

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 #1 | 7 April 2020

Situation Overview

Internally Displaced Persons (IDPs), Refugees, migrants and returnees constitute a sizeable population in the WHO Eastern Mediterranean Region (EMR)¹. There were 12 million refugees (half are Palestinians)² and 13 million IDPs in EMR as of 2018.³ These populations are vulnerable to poor health due to the conditions they live in and as many remain marginalized with limited access to needed quality health care. In addition, for those who could access care, they are often faced with financial hardship. On the other hand, there are 46 million professionals and low-income labor migrants in the Region (of which 22 million are from the Region),⁴ with differential access to health services and varied coverage schemes.

Many IDPs, refugees, migrants and returnees live under conditions that make them particularly vulnerable to respiratory infections, including for COVID-19; e.g. overcrowded, often unhygienic living and working places, physical and mental distress and deprivation due to lack of income, food and clean water. The vulnerable populations living in camps or camp like settings due to the limited WASH services and overcrowded camps are of concern.

The Coronavirus (COVID-19) outbreak that began in China spread within three months into the EMR. As of 6 April 2020, there are an estimated 65 903 reported cases (6.3% of the global burden) in all countries of the EMR except for Yemen, with an estimated 3592 deaths (6.3 % of the global burden). As other infectious diseases, COVID-19 does not discriminate between individuals and does not remain within national borders, as such, communities on the move such refugees, IDPs, migrants and returnees remain highly vulnerable to contract the disease and suffer from its negative consequences.

Burden of COVID-19 among Refugees and Migrants

- On March 11 2020, Qatar's Ministry of Public Health confirmed 238 cases among expatriates who reside in one residential complex; however, no other reported cases have been among IDPs, refugees, migrants or returnees.
- No other case of COVID-19 reported among IDPs, refugees, migrants and returnees' communities.
- No data is available on the number of suspected, isolated or tested IDPs, refugees, migrants and returnees' communities.

Regional Response Actions

International Federation of Red Cross and Red Crescent (IFRC)

- IFRC has produced key public health messages on reducing the risk of coronavirus infection, available in different languages including Arabic.

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.

² <https://www.unrwa.org/where-we-work>

Extracted from the UNHCR Population Statistics Reference Database, Date extracted: 2018-07-01 15:18:14 +02:00

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⁴ United Nations, Department of Economic and Social Affairs. Population Division (2019). International Migrant Stock 2019 (United Nations database, POP/DB/MIG/Stock/Rev.2019).

International Organization for Migration (IOM)

- As part of the global HRP launch, the UN's Emergency Coordinator announced a \$60 million USD Central Emergency Response Fund (CERF) allocation to UN agencies, including IOM.
- IOM continues to support ministries, border authorities, partners, and people on the move to enhance preparedness at prioritized points of entry, include screening, awareness-raising, and flow monitoring.
- IOM is adjusting its WASH services to prevent the spread of the COVID-19 disease, ensuring the continuity of operations and accountability to the people it serves.

International Rescue Committee (IRC)

- Taking safety precautions in the centers northwest Syria including limiting the number of people and time spent at the centers, ensuring that staff are wearing PPEs, and ensuring that hand hygiene gel is widely available.
- IRC's frontline workers in Jordan continue to provide essential health services in refugee camps in the country.

Médecins Sans Frontières (MSF)

- In Syria, MSF provides relief items and adapts response for COVID-19 in Idli and has distributed essential items in the Latamneh, Al-Habeet and Abo Obeidah settlements in Deir Hassan.
- Training the staff on infection prevention and control (IPC).

Norwegian Refugee Council (NRC)

- In Afghanistan, has ramped up awareness raising activities on the spread of the virus and on good hygiene practices. NRC is present at critical border crossings with Iran and Pakistan providing information in settlements.
- In Somalia, NRC is reprogramming \$1.13 million to construct handwashing basins, soap distribution and awareness campaign in targeted IDP settlements.

The UN Refugee Agency (UNHCR)

- UN launches US\$2 billion global plan to fight COVID-19, of which UNHCR will receive US\$255 million to curb the impact of the pandemic on refugees, IDPs, and the communities hosting them.
- UNHCR in collaboration with NRC and WHO have ramped up the distribution of clean water, soap and hand sanitizer to camps in Jordan, Lebanon and Iraq, and are working to share prevention information.
- UNHCR has taken the following measures: Reinforcing the health and WASH systems and services by distributing soap and increasing access to water; Supporting governments with infection prevention and health-care response including provision of medical equipment and supplies; Distributing shelter material and core relief items; Offering guidance and fact-based information on prevention measures; Expanding cash assistance to help mitigate the negative socio-economic impact of COVID-19; Enhancing monitoring and interventions to ensure the rights of forcibly displaced people are respected; Provided PPE for health workers, renovate and enhance health facilities to reduce congestion and identify or construct isolation and case management facilities; Plans to cover the full cost of testing and treatment for any refugees who contract the virus.

