

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 #8|3 June 2020

Situation Overview

As of 2 June 2020, there are an estimated 546 237 reported cases (8.9% of the global burden) in all countries of the Eastern Mediterranean Region (EMR)¹, with an estimated 13 030 deaths (3.5% of the global burden).

Burden of COVID-19 among Refugees and Migrants

- As of 19 May 2020, according to the Ministry of Health of Qatar, 83% of all positive COVID-19 cases were non-Qatari, with 15 deaths and 163 in intensive care unit that are all non-Qatari
- As of 29 May 2020, according to UNHCR, there were at least 15 COVID-19 cases among Syrian refugees living in the same building in a village in the Bekaa Valley in eastern Lebanon. Previously, only one Syrian refugee in Lebanon had tested positive for the virus, while at least six cases were detected among Palestinian refugees in a camp in the Bekaa Valley last month. The new cases in the village of Majdal Anjar are now in self-isolation and receiving food and disinfection kits from UNHCR.
- As of 1 June, according to WHO, one internally displaced person (IDP) tested positive for COVID-19 in the Sahel settlement in the Dalxiska IDP camp in Kismayo, Somalia, and has recovered, there was also one refugee who tested positive for COVID-19 and who was hospitalized.
- As of 1 June 2020, according to WHO, there were 9 confirmed COVID-19 cases and 4 deaths among refugees in Pakistan.
- As of 2 June 2020, there were 158 positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (6), Lebanon (10), West Bank (99), Gaza (43). There were 29 more cases from two weeks ago, in Lebanon (3), in West Bank (1), and in Gaza (25).
- As of 3 June, according to WHO, two thirds of all COVID-19 cases in Bahrain are among expatriates mainly from Bhutan, Nepal and Sri Lanka.

Regional Response Actions

UN Refugee Agency (UNHCR)

UNHCR continues to develop or adapt assistance modalities in line with COVID-19 prevention measures and increases its outreach capacity through hotlines and remote case management in all regions. UNHCR continues to support authorities in affected countries, where needed, by providing medicine, medical equipment and supplies to strengthen national infection prevention and healthcare response.

UNHCR has continued to provide its direct support to national health systems in order to strengthen infection prevention and healthcare responses, including through the provision of medical equipment and supplies and training of health personnel. Together with partners, UNHCR continued to reinforce health and water and sanitation systems and services in the main refugee and internally displaced hosting areas, including by increasing access to water to allow for the implementation of basic preventive hygiene measures such as frequent handwashing. At country level, UNHCR is working with partners such as the Red Cross/Red Crescent movement to enhance preparedness and response in support of national responses.

¹ 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..

In anticipation of COVID-19, UNHCR undertakes ongoing efforts to decongest densely populated refugee and IDP camps and settlements to facilitate physical distancing. Through the Global Shelter Cluster, UNHCR has mitigated health risks through activities such as planning and building isolation areas and medical facilities, expanding shelters of vulnerable households to reduce overcrowding and improving inadequate shelter conditions. Particular attention has been given to disseminating guidance for high-density settlement conditions so that infrastructure planning that facilitates a health response is available to all partners.

World Health Organization (WHO)

WHO and UNHCR have signed a new agreement, <https://www.who.int/news-room/detail/21-05-2020-who-and-unhcr-join-forces-to-improve-health-services-for-refugees-displaced-and-stateless-people>, to strengthen and advance public health services for the millions of forcibly displaced people around the world. A key aim this year is to support ongoing efforts to protect some 70 million displaced people from COVID-19 infection. Around 26 million are refugees, 80% of whom are sheltered in low and middle-income countries with weak health systems.

WHO continues to uphold its primary responsibility for promoting the health of refugees and migrants, with a current focus on prevention and responses during the COVID-19 pandemic. The WHO Eastern Mediterranean Regional Office (EMRO) has developed a reporting system to monitor the occurrence and trend of COVID-19 among displaced populations in camps and non-camps settings. The WHO Country Offices in Djibouti, Sudan, Lebanon, Syria and Yemen report rumours immediately and aggregate data every week.

