted subsidiary protection. Those with subsidiary protection have to apply for prolongation of subsidiary protection within the time limits as set in the Act on Asylum.

III.3.3. Deportations

Under the COVID-19 amendment to the Act on Residence of Foreigners, execution of administrative expulsion decisions should be postponed for the duration of the crisis situation. Despite this stipulation, expulsions based on illegal immigration were executed in 2020 (for statistical data, see chapter I). In the period from March 2020 to May 2021, expelled persons were mainly nationals of Ukraine, Serbia, Bangladesh, India and Moldova. Similarly to voluntary returns, measures taken by the actors involved in the forced return process have considerably reduced the implementation of returns (e.g., restriction of air traffic).⁸⁷

⁸⁴ Information letter from the Migration Office of the Ministry of Interior, dated 4 June 2021; for statistical data of realized Dublin transfers see chapter 2.4.4.

⁸⁵ Material details, Detail materiálu, <https://rokovania.gov.sk/RVL/Material/25921/1>. Information letter from the Migration Office of the Ministry of Interior, dated 2 September 2021.

⁸⁶ Act. Nr.73/2020 Coll.

⁸⁷ Information letter from the Border and Foreign Police Office, dated 7 June 2021.

IV. COVID-19 emergency measures and the reception system in V4 states

IV.1. Hungary

IV.1.1. Overview of reception centres in the country

There is one open reception facility operating in Vámoszabadi (in north-western Hungary) and one semi-open facility, a community shelter in Balassagyarmat (in northern Hungary), operated by the asylum authority. The reception centres serve for accommodating asylum seekers, beneficiaries of international protection, persons tolerated to stay, persons under immigration procedure and foreigners having been held for 12 months in immigration detention⁸⁸. In addition, asylum detention can be implemented in closed facilities serving specifically the purposes of asylum detention (asylum detention centres)⁸⁹; as of Autumn 2021 only the asylum detention facility in Nyírbátor is functioning.⁹⁰

Before May 2020, most asylum seekers were placed in the transit zones⁹¹ in Röszke and Tompa (in southern Hungary, at the border between Hungary and Serbia), therefore, the reception centre in Vámoszabadi accommodated beneficiaries of international protection who were released from the transit zones.

There is a reception facility for unaccompanied minors in Fót (central Hungary, close to Budapest), accommodating unaccompanied asylum-seeking children, child beneficiaries of international protection, and unaccompanied children in the aliens policing procedure. Until May 2020, asylum-seeking children of 14 years or older were placed in the transit zones for the entire asylum procedure.

Following the judgement of the CJEU on the transit zones⁹² in May 2020,

88 According to asylum legislation, beneficiaries of international protection may stay in the reception centre for a maximum of 30 days following their recognition, after which they are obliged to provide for their own housing.

89 Hungarian legislation provides for a separate asylum detention for persons falling under the scope of the asylum legislation (asylum applicants, persons subject to the Dublin procedure) and “aliens policing” detention for persons apprehended crossing the border irregularly/found undocumented in the country/subject to a return decision, etc. Asylum detention facilities are managed by the NDGAP; “aliens policing” detention facilities are managed by the Police.

90 AIDA Country Report: Hungary, https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-HU_2020update.pdf.

91 See point III.1.1.

92 Judgement in joint cases C-924/19 PPU and C-925/19 PPU.

ruling that the automatic and indefinite placement of asylum-seekers in the transit zones qualifies as unlawful detention, the government decided to close down the transit zones and all the asylum seekers detained in the transit zones were released and relocated either to Vámoszabadi or Balasagyarmat. Under the new asylum rules, only two families were able to enter Hungary with the single-entry permit following the “statement of intent” procedure – they were placed in the Vámoszabadi open reception centre.

IV.1.2 What measures have been implemented in reception centres?

As indicated in point II.1.1, in March 2020, the government suspended entries to the transit zone due to COVID-19, claiming a direct link between coronavirus and “illegal migration”. After the closure of the transit zones, all asylum-seekers detained there were placed in open and semi-open reception facilities. Due to the COVID-19 pandemic, the relocated asylum seekers were obliged to stay in quarantine for two weeks upon their arrival. After the two weeks, the same freedom of movement restrictions applied to the residents of the reception centres as to Hungarian citizens.⁹³

According to information provided by social workers from the Menedék Association and the AIDA country report on Hungary,⁹⁴ after the outbreak of the COVID-19 pandemic, asylum-seekers and beneficiaries of international protection accommodated at the reception facilities have been given disposable masks and gloves and, for certain periods of time, temperature controls for fever control have been introduced. Hand sanitizers have also been provided at the reception centres. Asylum seekers have been continuously updated by social workers – with the help of attorneys from the Hungarian Helsinki Committee and staff of the Menedék Association – about regulations adopted against COVID-19, such as rules of curfew and the time slots and limited opening hours introduced in the supermarkets. In general, asylum seekers have been treated in the same way as Hungarian citizens with regard to the COVID-19 measures.

