

**Regional COVID-19 Crisis Management Group**  
**Humanitarian Settings and Vulnerable Populations Working Group**

**Health of Internally Displaced Persons, Refugees, Migrants, Returnees and COVID-19**

*Situation Report #2\15 April 2020*

### **Situation Overview**

As of 15 April 2020, there are an estimated 103 638 reported cases (5.6% of the global burden) in all countries of the Eastern Mediterranean Region (EMR)<sup>1</sup>, with an estimated 5255 deaths (4.5 % of the global burden).

The pandemic is having a severe impact on refugees and migrants' abilities to work and generate income. Many of them are at risk of deportation. The outbreak comes on the top of existing emergency conditions in the region, where 60% of refugees are experiencing food ration cuts due to underfunding.

### **Burden of COVID-19 among Refugees and Migrants**

- In Djibouti three cases have been confirmed in the Ali Sabieh region in a refugee camp.
- According to MoH Qatar, some of the new cases of COVID-19 are among migrant workers.

### **Regional Response Actions**

**The International Organization for Migration (IOM)**

IOM has established a dynamic website, <https://migration.iom.int/> to map the impacts on human mobility, at global, regional and country level and COVID-19, monitoring travel restriction and an assessment of points of entry.

**United Nations Human Rights Office of the High Commissioner (OHCHR)**

OHCHR developed the Guidance on the COVID-19 and its human rights dimensions. <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>.

**UN Refugee Agency (UNHCR)**

UNHCR is ramping up efforts to increase capacity to prevent the potential spread of COVID-19 among refugee communities and is actively engaged with Ministries of Health and other government authorities, and the WHO on the inclusion of refugees, asylum-seekers and IDPs in national response plans. UNHCR is also advocating to governments to ensure refugees are included in any emergency social protection schemes, while also exploring possibilities to provide the most vulnerable with one-off cash assistance to help meet basic needs.

**World Health Organization (WHO)**

WHO continues to monitor the situation in the Region, enhancing their capacity to capture IDPs, refugees, migrants and returnees in routine epidemiological data on COVID-19. In addition, WHO continues to reach out to partners and monitor media outlets to accurately relay timely and accurate information to ensure an accurate and precise response.

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<sup>1</sup> The Eastern Mediterranean Region of the World Health Organizations include 22 countries including Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian territory, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen.

## Country Response Actions

### Afghanistan

UNHCR has topped up allowances so that refugees and asylum seekers can afford to take precautions against COVID-19. In the Gulan settlement, Khost Province, UNHCR is raising awareness about COVID-19 and providing soap to 3500 families.

### Djibouti

Three refugees have tested positive for COVID-19 from the Ali Adde Camp (69 kilometers South of Djibouti city and home to 18 000 refugees) tested positive for COVID-19; however, they were not infected from within the camp and are now being treated in isolation outside the camp. Contact tracing found that the refugees contracted the virus from the Ali Sabieh hospital (the second largest hospital in the country, about 98 kilometers southwest of Djibouti city and 10 kilometers north Ethiopian border). They had been working with a medical team at the hospital, where COVID-19 cases were discovered. There has been no further confirmation that other refugees were infected within the camp.

### Egypt

Refugees and migrants have equal access as the host population to COVID-19 free testing.

UNHCR Egypt's Infoline, now with teleworking call attendants, has responded to more than 7,000 calls since the beginning of the COVID-19 crisis. UNHCR has also enhanced other communication channels such as mobile messaging applications, e-mails and social media. Health-related information material on COVID-19 available in Arabic has been translated into several refugee languages with the support by partners as the Egyptian Red Crescent and the Psycho-Social Services and Training Institute in Cairo (PSTIC) and has been shared with communities for wider disseminations. UNHCR Egypt is also contacting WHO offices in refugees' countries of origin to share their local COVID-19 related awareness material. The Health Working Group (chaired by UNHCR and WHO) met to discuss COVID-19-related health commodities procurement plans of each agency in support to the Ministry of Health and Population). In addition, the Health Working Group partners jointly developed a unified Standard Operating Procedure for refugees, asylum-seekers and migrants on COVID-19.

### Iraq

Case detection is done through the Early Warning, Alert and Response Network (EWARN). Samples collected by the Rapid Response Teams (RRT) are then sent to the regional lab or the Central Public Health Laboratory (CPHL). Cases that test positive will be isolated in the assigned quarantine areas in the camps and the cases with severe or critical symptoms will be sent to the nearby referral hospital assigned to manage COVID-19 cases.