World Health Organization (WHO)

- High level advocacy through the Regional Director's messages to Ministers of Health
- Developed the Interim Guidance Note on Health System Response to COVID-19 in the Context of IDPs, Refugees, Migrants and Returnees in the Eastern Mediterranean Region.
- Coordinated with Epi team at WHO EMRO to include the collect disaggregated data by displacement status.
- Pursuing the "COVID-19 testing strategy and lab capacities/arrangements (implemented by MoH or partners) for IDPs, refugees and migrants that live in camps or camp like settings" in Syria, Iraq, Lebanon, Palestine, Jordan, Libya, Sudan, Somalia, Afghanistan, Djibouti and Yemen.

- Working with partners at regional level including through establishment of the Working Group on Response to COVID-19 Outbreak in Humanitarian Settings and Vulnerable Populations, under the Regional COVID-19 Crisis Management Group.
- Collecting info from WHO country offices and partners to develop a Situation Report on health of IDPs, Refugees and Migrants during COVID-19 outbreak. Planned to be on weekly basis.

Country Response Actions

Afghanistan

- IOM is actively supporting the Ministry of Public Health (MoPH) and WHO in addressing preparedness and emergency coordination actions through its Migration Health Unit, as well as community level awareness raising through health education sessions and focus group discussions. Working together with the government to step up presence at the Islam Qala border with Iran (Islamic Republic of) through the deployment of additional staff and secondment of staff for cross border surveillance. Provided post-arrival humanitarian assistance to 1,640 (5%) undocumented Afghans at its Transit Centers, including Unaccompanied Migrant Children, Medical Cases, Single Parent Families, Physically Disabled person and Unaccompanied Elderly persons.
- Humanitarian partners have installed temporary washing stations for returnees at border screening facilities and are completing the construction of permanent 19 WASH facilities at the Islam Qala border crossing. Some 55 handwashing stations have been installed in all transit facilities in border areas to limit transmission. Community awareness activities have also been provided in internal displacement sites in Hirat and COVID-19 trainings for 15 Mobile Health Teams in Ghor and Badghis provinces. In addition, given the prevalence of COVID-19 in Iran, the initial three-month plan is primarily focused on the 25 districts that are the primary destinations for returnees from Iran. According to IOM, Hirat, Nimroz, Kabul, Balkh, Faryab are the top five provinces that are at the highest most risk due to their greater connectivity to outbreak provinces in Iran. While the border with Pakistan was closed to people movements from 16 March, it is likely that there is also some continued informal movement of people across the border. IOM's DTM team is working on a similar risk analysis for Pakistan returnees and internal population flows.

Djibouti

- IOM supports MoH with donations of protective equipment which includes tents and body bags. Conduct trainings on surveillance, IPC conducted for staff working at points of entry. Providing a multisectoral assistance to vulnerable migrants living in MRC Obock, and government led Masgara site.
- IOM also deploys community mobilizers to sensitize migrants, refugees and host communities at the risks of COVID-19 (Obock). In coordination with the Government, will implement Population Mobility Mapping (PMM), which aims to guide public health interventions needed for preventing, detecting and responding to the COVID-19 outbreak.

Egypt

- IOM partnered with the Egyptian Red Crescent to ensure the continuity of Direct Assistance in the form of food and NFIs to the most vulnerable migrant populations. IOM is also providing support through the Migrant Community Council to identify at-risks groups and refer to health assigned centers. IOM has the facility to propose COVID-19 testing. It is currently in discussion with the Government for the authorization.
- Refugees and asylum-seekers are strongly encouraged to call the Infoline instead of approaching UNHCR premises. UNHCR maintains the Community-based Protection team in close communication with community representatives and volunteers. Furthermore, the updates and information for refugees and asylum-seekers are regularly shared on UNHCR Egypt's dedicated social media channels and website. An increase of 50 EGP to all those receiving assistances will be given as of May 2020.