Hungary did not introduce a full lockdown, but schools, public places, etc. were closed, and between 27 March and 11 April 2020, people were allowed to leave their homes for essential purposes only (work, grocery shopping, medical treatment). Government decrees authorized the NDGAP to limit ac-

⁹³ [AIDA Asylum Information Database – Country report: Hungary, 2020 update.](#)

⁹⁴ [AIDA Asylum Information Database – Country report: Hungary, 2020 update.](#)

cess to the reception facilities,⁹⁵ and access to the centre for unaccompanied minors was limited upon the decision of the director of the centre.⁹⁶ These rules also meant that asylum-seekers and beneficiaries of international protections accommodated at these facilities were not allowed to leave the centres. The restriction was particularly difficult for young adult beneficiaries of international protection accommodated by the childcare system,⁹⁷ as they were not allowed to leave for work either during the lockdown period.⁹⁸

Due to the very limited access to asylum procedures, there is a significant discrepancy between the capacities of the reception facilities and their occupancy.⁹⁹ Before May 2020, the reason for the discrepancy was the transit zone system; after May 2020, the “statement of intent” regime described in point III.1.1.hindered asylum-seekers in accessing the asylum procedure. There weren’t any COVID infected asylum seekers residing in the reception facilities in 2020¹⁰⁰.

IV.1.3. Access to medical care

Beneficiaries of international protection are entitled to the same health care service as Hungarian nationals.¹⁰¹ Asylum applicants are entitled to basic health care, mandatory vaccination and emergency health care.¹⁰² Testing and epidemiological care are provided for all people legally residing in Hungary, even to those without health insurance.¹⁰³

95 Government Decree 85/2020. (IV. 5.) Korm., Section 9.

96 Information provided by social workers of Menedék Association.

97 Under Hungarian legislation, former unaccompanied minors are entitled to “after-care” under the same conditions as Hungarian nationals: in the framework of the “after-care” accommodation, care and guidance can be provided for young adults who were taken into childcare before reaching majority. “After-care” can be provided until 25 years of age at the latest.

98 Information provided by NGO experts working with beneficiaries of international protection.

99 [AIDA Asylum Information Database – Country report: Hungary, 2020 update.](#)

100 [AIDA Asylum Information Database – Country report: Hungary, 2020 update.](#)

101 Act LXXX of 2007 on Asylum and Act CLIV of 1997 on Health Care.

102 Act LXXX of 2007 on Asylum, Government Decree 301/2007. (XI. 9.) Korm.

103 Act CLIV of 1997 on Health Care, Section 142.

Hungary follows a strategy that has provided for a very low number of tests compared to other states.¹⁰⁴ As a general rule, testing is only provided to patients with symptoms indicating coronavirus infection – there was no difference among Hungarian nationals or asylum applicants in this regard.

Vaccination against COVID-19 started in December 2020 in Hungary. The COVID-19 vaccination strategy¹⁰⁵ does not mention foreigners at all, but as beneficiaries of international protection enjoy the same rights as Hungarian nationals, they are entitled to vaccination as well. In their case, the main challenge was that the information and the registration website was available in Hungarian only – the introduction of a registration website in English in May 2021¹⁰⁶ was a great improvement. As several beneficiaries of international protection live in homeless shelters,¹⁰⁷ they could be vaccinated when vaccination was organised in these shelters (beneficiaries of social care belonged to priority group 2 of the vaccination strategy) and vaccination was also organised in the centre for young adults being former unaccompanied minors accommodated there as well.¹⁰⁸

104 In Hungary, 577.9 tests per 1000 persons were performed, while in Slovakia 7201.87 per 1000 were performed. Source: <https://ourworldindata.org/coronavirus-testing#world-map-total-tests-performed-relative-to-the-size-of-population>.

105 <https://www.nnk.gov.hu/index.php/koronavirus-tajekoztato/932-a-covid-19-vedootlasra-jelentkezeshely-az-egeszsegugyi-es-egeszsegugyben-dolgozok-szamarara> (in Hungarian). The strategy provides a priority list (that in practice was not always followed) of people who should receive the vaccination:

1. Healthcare workers (including students at medical universities and all of those who work in the sector, i.e. cleaners as well);
2. Professionals in the social care sector and beneficiaries of social care (while this category seems to be very inclusive, in practice, the government focused on social and care workers working in homes of the elderly and also those elderly who are placed in these homes. Nevertheless, also workers and inhabitants of homeless shelters received vaccination in some cases.);
3. People aged 60 years or older who fall in the high-risk group due to their health condition;
4. Staff of the law-enforcement and government authorities (police, including border police and the immigration authority, administrative officials, etc.) who are in direct contact with the population;
5. People aged 16/18-59 in the high-risk group due to their health condition;
6. Professionals working in the critical infrastructure (there was not much information about what sectors fall in that category);
7. The rest of the population who do not fall in the categories above.

The priority list also lays down that the vaccination of people falling in categories 2 and 4 should not depend on their registration on the official website but should be organized separately (on the contrary, in practice, as the experience of the authors' acquaintances proved, registration was necessary on the official website in order to be able to receive the vaccination). Category 1 also received vaccination independently from the official online registration system.

106 Vakcinainfo, <https://vakcinainfo.gov.hu/>.

107 Due to the lack of integration, support or access to housing support provided by the state.

108 Information was provided by NGO expert working with beneficiaries of international protection.

According to the government, due to the availability of large amounts of vaccinations, the priority list no longer has to be followed, and currently, anyone can register and book an appointment to receive vaccination.¹⁰⁹ Following the inquiry of the Menedék Association, information provided by the task force¹¹⁰ indicated that – besides the foreigners already entitled to vaccination – foreigners holding a residence permit may receive vaccination from June 2021 onwards. Nevertheless, according to information provided by the NDGAP, asylum applicants are not entitled to vaccination.