Country Response Actions

Afghanistan

UNHCR in Afghanistan has joined the “Salam for Safety” campaign by World Food Programme (WFP) and UN Women focusing on physical distancing that focuses on women and girls. Through the campaign, printed materials carrying messages on how to maintain physical distancing are being produced in conjunction with several agencies. These posters will be set up in several locations including border crossing points and priority areas of return and reintegration locations.

The Asian Development Bank approved a US\$ 40 million grant to support the Government of Afghanistan’s fight against the COVID-19 pandemic. The grant will help increase Afghanistan’s capacity to manage the virus by funding the construction of 15 hospitals and the rehabilitation of five existing medical facilities, supporting procurement of medicines and equipment, and training at least 3000 health workers and support staff, of whom 900 will be female.

Egypt

Community representatives and volunteers in Cairo and Alexandria have been actively trying to respond to the evolving situation within their communities but, during the regular exchanges with UNHCR, many noted that they are not trained in psychological and psychosocial support to attend to this type of issues. In order to respond to the growing needs, UNHCR Community-based Protection team designed a Mental Health & Psychosocial Support (MHPSS) training programme for community leaders and volunteers. A first session was delivered in April and a second two-days online training on “Psychological First Aid” was conducted last week. Participants included 60 volunteers and community leaders from refugee communities of different nationalities in Cairo and Alexandria. The main objective of the training, that was facilitated by UNHCR MHPSS officer, was to prepare the participants to deliver care and non-specialized psychological first aid support at a grassroots level in order to strengthen the community response to the difficult situation created by COVID-19.

Inter-agency coordination also continues to take place via teleconferencing. During the Health Working Group (co-chaired by UNHCR and WHO) held on Tuesday 19 May, WHO gave an update on the situation of the pandemic in Egypt and the upscaling of the national health responses. In addition, UNHCR Protection team provided a presentation on the latest Inter-Agency Standing Committee (IASC) Interim Technical Note on the Protection from Sexual Exploitation and Abuse during COVID-19 response. IASC guidelines and the WHO Interim Guidance Note on Health System Response to COVID-19 in the Context of Internally Displaced Persons, Refugees, Migrants and Returnees in the Eastern Mediterranean Region are available on the inter-agency coordination website at the following link: <https://iace.unhcregypt.org/#page>.

Jordan

Refugees with disabilities have faced additional challenges during the lockdown period, limiting the provision of face to face services and increasing their isolation. Targeting around 150 cases per week, UNHCR has started online assistance for those in elderly shelters, including online group physiotherapy sessions, parent/child special education sessions, as well as individual counselling. Community health workers and volunteers are also active in many other countries in the region.

As of 1 June 2020, all United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA) health centres continued their services for noncommunicable diseases (NCD) patients as well as other growth monitoring services for all infants and children visiting the health centres for immunization services, additional services while maintaining infection prevention and control (IPC) measures optimal to protect all from COVID-19. The Ministry of Health launched a mobile application called “Aman” (“Safety”), which alerts users when they are suspected of being exposed to COVID-19 by contacting a person who is diagnosed with this condition and help track their contacts after that.

Iran

UNHCR is pursuing options with Qatar Airways and European Union Humanitarian Air Bridge, and with WFP locally, to seek ways to reduce transportation costs of upcoming personal protective equipment (PPE) shipments in June to help meet the needs in the country.

Lebanon

UNHCR which said it was working with the health ministry to begin testing thousands of refugees living in informal settlements and shelters. Aid groups have expressed concern that overcrowding in such settlements could make refugees especially vulnerable to the virus.

All UNWRA health centers have been triaged to separate patients with respiratory symptoms from those who have other medical concerns (NCD, maternal health, etc.). All services are offered except oral health only for emergency cases; however, patients are required to make an appointment by phone before coming to the centres.

Pakistan

UNHCR attended the first inter-agency logistics and supply meeting in Islamabad, which was also attended by the World Bank who briefed on their funding/projects in support of the Government. The Ministry of Health acknowledged the possibility of a World-Bank-facilitated procurement mechanism, which could help the country to receive complex items.