WHO and UNICEF have procured and distributed personal protective equipment (PPEs) through the Directorate of Health (DoH) to health workers in IDP camps and public health facilities in priority locations identified by the DoH. WHO and Health Cluster in coordination with Camp Coordination and Camp Management (CCCM), WASH and shelter clusters developed several technical guidance notes.

### Jordan

Refugees or migrants who are found to be infected and requiring hospitalization, UNHCR and IOM will cover the cost. There are 25 community hotlines under construction, which will be functional in the next few days.

WHO is continuously providing technical support to develop and cost the National COVID-19 Preparedness and Response plan, including for vulnerable Jordanians, refugees and those who are at rehabilitation centers. WHO and UNHCR are collaborating to provide guidance to the health sector partners

and improve inter agency coordination on continuation of essential health services for humanitarian needs in camps and urban settings and to ensure all the efforts are in line with the Ministry of Health protocols.

UNRWA began distributing medicines through authorized community volunteers. In addition, an e-health platform has been activated to identify patients requiring medications for their chronic diseases. All UNRWA health centers have been closed due to curfew and lockdown measures, including health centers in camps. However, UNRWA is in the process of precuring permission for critical staff to partially operate camp clinics. UNRWA is actively seeking permission from the Government of Jordan for critical personnel to distribute medicines for noncommunicable diseases (NCDs). UNRWA has developed a preparedness and response plan for COVID-19, based on WHO's operational guidelines for COVID-19 preparedness and response utilizing the 8 pillars.

A remote health service model, operated by International Rescue Committee (IRC) for refugees in urban settings is being used by humanitarian partners, which includes online health consultancies and distribution of medications through approved pharmacies, as well as support to the disabled people.

UNHCR and partners initiated new hotlines that are functional for 24 hours a day, 7 days a week, to cover refugees and vulnerable population requiring medical consultations. NGO partners are working with pharmaceutical companies, in coordination with the Ministry of Health to deliver drugs for NCDs for those already registered at health centers.

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In both Azraq and Zaatari camps an increased screening procedure has been applied at the camp entrance for authorized health workers and camp returnees from urban settings who have chosen to return, and all day-out licenses (used for camp residents to leave the camp for work) have been revoked due to the lockdown on the camps.

UNFPA, International Rescue Committee, International Medical Corps and other health partners are operating primary healthcare centers, reproductive health centers and Mental Health and Psychosocial Support services in camps, along with mobile services support to the elderly and disabled. There has been increase in referrals for emergency life-saving procedures from the camps residents to affiliated hospitals.

The Ministry of Health is following up with the camps to monitor surveillance of suspected cases. WHO COVID-19 awareness materials are being used to educate health service providers on case definition, infection prevention and control, and for camp residents on COVID-19 symptoms, hygiene practice, physical distancing, etc. In Al-Rukban camp, on the Syrian/Jordanian border, the primary healthcare clinic was closed as a precautionary measure against COVID-19.

### Lebanon

UNHCR has launched a project to build isolation units inside refugee settlements in Bekaa valley around the country. UNHCR also plans to expand intensive care capacities at hospitals, for both Syrians and host communities. Refugees or migrants that are found to be infected and requiring hospitalization, UNHCR and IOM will cover the cost.

### Palestine

UNRWA has appealed for \$14 million for March, April, and May 2020 to prepare and respond to the pandemic in the areas where it operates (Gaza, the West Bank including East Jerusalem, Jordan, Lebanon, and Syria). UNRWA has also began delivering food parcels to individual homes rather than asking people to pick them up at distribution centers. All Palestinians, including those designated as refugees, have access to COVID-19 tests, which are free of charge.

### Morocco

Refugees and migrants have equal access as the host population to COVID-19 free testing. No further information is available.

### Qatar

According to MoH Qatar, some of the new cases of COVID-19 are among migrant workers. The new infected cases have been placed under complete isolation and they are receiving necessary medical care.

### Sudan

There are close to 1.1 million refugees in Sudan from South Sudan, Ethiopia, Eritrea and the Central African Republic. These refugees live in congested camps and camps-like settings which makes physical distancing and sheltering at home quite challenging. The Refugee Consultation Forum (RCF) meets regularly and virtually to share and exchange response efforts and strengthen the routine basic service delivery.

WHO along with the RCF partners (UNHCR, IOM, UNICEF, MSF, Sudan Agricultural Research Corporation, Care International Switzerland in Sudan, Norwegian Church Aid and the Sudanese Red Crescent Society) developed a Contingency and Preparedness Action Plan of COVID-19 for Refugee Camps. In addition, a COVID-19 readiness and gap analysis which included identification of community networks, formation and training of refugee groups, mapping of isolation facilities, identification of key isolation gaps, application of shielding techniques, and implementation of business continuity plan of service delivery in case full camp quarantine. This is particularly important as the monsoon season is approaching and camps may get cut off.