IV.2. Poland

IV.2.1. Overview of reception centres in the country

After submitting the application for international protection, a person is entitled to social and medical assistance during all administrative procedures¹¹¹ as guaranteed by the Head of the Office for Foreigners.¹¹² He or she might choose to live in an accommodation centre or outside the centres (in this case, the person receives cash benefits to cover living expenses).¹¹³

As of July 2021, there are ten reception centres for asylum seekers in Poland (Biała Podlaska, Debak, Warsaw, Białystok, Kolonia-Horbów, Czerwony Bór, Bezwola, Łuków, Grupa Linin).¹¹⁴ Biała Podlaska and Dębak serve also as first-reception centres, where persons who have submitted asylum applications undergo medical examination. The other eight centres function as accommodation centres. At the end of 2020, only 819 persons were stay-

109 Prime Minister Orbán: There are more vaccines than people registered for vaccination, <https://vakcinainfo.gov.hu/hirek/orban-viktor-magyarorszagon-tobb-vakcina-van-mint-ahanyan-jelentkeztek-oltasra> (in Hungarian).

110 Established by the government led by the Ministers for Interior and Human Capacities, responsible for proposing “protection measures” to the government, see: Government Decree No. 286/2020. (VI. 17.) Korm.

111 AIDA A) up until 2 months after a final positive decision on asylum; B) up until 14 days after a final decision discontinuing the asylum procedure (e.g. in admissibility procedures); C) up until 30 days after a final negative decision on asylum given on the merits by the Office for Foreigners or the Refugee Board. During the onward appeal proceedings, the material reception conditions are re-granted only if the court suspends the execution of the decision on asylum that has been appealed. It does not happen in all cases.

112 Pachocka M., Sobczak Szelc K., Refugee Protection Poland Country Report, Working Papers, Global Migration: Consequences and Responses. Paper 2020/35, January 2020.

113 Types of assistance, <https://udsc.gov.pl/en/uchodzcy-2/pomoc-socialna/system-pomocy-socialnej/rodzaje-przynawanej-pomocy/>.

114 AIDA Country Report Poland https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-PL_2020update.pdf.

ing in reception centres, compared to 1,295 people in 2019.¹¹⁵ According to officials, since the imposition of pandemic restrictions, migrants have been encouraged to move to private apartments in order to minimize the occupancy of the centres.¹¹⁶

In Poland, there are also six detention centres for migrants located in Lesznowola, Kętrzyn, Białystok, Krośno Odrzańskie, Przemyśl and Biała Podlaska¹¹⁷. In 2020, there were 739 migrants (including asylum seekers) detained in centres (in 2019, there were 1539 persons)¹¹⁸.

IV.2.2. What measures have been implemented in reception centres?

In response to the COVID-19 pandemic, a range of preventive measures have been implemented in reception and detention centres in accordance with the recommendations of the Ministry of Health and the Main Sanitary Inspectorate. The operator Petra Medica¹¹⁹ implemented its own internal procedure prepared especially for the needs of the centres in connection with the risk of contracting the coronavirus. The reception centres function in accordance with procedures for ensuring sanitary and epidemiological safety and a system of sanitary and infectious alerts.¹²⁰ Additionally, during the coronavirus pandemic, the guidelines of both the National Chief Sanitary Inspector and the World Health Organization have been applied in reception and detention centres.¹²¹ According to the Office for Foreigners, information campaigns about preventive measures, quarantine, isolation

115 Overview of the main changes since the previous report update, AIDA, <https://asylumineurope.org/reports/country/poland/overview-main-changes-previous-report-update/>.

116 Letter from the Office for Foreigners to the Institute of Public Affairs, DPS.WUPSOM.074.6.2021/KL, 22.06.2021.

117 Detention - what is detention (pl.Detencja – Co to jest detencja), <https://interwencjaprawna.pl/detencja-co-to-jest-detencja/>.

118 According to the AIDA report s. 74 "Border Guard did not collect the data on the number of asylum seekers detained in guarded centres in 2020", Country Report Poland https://asylumineurope.org/wp-content/uploads/2021/04/AIDA-PL_2020update.pdf.

119 Since 2015, for people who undergoes asylum procedure the medical care is provided by the private contractor Petra Medica, which won a public tender run by the Office for Foreigners. In accordance with Agreement No. 570 / UDSC / 15 of 30 June 2015, concluded with the Office for Foreigners, implemented from July 2015, <https://www.petramedica.pl/nasza-oferta/oferta-dla-pacjentow-indywidualnych/opieka-medyczna-dla-cudzoziemcow>, [access date 10.05.2021].

120 Letter from the Office for Foreigners to Ombudsman, DPS.WII.0733.2.2020/KL, 20.03.2020.

121 Letter from the Office for Foreigners to the Institute of Public Affairs, DPS.WUPSOM.074.6.2021/KL, 22.06.2021.

and vaccinations have been organized during the pandemic in various languages for the residents of migrant centres¹²².