- WHO is working with the UNHCR to disseminate prevention messages to the country's millions of refugees. WHO is also providing Egypt's laboratories with reagents and other materials, so they can test large numbers of people. In addition, assurances have been given from national authorities that expired residencies or those not holding papers will not be detained.

Iraq

- IOM continues to provide life-saving health care in camps, while Camp Coordination and Camp Management (CCCM) continues in Sinjar Mountain (Ninewa). Efforts are ongoing to maintain individual level Mental Health and Psychosocial Support (MHPSS) and Protection services, of which most of the case management and counselling is done through phone. For its Border Management programming, the current focus is on a) continuing governance and national strategy development support, (inclusive of broader health contingency and inter-agency cooperation components, and b) adjusting Community Policing activities.
- WHO and the Iraqi health authorities have been active in trying to educate people about COVID-19. To prevent Iraq's overstretched healthcare system from being overwhelmed, WHO is focusing on prevention, to try and limit the number of cases.

Jordan

- IOM Immigration and Border Management projects are ongoing and being adjusted to the current situation. A rapid Health and Border Management assessment was carried out together with MoH and in coordination with WHO, its recommendations will be used for program design and resource mobilization efforts.
- UNHCR and Ministry of Health are working on adapting the available outbreak contingency plan for camp settings, and to develop contingency preparedness plan for COVID-19 in camp settings as the situation evolves.
- WHO has supplied PPEs and diagnostic tests for COVID-19. WHO Information, Education and Communication (IEC) materials were used for UNHCR awareness and education sessions in camps. WHO will provide updated copies of IEC material (approved by MoH) to UNHCR for further printing and distribution.

Kuwait

- IOM, ILO and WHO are developing a rapid qualitative assessment on the impact of the situation on Temporary Contractual Workers (TCWs) in Kuwait along with a list of recommendations to guide the Government on mitigating the potential negative impact of the lockdown on TCWs.

Lebanon

- IOM continues to follow up with its Health Assessment program and support beneficiaries with Pre-Medical Screening through phone communication. Cash Based Interventions for refugees and host communities continues while IOM is also providing critical support to 35 victims including accommodation, food, hygiene kits, and medical care. IOM is in discussion with the General Security Directorate of Ministry of Interior to support at PoEs, particularly Masna'a and Aboudiyeh.
- IOM is in discussion with The National AIDS Control Program for the provision of PPE as they are first line responders when in contact with HIV/AIDS individuals who are exceptionally vulnerable to COVID-19.

Libya

- IOM has been asked to support both authorities and migrants in Detention Centers (DCs) as well as Disembarkation Points to strengthen the response capacity. In addition, the Ministry of Health (MoH) in Libya has asked IOM to conduct contact tracing through IOM DTM field teams. IOM increased NFI distribution among IDPs and migrants, while it will align its activities to enhance assistance to migrants in DCs, conduct Water, Sanitation and Hygiene (WASH) rehabilitation and establish isolation areas for affected migrants.
- Field staff are also supporting COVID-19 related communication campaigns.

- The Libyan Red Crescent Society have started an awareness campaign on COVID-19 including migrants and IDPs. The volunteers ask questions about COVID-19 to the beneficiaries and provide them with the right answers.

Morocco

- Assisted Voluntary Return and Reintegration (AVRR) registration is conducted IOM by phone, while all interviews will be completed as soon as the situation improves. Through its health program, assistance in the form of vouchers for migrants' food and NFIs are provided. This assistance is coupled with risks communication materials as well as hand sanitizers.
- As the country is on lockdown with a night-time curfew and movement/travel restrictions a 24-hour cycle and is responding to the COVID-19 outbreak according to a national action plan. This plan covers the entire population, including vulnerable people, migrants and refugees. WHO is working in close collaboration with Ministry of Health and IOM to develop risk communication tools in Arabic, French and English. They include subjects related to hygiene, healthy lifestyle and physical distancing measures as well as care procedures, especially among the elderly, chronic patients and pregnant or breastfeeding women. WHO has distributed 15 000 flyers and is supporting the government as they increase ICU beds.
- WHO is also following up with authorities and partners for inclusion of migrants and refugees in social protection measures. Refugees and migrants who test positive for COVID-19 are hospitalized free of charge.

Pakistan

- IOM activities include advocacy at UNCT and WHO National Cluster for Migrant inclusion in country response plans; hand hygiene promotion and distribution of COVID IEC material to migrants attending IOM clinics; active surveillance in all IOM clinics and sharing data with national counterparts for triaging any suspected case; and triage of symptomatic client to national health authorities at Pak Afghan border amongst the undocumented Afghans returnees.