In Balochistan, UNHCR distributed 4460 packages of soaps and sanitary items in the refugee villages situated in the province of Balochistan in the month of April 2020. UNHCR health partner, Taraqi Foundation, completed the distribution of awareness-raising materials, PPEs and water and sanitation supplies to health facilities and another partner conducted 16 awareness-raising small group sessions for a total of 294 individuals in the refugee villages of Balochistan on COVID-19 prevention and response.

In the province of Khyber Pakhtunkhwa, UNHCR delivered chlorine powder and tissue rolls to health partners for use in health facilities for disinfection. A total of 250 kilograms of chlorine and 8000 tissue rolls were provided. In addition, partners were given PPEs: 95 face masks, 22 275 surgical masks, 7425 gloves (small size), 7, 25 gloves (medium size), 14 850 gloves (large size) and 30 infrared thermometers.

In line with the UN Risk Communication and Community Engagement strategy, 90 000 brochures and 4000 stickers with messages about protection from COVID-19 and stigma reduction associated with the illness were placed in key public areas around refugee villages like health facilities, mosques, general stores and other prominent places.

Religious leaders (Imams) have been involved in disseminating targeted preventative messages to their communities, including in mosques, in some of the refugee villages in the District of Hangu and Dir. Mass awareness campaigns conducted by health workers using loudspeakers were also conducted.

Palestine

West Bank: All health centres and health points are operating as usual including NCD services and lab tests; however, dental and psychosocial services are on emergency basis only. Darwish Nazal Hospital in Qalqilia was opened on 1 June 2020 by the Ministry of Health to relieve some of the pressure from the Qalqilia UNRWA hospital. The health advice hotline lines are functioning in three areas and home visits to disabled cases continues. UNRWA healthcare centres resumed the registration of new antenatal cases as and women with high-risk pregnancies and psychosocial counselors returned to the centres to support health staff there and to answer the hotline.

Sudan

In Central Darfur, UNHCR is working with traditional community leaders at Hamadyia the IDP camp to engage community-based protection networks to increase information sharing and knowledge about how to prevent the spread of the COVID-19 virus.

Syria

All UNRWA health centres are functional normally, including the Qaber Essit health centre and camp which is no longer under isolation. All health centres continue to implement the triage system to isolate patients with respiratory symptoms from others, and only urgent cases are referred to hospitals, and hotlines are functional and offer telemedicine services to patients before they visit to the centres. Staff at the centres continue to offer health awareness to patients and a provision of psychosocial support to staff continues through the 15 psychosocial counselors on staff.

Yemen

The protection cluster conducted an analysis of people at risk, developed protection mainstreaming along with guidance on preparedness for partners in COVID-19, and a complaints and feedback mechanism.

Way Forward

- Coordination among UN partners through the newly established Taskforce on COVID-19 and Mobility/Migration under the United Nations Inter-Agency Issue-Based Coalition.
- Ensuring that all refugees and migrants are included with the Universal Health Coverage is framework among all partners during the outbreak response for COVID-19.
- Ensure continuity of care for non-COVID-19 essential health services in camps and camp-like settings.
- Recommend to all countries to support the duty of care to all refugees and migrants.
- Support countries with improving the testing strategy and enhancement of testing capacity.

- Improving the reporting of COVID-19 cases among IDPs, refugees, migrants and returnees, through the Health Clusters and in collaboration with other clusters.
- Provide guidance to country offices on desegregated COVID-19 data where possible to identify reported cases among IDPs, refugees, migrants and returnees.
- Provide collective and timely information to our partners on cases of 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.
- Ensure all UN strategic and policy level documents incorporate IDPs, refugees, migrants and returnees, using a whole of government and society approach.
- Promote the inclusion of refugees and migrants in all country level policies and strategies in line with the Sustainable Development Goals.

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Disclaimer

The aim of this situation report is to provide an overview of what partners working in the COVID-19 response for IDPs, refugees, migrants and returnees are doing in order to aid in better planning, coordination and response. The information in this document is gathered from online sources as well as partners' reports and is for internally use only.