To prevent the spread of the virus, face-to-face contacts among residents of the reception centres and staff were limited, contacts with the administration and staff were mainly maintained via phone or internet connections. Also, limitations on movement and visitations were introduced. All mass events have been cancelled since 10 March 2020, followed by the closure of all cultural and educational institutions two days later, on 12 March. On 24 March 2020, the government introduced further restrictions on movement, minimizing it to three particular reasons (leaving to work, volunteering in order to prevent COVID-19, leaving home in case of most necessary daily life errands, visiting doctor etc.).¹²³ The above-mentioned regulations also applied to the residents of reception centres. All interpersonal contacts and contacts with staff were limited to the necessary minimum. Common areas, playgrounds and sports fields were closed. It was also recommended to serve meals in private rooms. From March till June 2020, the access of non-residents to the centres was suspended. The suspension of access included, among others, NGO workers and Polish language teachers.¹²⁴ All psychological and legal assistance, intercultural and educational activities were provided remotely. After a short period of relaxation of the restrictions, they were reintroduced in November 2020 and have been gradually released until spring 2021 (in May 2021 social organisations were able to provide activities in accommodation centres).

Unified procedures were introduced in detention centres in accordance with the guidelines of the Chief Sanitary Inspector of the Ministry of Interior and Administration.¹²⁵ To ensure the ability to maintain contacts with relatives and NGO workers, “virtual viewing” was provided. On 21 May 2021, the possibility of direct visits by relatives was restored. Nevertheless, such meetings can take place only if the visitor has a certificate confirming vaccination against COVID-19, a certificate confirming the status of a “convalescent” is-

122 Ibidem.

123 Coronavirus COVID-19 in Poland update, <https://www.medonet.pl/koronawirus-pytania-i-odpowie-dzi/sars-cov-2,koronawirus---aktualne-obostrzenia-w-polsce--aktualizacja-,artykul,98382723.html#nowe-restrykcje-i-ograniczenia-wprowadzone-w-polsce-24032020>, [access date 03.05.2021].

124 Letter from the Office for Foreigners to the Institute of Public Affairs, DPS.WUPSOM.074.6.2021/KL, 22.06.2021.

125 Letter from the Ministry of the Interior and Administration to the Ombudsman, BMP-0790-4-1/2020/MM.

sued not earlier than 90 days before the planned visit or a negative RT-PCR test result, not earlier than 48 hours before the date of visit.¹²⁶

All centres (reception and detention) were equipped with sanitizers located at the entrance to the building. Reusable masks, disposable gloves and liquid for disinfecting hands and surfaces were distributed among residents and staff. Additionally, centres were equipped with lamps for disinfecting rooms and ozone generators for disinfecting cars used for the needs of reception centres. In detention centres, obligatory daily disinfection of the common spaces were introduced. Body temperature monitoring was also introduced for each person entering the centre.¹²⁷

According to information from the Border Guard, a prophylactic 14-day quarantine is obligatory for everyone who was admitted to the territory of Poland and submitted an asylum application.¹²⁸ The person could organize the place for quarantine on their own or was able to use accommodations provided by the competent voivodes for the region. Also, two reception centres (Biała Podlaska and Podkowa Leśna - Dębak) provided separate space for the obligatory quarantine of newly arrived asylum seekers. Since 22 July 2020, migrants have underwent mandatory testing before placement in a detention centre.

According to the general procedures, each person who applies for international protection in Poland or is transferred under Dublin III undergoes medical examination in an epidemiological filter in the Biała Podlaska or Dębak reception centre. During the pandemic, the medical examination in filters took place after the obligatory quarantine.

All centres have been equipped and prepared for the temporary isolation and medical observation of at least of two persons at one time. Additionally, in the buildings with an epidemiological filter, there are seven places for the isolation of infectious patients awaiting transportation to the hospital.¹²⁹ In case of the spread of an infection, part of the centre should be separated to ensure isolation of a larger group of the residents.

126 Letter from the Head Office of the Border Guard to the Institute of Public Affairs, KG-CU-II.072.5.2020, 17.06.2021.

127 Ibidem.

128 Ibidem.

129 Letter from the Office for Foreigners to the Institute of Public Affairs, DPS.WUPSOM.074.6.2021/KL, 22.06.2021.

IV.2.3. Access to medical care

In Poland, asylum seekers have access to publicly funded medical care. According to art. 73, sec. 1 of the Law on Protection, during the entire proceeding time, applicants for international protection in Poland have access to medical care on the same principals as Polish citizens, including basic medical care, diagnostics, specialist care, hospitalization, and immunization of children.¹³⁰ The contractor (Petra Medica) is responsible for the availability of medical staff in migrant centres. According to the Office for Foreigners, there are medical offices located in each migrant centre where nurses, doctors and pediatricians serve residents several times a week.¹³¹

During the COVID-19 pandemic, asylum seekers have been covered by the same rules as Polish citizens on how to proceed in the event of the suspicion or confirmation of infection involving isolation or quarantine. Also, they have the right to the same diagnostic and treatment methods as Polish nationals. The administrations of centres remain in contact with the nearest State Sanitary Inspectors (as for July 2021). When face-to-face contacts were limited, medical and psychological consultations were provided by phone. During the pandemic, residents of the reception centres and migrants under detention have access to COVID testing, medical examination on the presence of coronavirus and medical care during their isolation.