WHO is supporting the African Union-United Nations Hybrid Operation in Darfur (UNAMID) and other UN agencies to implement the UN State Liaison Functions response plan to COVID-19 that focuses mainly on IDPs, returnees and host communities in the Darfur region.

WHO completed the terms of reference for RRTs and conducted case management trainings and infection control sessions in the 9 states hosting IDPs, refugees and returnees, as well as provided PPEs to 23 clinics serving refugees in 4 states.

In East Sudan, one school is being adapted as an isolation center. UNHCR has agreed with the authorities to adapt one room in every refugee Reception Centre for this purpose. New arrivals in officially closed borders are screened for temperature in Al Leri locality, Kordofan. Currently, there are about 90 asylum-seekers in temporary quarantine in the East. In Darfur, religious leaders and community representatives helped sensitize refugee returnees in Keino about COVID-19.

The Eritrean Students Union in Sudan, UNHCR and Commissioner for Refugees went house to house in Shagarab and Um Gargour refugee camps to spread the best COVID-19 hygiene practices and providing soap to 325 000 refugees, IDPs and members of host communities.

There was one suspected case of COVID-19 in South Darfur that was investigated, this included collection of the sample and transport for confirmation, identification of source, initiation of response through outreach and active case finding, with a negative result from the national public health lab.

## Syria

Case detection is done through the EWARN and immediately the RRT from the Department of Health was deployed to investigate and collect samples. In general, samples found in internal displaced persons' camps are sent centrally to the lab in Damascus for testing.

## UAE

The MoH accelerated investigative measures resulted in the detection of 412 new coronavirus cases on 14 April among various nationalities, all of whom are in a stable condition and receiving the necessary care.

## Yemen

UNHCR started its second cash distribution in the north of Yemen targeting with 22 500 IDPs and impoverished host community families. Extra precautionary measures such as hiring crowd control staff, increasing the number of staff at banks and spacing-out cash collection to the beneficiaries have been adopted. In addition, 15 000 refugees and asylum-seeker families will receive hygiene kits of soap, vitamin C and sanitary pads for women. A similar cash distribution to refugees in urban settings and camps has begun in the areas controlled by the Government of Yemen.

The five clinics supported by UNHCR country-wide for asylum-seekers, refugees and the impoverished host community are fully operational. However, secondary and tertiary referrals in the Government of Yemen controlled area hospitals have been partially suspended except for lifesaving cases. Home-based physiotherapy sessions for critical cases and the provision to mental health and chronically ill patients to receive up to two-month medication to address concerns about potential limitations on movements.

## Way Forward

- Strengthen interagency collaboration on surveillance/data collection/information sharing of COVID-19 among IDPs, refugees, migrants and returnees. Disaggregation of data on migration/displacement status is essential.
- Develop and disseminate live stories on the priority subjects in the context of COVID-19 among IDPs, refugees, migrants and returnees.
- Promote the inclusion of refugees and migrants in all country level policies and strategies in line with the Sustainable Development Goals. The country response plans need to be reviewed and adequate support to be provided.
- Ensuring that Universal Health Coverage (UHC) approach is utilized during the outbreak response for COVID-19 among IDPs, refugees, migrants and returnees.
- Support Country Offices to develop guidance notes/briefs for their respective governments on COVID-19 as a whole-of government and whole-of-society approach toward IDPs, refugees, migrants and returnees.
- Continue to provide guidance to country offices on desegregated COVID-19 data where possible to identify reported cases among IDPs, refugees, migrants and returnees.
- Liaise with partners on the ground to collate their current actions and explore additional work and response to be carried out.

- On a strategic level, scale up advocacy to ensure access to health for refugees and migrants and their inclusion in the national plans, in addition to security concerns, stigmatization, and violence. This can be done via Regional Directors / Resident Coordinators messages to the governments / Ministers of Health of the regional countries.
- Operationalize response through stakeholders that have most access to these populations (NGOs, UN agencies, etc). Consider expedited agreements to strengthen containment and mitigation measures at camp level including surveillance, case detection and management and possibly referral to hospitals).
- Improve collaboration with cross-cutting sectors i.e. WASH, protection, education, food security, NFI, gender.
- Continue to support countries on customized risk communication planning that is responsive to the needs of all people at risk, including women and children, roll out for humanitarian settings.

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