COVID-19 will not leave behind refugees and migrants

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Never has the "leave no one behind" pledge felt more urgent. As nations around the world implement measures to control the spread of SARS-CoV-2, including lockdowns and restrictions on individuals' movements, they must heed their global commitments. When member states adopted the UN 2030 Agenda for Sustainable Development, they promised to ensure no one will be left behind. Chief among the world's most vulnerable people are refugees and migrants. The COVID-19 crisis puts these groups at enormous risk. Yet global pandemic efforts have so far failed in their duty of care to refugees and migrants.

There are millions of refugees and migrants in camps and detention centres worldwide. Resettlement procedures have been suspended by the UN. UNHCR reports that 34 countries hosting substantial refugee populations have seen local transmission of SARS-CoV-2. The often appalling conditions of migrant camps are fertile for infectious disease outbreaks. With few latrines and water supplies, basic hygiene to prevent spread is difficult. With extreme overcrowding, physical distancing is impossible.

In Europe, tens of thousands of migrants live in densely packed camps along the Mediterranean, without adequate medical personnel and infrastructure to cope. With no emergency COVID-19 plan in place by governments, Médicins san Frontières has demanded evacuation of 42 000 asylum seekers on the Greek islands to suitable accommodation. In a *Lancet* Comment, WHO leaders appeal for more attention for refugees and migrants, including in humanitarian settings, which are facing disruption of essential supplies of food, medicines, and aid workers.

The worst might be yet to come. 80% of refugees live in low-income and middle-income countries, the sites of the expected fourth wave of COVID-19 behind China, Europe, and the USA. Already, these settings have weak health-care systems, scarce protective equipment, and poor testing and treatment capacity. They need enormous global support to prepare for an impending crisis. This virus disregards all borders. COVID-19 responses must not overlook refugees and migrants. ■ *The Lancet*

For more on the **UNHCR COVID-19 response** see https://www.unhcr.org/uk/news/press/2020/3/5e677f634/un-refugee-agency-steps-covid-19-preparedness-prevention-response-measures.html

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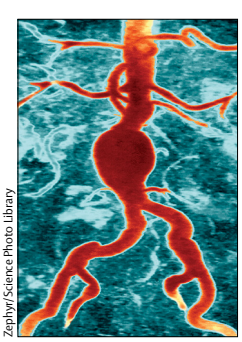
Open versus endovascular repair of aortic aneurysms



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When the UK National Institute for Health and Care Excellence (NICE) released draft guidelines on the diagnosis and management of abdominal aortic aneurysms in May, 2018, it caused outcry. By recommending that endovascular aneurysm repair (EVAR) of unruptured aneurysms should not be offered—even in patients for whom open surgical repair was contraindicated—critics said that many patients would be denied life-saving treatment and that the guidelines were unworkable.

However, in a volte-face and following multiple delays, the final NICE guideline, published on March 19, 2020, suggests that EVAR can be considered for individuals in whom open surgery is contraindicated. If both open surgery and complex EVAR are deemed suitable, complex EVAR can be offered, provided physicians discuss the procedure's shortcomings with patients. Controversially, the NICE board amended the guideline development committee's final recommendations, resulting in the U-turn. The guideline committee subsequently issued a statement asserting that the final NICE recommendations did not reflect the view of the committee, and that they had "significant concerns regarding the way in which the NICE senior management team has conducted itself".

EVAR has transformed the treatment of abdominal aortic aneurysms, accounting for about two-thirds of elective repairs in the UK. Compared with open repair, patients undergoing EVAR have a shorter hospital stay and lower perioperative mortality. However, this survival advantage decreases over time and reintervention rates for EVAR are about twice those of open surgery.

The draft guidance, if adopted, would have put the UK out of kilter with the rest of the world. Critics argued that the randomised trials included in the NICE assessment were outdated and used earlier-generation devices, which might have poorer long-term outcomes, while dismissing observational evidence that was more favourable towards EVAR. Clearly, both surgical techniques have their pros and cons, and absolutism in the practice of medicine can be dangerous. Some leeway is needed for clinical decisions to be made in conjunction with the patient, after taking into account the risks and benefits of each procedure on an individual basis. ■ *The Lancet*

For the **NICE guideline** see https://www.nice.org.uk/guidance/NG156

For the **guideline development committee's statement** see https://t.co/jQtYt4ivtO?amp=1