According to the Office for Foreigners, 92 asylum seekers and 13 employees at migrant centres (administration and social staff) had been tested positive for COVID-19 since the beginning of the pandemic.¹³² One accommodation centre (Targówek Warsaw – which serves specifically women and children) was under quarantine for the period from 7 June 2020 till 2 July 2020, where coronavirus infection was confirmed for 70 people (in 30 out of 36 families staying in the centre).¹³³ Isolated cases of COVID-19 infection have been detected among residents, Border Guard officers and staff in detention centres¹³⁴.

130 Letter from the Office for Foreigners to the Ombudsman, Letter DPS.WII.0733.2.2020/KL.

131 AIDA Health Care. Poland, <https://asylumineurope.org/reports/country/poland/reception-conditions/health-care/>.

132 Letter from the Office for Foreigners to the Institute of Public Affairs, 22.06.2021, DPS.WUP-SOM.074.6.2021/KL.

133 Ibidem.

134 Letter form the Head Office of the Border Guard Board for Foreigners to the Institute of Public Affairs, 17.06.2021, KG-CU-II.072.5.2020

On 15 December 2020, the Government approved the National Vaccination Programme, which has been organized in accordance with a schedule specified for individual age groups.¹³⁵ The vaccination in Poland is voluntary and free of charge. Since 10 May 2021, everyone can register for the vaccination, including non-Polish citizens, regardless of their legal status.¹³⁶ According to information from the Ministry of Health, in the case of migrants, a referral for vaccination could be issued on the basis of an ID.¹³⁷ Nevertheless, NGOs have raised the alarm that asylum seekers face various obstacles in access to vaccinations such as refusals to issue referrals for vaccination on the basis of a temporary ID document, disinformation and lack of assistance in a language other than Polish.

In reception centres, vaccinations have been coordinated by Petra Medica¹³⁸. According to the Office for Foreigners, in January 2021, information and educational campaigns promoting vaccination against COVID-19 were organized in all facilities. In addition, the Department of Social Assistance of the Office for Foreigners has sent information letters to all asylum applicants living outside the centres with information about the possibility of vaccination and instructions on where to report for this purpose.¹³⁹ Nevertheless, only a small number of asylum applicants have registered for vaccination. As reported by the Department of Social Assistance on 7 June 2021, there were 46 persons who have received at least one dose of the vaccine. According to information provided by the Border Guard, as of 17 June 2021, none of the residents of detention centres have undergone vaccination¹⁴⁰.

135 The government has approved the National Immunization Program - a plan to return to normal after the pandemic (pl. Rząd przyjął Narodowy Program Szczepień – plan powrotu do normalności po pandemii), <https://www.gov.pl/web/koronawirus/rzad-przyjal-narodowy-program-szczepien>, [access date 05.05.2021].

136 All persons over 18 years of age can register for the COVID-19 vaccination, <https://www.gov.pl/web/uw-mazowiecki/masz-25-lat-i-wiecej-mozesz-zarejestrowac-sie-na-szczepienie-przeciw-covid-19>, [access date 03.06.2021].

137 What about vaccinating refugees and immigrants - the Ombudsman asks. [UPDATE] Ministry of Health replies (pl. Co ze szczepieniami uchodźców i imigrantów - pyta Rzecznik, [AKTUALIZACJA] Odpowiedź MZ), <https://bip.brpo.gov.pl/pl/content/rpo-pyta-rzad-o-szczepienia-uchodzcow-imigrantow; information for foreigners, https://www.gov.pl/web/szczepimysie/information-for-foreigners>, [access date 03.06.2021].

138 Letter from the Ministry of Health to the Ombudsman, DWI.641.71.2021.PP, 16.06.2021.

139 Letter from the Office for Foreigners to the Institute of Public Affairs, DPS.WUPSOM.074.6.2021/KL, 22.06.2021.

140 Letter from the Head Office of the Border Guard to the Institute of Public Affairs, KG-CU-II.072.5.2020, 17.06.2021.

The vaccinations take place at local medical points and clinics outside the facilities. Doctors of the reception, accommodation centres and detention centres are authorized to issue vaccination referrals in accordance with the Poland's National Vaccination Programme.¹⁴¹ The Border Guard official stated that migrants staying in guarded centres can be transported to a vaccination point should they express the desire to undergo vaccination¹⁴².

IV.3. Slovakia

IV.3.1. Overview of reception centres in the country

There are three types of specialized facilities for asylum applicants in Slovakia:

- the reception centre in Humenné, with its capacity of 524 persons, where applicants are placed in order to undergo medical examination and quarantine;
- 2 accommodation centres in Rohovce and Opatovská Nová Ves, where applicants without accommodation can wait for the final asylum decision (open facilities) after undergoing standard quarantine in the reception centre in Humenné, which provide altogether 280 places;
- and 2 detention centres in Medvedov and Sečovce, with the capacity of 328 persons, where detained foreigners are placed.

There have been no new or temporary facilities opened for newcomers during the pandemic.

IV.3.2. What measures have been implemented in reception centres?

Preventive measures in both the reception centre and the accommodation centres were developed according to the ongoing epidemiological situation on the basis of the resolutions of the Government, guidelines of the Chief Hygienist of the Slovak Republic, the Chief Hygienist of the Ministry of the Interior or regional hygienists.

¹⁴¹ Letter from the Office for Foreigners to the Institute of Public Affairs, DPS.WUPSOM.074.6.2021/KL, 22.06.2021.

¹⁴² Letter from the Head Office of the Border Guard to the Institute of Public Affairs, KG-CU-II.072.5.2020, 17.06.2021.