Palestine

- In Gaza Strip (Al-Shati, a refugee camp) there are almost 86,000 Palestinians living in very small apartments, sometimes 12 in one apartment.

Saudi Arabia

- The Government of Saudi Arabia announced that they are guaranteeing free medical treatment for all, accessible to all TCWs. This entails diagnosis (confirmed through testing) and treatment for all TCWs, regardless of their legal status.
- ILO, IOM and WHO developed a brief for the UN Resident Coordinator on impact of COVID-19 on foreign temporary contractual workers in the Kingdom of Saudi Arabia (KSA).

Somalia

- IOM is supporting the MOH to equip the COVID-19 Isolation Centres. IOM is supporting referral systems (Ambulances) and contact tracing of suspected COVID19 cases.
- It also is taking the lead on strengthening the public health response capacity at Point of Entries by strengthening screening measures.

Sudan

- IOM is in discussion with the government to support in the rehabilitation of Jabra hospital which will be used as an isolation facility for Sudanese returnees to Sudan. IOM continues to provide lifesaving and multi-sectoral activities to the migrants, displaced and returnees, mainly under Health and WASH and Migrant Resource Centres.

Syria

- Supported by IOM, IPs have been funded to increase provision of information materials, and to provide more hygiene related items in all project sites. IOM is in discussion with WHO to dispatch 400 tents to set up 190 triage stations in north-west Syria in coordination with health partners.

COVID-19 related assessments and monitoring are ongoing through the Humanitarian Needs and Assessment Programme (HNAP).

- WHO is sending testing kits to northwest Syria. In addition, WHO has been training health responders to detect and diagnose the disease especially at PoEs. To keep the water supply functioning and access to basic hygiene, WHO lobbies against actions that could stop the main pumping station in an area called Hasakeh. WHO Country Office in Turkey near the Syrian border is providing protective gear and working to procure 60 ventilators, in addition to the 153 that are already in use in the northwest.

Tunisia

- IOM in coordination with the National Commission, ensured that migrants are be included in the Governmental response plan and have access to all COVID-19 health services, including free COVID-19 testing. Support to health structures is being prioritized within ongoing projects and fund raising while in all its operations, measures have been put in place to raise awareness and reinforce hygiene. Awareness raising sessions are organized in shelters in Tunis, Sfax and in Medenine. Leaflets on prevention measures are posted in shelters, and are available in different languages (Arabic, French and English). In addition, monitoring of migrants and follow up on needs.
- In the three reception centers for migrants managed by the Tunisian Red Crescent and IOM, awareness campaigns on COVID-19 were conducted. The TRC-IOM centers hosts around 150 migrants.

Yemen

- IOM is ensuring public health response to migrants by equipping and supporting migrant clinics and mobile medical teams through all phases of a potential COVID-19 pandemic. IOM has been providing advice and guidance on quarantine sites. IOM is conduct sessions, info sheet poster/leaflets, planning to conduct training for medical staff physician, nurses, lab technicians and health promoters.

Way Forward

- Universal Health Coverage (UHC) is the key strategy to address the needs of refugees and migrants in the context of COVID-19 outbreak. By taking this approach, we ensure that “no one is left behind” during the outbreak response, even the most vulnerable and hard to reach populations including refugees and migrants. Interagency collaboration is essential to this.
- Strengthen interagency collaboration on surveillance/data collection/information sharing of COVID-19 among IDPs, refugees, migrants and returnees.
- Different types of displaced populations need different response strategies and considerations. For operational purposes, the following two major types shall be considered: 1) those living in camps or camp-like settings, and 2) those residing in non-camp settings (within the host communities). Map and prioritize the COVID-19 related health needs of IDPs, refugees, migrants and returnees and coordinate the related activities at regional level. Prioritize the prevention and control of COVID-19 in the camps and camp-like settings.
- 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).

- Foster and improve collaboration with cross-cutting sectors i.e. WASH, protection, education, food security, NFI, gender.
- Facilitate and expedite working modalities with partners at country level (i.e. agreements/MOUs)
- Develop joint statements/media brief on the priority subjects in the context of COVID-19
- Disseminate up-to-date guidance and streamline messaging across agencies/sectors
- 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.
- Provide guidance and analysis to MoH and partners on answering key questions.

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