Reception of applicants has been adjusted so as to avoid interaction between newly admitted applicants and those applicants who are already accommodated. Since November 2020, all newly admitted applicants have been tested for COVID-19 with PT-PCR tests. Until the receipt of negative test results, applicants are isolated in separate rooms. After negative results are received and the quarantine in connection with COVID-19 terminated, the applicants are accommodated in unrestricted quarters.

As part of the standard quarantine – the period until the results of the compulsory medical examination are received – the applicants also undergo quarantine for COVID-19 inside the centre. The length of time has varied according to the current general measures, e.g. 14 or 10 days.

From March 2020 to May 2021, ten COVID-19 positive cases were confirmed in the reception centre in Humenné (nine in 2020 and one in 2021). All applicants have been provided with protective equipment, in particular, face masks and gloves. Employees of the reception centre have been provided with protective equipment, in particular gloves, protective glasses or shields, and in the case of employees in contact with COVID-19 positive applicants, full-body protective suits. Access to disinfectants has also been ensured. At the same time, staff meetings at the workplace have been limited by the division of duties and the possibility of working from home. In the period from March 2020 to May 2021, five minor applicants accompanied by at least one parent were placed in Humenné. Education has been provided to the minor applicants in a limited regime.

Similar restrictions and measures to those in the centre at Humenné have been implemented in accommodation centres as well. All applicants have received protective equipment, specifically face masks and gloves. Disinfectants have also been made available. In the period from March 2020 to May 2021, no positive test results for COVID-19 have been confirmed in the accommodation centres (applicants were transferred to the accommodation centres after RT-PCR testing for COVID-19, confirmed negative results and quarantine). The issue of long-term permission to leave the centre to applicants has not been restricted. Short-term passes have been issued in line with the measures in force, for example, with respect to the curfew. The implementation of activities has been affected by the general restrictions in force. Free activities for individuals or smaller groups have been implemented continuously and in cooperation with NGO Slovak Humanitarian Council. From March 2020 to May 2021, there were no restrictions on the

provision of health care, psychological care or legal aid to applicants. Access to a psychologist and a lawyer remained unrestricted.

The education of minor applicants has been provided on a limited basis, as in the case of Slovak schoolchildren.¹⁴³

There has been no change in services provided by the Slovak Humanitarian Council, an NGO providing assistance for asylum applicants based on an AMIF project in the framework of the asylum applicants' assistance in accommodation centres. All NGO employees have been attending work regularly without shift changes, of course, in compliance with hygiene regulations and by personally undergoing tests for the presence of the virus. Later, when employees were already vaccinated, testing was no longer necessary.¹⁴⁴

Immigration detainees in Slovakia have reportedly been tested for COVID-19. Detainees who had contracted the virus were placed in isolation. In addition, detainees have been provided with information on hygiene and the basic rules in English. Also, several measures have been adopted to reduce the risk of COVID-19 spreading such as the use of protective equipment when placed in detention (masks, gloves, goggles, protective coat for personnel, etc.), COVID-19 testing, quarantine for detainees who have tested positive for the virus, increased hygiene, etc.¹⁴⁵

IV.3.3. Access to medical care

In the event of a confirmed positive test result for COVID-19, asylum applicants would be provided with free necessary medical assistance. Applicants, as well as those with granted asylum or subsidiary protection, have access to vaccination. Persons with subsidiary protection without public health care insurance also have access to vaccination, which is financed by the Ministry of Health of the Slovak Republic. The vaccination program started on 26 December 2020 in the Slovak Republic, and by 16 June 2021, 1,921,294 people had been vaccinated with the first dose, according to the National Centre for Health Information. A total of 1,216,239 people received the second dose of the vaccine. In the period from March 2020 to May 2021, however,

143 Information letter from the Migration Office of the Ministry of Interior, dated 4 June 2021.

144 As of information obtained from the Slovak Humanitarian Council, 31 May 2021.

145 Slovakia Immigration Detention Data, <https://www.globaldetentionproject.org/wp-content/uploads/2020/11/Slovakia-Detention-Data-Profile-2020.pdf>.

there was no interest expressed by applicants for international protection for vaccination against COVID-19, according to information obtained from Migration Office.¹⁴⁶

V. Main challenges and good practices

V.1. Challenges

The main challenges for asylum and reception systems during the COVID-19 pandemic in Poland, Hungary and Slovakia have been related to limitations of the rights of people wishing to submit asylum applications, provision of epidemiological restrictions, challenges related to the continuity of material reception assistance and access to medical and psychological support.

Measures against COVID-19 were used as a pretext to hinder access to asylum by the Polish and Hungarian governments. During the period when access to the asylum procedure has been suspended, the Polish authorities have applied the procedure of a “declaration of intention to submit the asylum application”. Nevertheless, people who submit such “declarations” were not eligible for any kind of medical and social assistance. Hungary de facto prohibited asylum applications at the border and, with some exceptions, within its territory, adopting the new procedure of filing a “statement of intent of lodging an asylum application” at the embassies of Hungary in Belgrade or Kyiv. Only in Slovakia has access to the asylum procedure not been restricted.

Because of the unstable pandemic situation (second and third waves), national governments have had to adopt new regulations. The lack of updated information about legal measures and the epidemiological care system available in different languages has caused disinformation and evoked uncertainty among asylum seekers and beneficiaries of international protection. None of the governments provided targeted support and information programmes for asylum seekers. Responsibility for the provision of informational campaigns and translations has fallen on civil society/church organizations and local administrations.

Further challenges were related to the access of minor asylum seekers to education, especially for children accommodated in reception facilities. The

146 Information letter from the Migration Office of the Ministry of Interior, dated 4 June 2021

suspension of educational facilities and implementation of hybrid or only online schooling made it difficult for children to keep up with the curriculum. In Poland, additional Polish language classes for migrant children have been suspended. In all three countries, there were not enough computers and web cameras in reception facilities. There were also no targeted support programmes for parents about how to organize online education.

Experts also highlighted the implications of COVID-19 for the mental health of asylum-seekers and beneficiaries of international protection, especially the children. The obligatory quarantine and isolation had a negative impact on the psychological wellbeing of residents who remained in accommodation centres, especially the female asylum seekers who had previously experienced detention.

There is also an economic aspect of the impact of COVID-19 restrictions on the situation of asylum seekers and beneficiaries of international protection. The lockdown measures suspended some of the economic sectors where asylum seekers were employed. In Poland, this was related, for example, to the suspension of the gastronomy sector. In Hungary, many beneficiaries of international protection lost their jobs when the economic crisis forced companies to shut down or downscale their activities and staff.

V.2. Good practices

During the COVID-19 pandemic, social organizations increased their role in providing assistance and support to asylum seekers and beneficiaries of international protection and extended their cooperation with local authorities and the administrations of accommodation facilities.

IOM Slovakia, the Human Rights League, the Slovak Humanitarian Council and other NGOs have played a substantial role in informing and supporting migrant communities during the COVID-19 pandemic in Slovakia. Leaflets about current COVID-19 restrictions were prepared by the NGO Marginal. Similarly, in Hungary, the Menedék Association regularly provides information on coronavirus and the measures adopted by the government in English, Arabic and Farsi,¹⁴⁷ and the Hungarian Helsinki Committee also provides information in English on coronavirus and the country's "state of

147 Information on Coronavirus (COVID-19) (UPDATED), <https://menedek.hu/en/news/information-coronavirus-covid-19-updated>.

danger”,¹⁴⁸ Menedék also organized targeted online information meetings for young foreigners living in Hungary, where they could ask experts in virology about COVID-19.¹⁴⁹ In Poland, social organizations provided regularly updated information support (e.g., online infographics) in different languages about new regulations handed down by the government (lockdown measures, travel and mobility restrictions, etc.), special solutions for migrants (extension of residence and work permits, ID documents, etc.), medical support and vaccination assistance (free of charge COVID-19 medical examinations and treatment, registration for the vaccine, etc.).

The Slovak Humanitarian Council implements AMIF projects to support asylum seekers, as well as beneficiaries of international protection in their integration process. They have declared an increased interest in psychological counselling. In Hungary, psycho-social assistance was and is provided by organizations working with migrants: the Cordélia Foundation provides psycho-social assistance, including psychiatric treatment, to applicants and beneficiaries of international protection, and the Menedék Association provided support by its psychologist for child asylum-seekers.¹⁵⁰

In order to support asylum seekers residing in reception facilities, Hungarian NGOs and the staff of the reception facilities have cooperated in optimizing the possibilities and equipment for online contacts and in organizing online group activities for asylum-seekers and children to mitigate the impact of the lockdown.

In Poland, social organizations have run fundraising campaigns to collect laptops for children from asylum and refugee families (the Polish Migration Forum, the Association For Legal Integration, Chlebem i Solą and others). In Slovakia, distance education of school-age participants in its integration program was ensured by the loan of laptops from the cooperating NGO Mareena and, in the Bratislava office, also by obtaining laptops from Slovenske elektrárne.

148 Helsinki File: COVID-19 and the state of danger, <https://helsinki.hu/en/akta/covid-19-and-the-state-of-danger/>.

149 Menedék- Migránsokat Segítő Egyesület, <https://www.facebook.com/menedekegyesulet/posts/4190478220973463>.

150 AIDA Asylum Information Database – Country report: Hungary, 2020 update.

VI. Summary and recommendations

VI.1 Summary

The measures taken to prevent the spread of the coronavirus have impacted the functioning of the asylum system, and services in reception, accommodation and detention centres have been reorganized differently among the Visegrad Countries. These measures have included restrictions of freedom of movement, compulsory quarantines, lockdowns, interruptions of school education and closures of particular economic sectors where asylum seekers commonly find employment.

The foregoing analysis illustrate how COVID-19 containment measures have impacted the asylum and reception systems in Hungary, Poland and Slovakia. Since mid-March 2020, national governments have introduced a range of legal measures intended to protect the health of the population – measures which affected social groups differently and highlighted systemic inequalities. Asylum seekers and beneficiaries of international protection faced various challenges related to procedural implications, health insecurity and the social and economic consequences of implemented restrictions.

One of the first “freedoms” whose scope was significantly limited during the primary phase of the pandemic was freedom of movement and transnational mobility. The closure of external borders and suspension of train connections specifically affected one’s chances to apply for international protection.

The governments in Hungary and Poland used the pandemic as an excuse to bypass principles of international protection and to reduce access to asylum procedures. In Hungary, according to the new legal regulation, the required “statement of intent” can be submitted only in the embassies of Hungary in Belgrade or Kyiv. Thus, with only a few exceptions, asylum seekers do not have direct access to asylum procedures. No new entries have been allowed on the transit zones; their operation has been suspended since May 2020. In Poland, access to asylum has also been temporally restricted.

The COVID-19 measures have affected various stages of the asylum procedure in Poland. Personal interviews have been suspended and the process time of administrative procedures has been extended. In Slovakia, access to asylum remained unchanged, although the situation of asylum seekers

during this period of time has been affected by general epidemiological restrictions.

To ensure the legality of stay during the pandemic, Poland, Hungary and Slovakia introduced legal solutions to extend residence and identity documents which might expire during the pandemic. Nevertheless, differences in the categories of documents and terms of extensions appear among the V4 countries. In Poland, the “anti-crisis shield” extended the validity of all types of residence documents including national and Schengen visas and the temporary identification documents issued to asylum applicants. In Hungary, while the validity of residence documents (valid for at least 90 days) issued to foreigners were extended by law, in practice, the validity of ID documents and travel documents for non-Hungarian nationals was extended by law only during the second wave of the coronavirus. In Slovakia, the regulations did not include temporary residence based on granted subsidiary protection.

In contrast to the limitations on the accessibility of asylum, during the pandemic, Poland, Hungary and Slovakia continued expulsions, voluntary returns and Dublin transfers, although in some cases the duration of transfers was extended due to the suspension of air traffic or requirements on medical testing posed by the countries.

The analyses showed that asylum seekers have been subject to the same rules and restrictions as nationals, which included, for example, curfews, restricted mobility, obligatory quarantine or testing, etc. In all three analysed countries, reception and accommodation centres have been adapted to epidemiological standards set by the competent authorities. Introduced measures included the obligatory use of masks in common spaces and outdoors, both for residents and staff, installation of sanitizers at the entrances to buildings, distribution of protective masks and gloves, monitoring of body temperature, etc. On the other hand, specific measures have been implemented in reception and accommodation centres which affected the daily activities of residents (e.g. the use of common spaces, suspension of integration and educational activities for children, suspension of visiting etc.). In light of preventive regulations, asylum seekers have faced systemic barriers or could not fully enjoy their rights during the state of emergency.

In Poland, Slovakia and Hungary, asylum applicants are entitled by law to basic medical care, emergency treatment and hospitalization. Since the outbreak of the pandemic they can undergo medical examination, hospitalization or COVID-19 treatment under the same general conditions as the countries' nationals. Nevertheless, there are challenges related to the accessibility of medical, psychological and epidemiological care, especially related to the suspension of face-to-face consultations, the lack of support in the languages of asylum seekers and beneficiaries of international protection, etc.

Since December 2020, mass vaccination has been introduced in the V4 countries. Although the accessibility of COVID-19 vaccinations differs among the analysed states, the most unfavourable conditions remain in Hungary, where asylum applicants are not entitled to vaccination, which raises concerns about the further exclusion of this group. In Slovakia and Poland, vaccinations have been introduced depending on age groups and health status, and asylum seekers are entitled to vaccinations according to the general rules. The share of vaccinated asylum seekers in Poland remains low, while in Slovakia, none of the asylum seekers have been vaccinated as of May 2021.

VI. 2. Recommendations

Governments should guarantee safe access to the asylum procedure and reception facilities in accordance with public health, sanitary and epidemiological regulations. This is especially important during the COVID-19 pandemic, when forced mobility and poor reception conditions increase the risk of contagion.

Medical screening, obligatory quarantine and isolation should be carried out with respect for asylum seekers' human rights and dignity, allowing access to psychological support. Support for vulnerable groups should be guaranteed in all stages of the asylum procedure.

Internet connections and the accessibility of computers, laptops and cameras should be improved in all types of migrant centres in order to ensure contact with the administration during the asylum procedure and regarding material and social assistance, as well as to enhance accessibility and participation in integration and language courses, psychological and legal assistance, and to maintain contacts with relatives or NGOs and volunteers to ensure social relations and communication.

Communication should also tackle COVID-19 related prejudice and misinformation about migration, beneficiaries of international protection and asylum seekers in particular.

National authorities should ensure the availability of vaccines and improve vaccination rates among asylum seekers and beneficiaries of international protection. Central and local governments, together with NGOs, should increase their role in providing information campaigns about vaccinations in various languages for asylum seekers and beneficiaries of international protection. Also, information campaigns should be conducted among medical staff in facilities where vaccinations are administered to prevent refusals for registration and vaccinations.

National authorities should ensure the full access of asylum seekers to healthcare services, including medical assistance, essential treatment, hospitalization and psychological support. Specifically, there is a need to strengthen psychological assistance for children, women and persons with disabilities who underwent obligatory isolation.

National authorities and other stakeholders should facilitate access to services mitigating the economic impact of the COVID-19 pandemic by providing information to officials about the rights of beneficiaries of international protection (in the field of employment, social assistance and social protection measures, etc.) and by providing direct support to them and/or indirect support to NGOs helping them to access the rights and benefits that they are entitled to. Beneficiaries of international protection should also be included in the state measures implemented to boost economic recovery.

National and local authorities and other stakeholders should implement measures to ensure continued access to the education of child asylum-seekers or beneficiaries of international protection focusing on eliminating the negative impacts of school closures/online schooling.