

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 #15|26 August 2020

Situation Overview

As of 24 August 2020, a total of 1,833,827 cases and 48,750 deaths have been reported in the Eastern Mediterranean Region (EMR) since the start of the outbreak, which represents 7.8% of the global burden of cases reported to date, and 6.0% of global deaths attributed to COVID-19. Cumulatively, 6.0% of the global burden of COVID-19 deaths have been reported in the EMR (48,750 deaths); in descending order, eight countries surpassed the Regional case fatality rate of 2.7%: Yemen, Sudan, Iran, Egypt, Syria, Afghanistan, Iraq, and Somalia, with Yemen recording at 28.6%, followed by Sudan (6.3%) and Iran (5.8%). For more information on the EMR situation go to <http://www.emro.who.int/health-topics/coronavirus/index.html>.

Burden of COVID-19 among Refugees and Migrants

- As of 24 August 2020, there were 3451 accumulative positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (9), Lebanon (193), Syria (9), West Bank (3022), Gaza (50). There were 956 new cases from two weeks ago, that were in Lebanon (85) and West Bank (760).
- As of 24 August 2020, according to WHO reports, there were 3171 accumulative positive cases (excluding Palestinian refugees and migrants in the Gulf Cooperation Council countries) of COVID-19 among internally displaced persons (IDPs), refugees and migrants in Djibouti (3), Egypt (19), Iran (2774), Iraq (90), Lebanon (263), Pakistan (17), Somalia (2), Sudan (64), Tunisia (8), Yemen (1).
- As of 24 August, according to media reports, 40% of cases were in expatriate populations in Bahrain.
- As of 22 August 2020, according to media reports, Oman has reported 32 180 (38% of all cases) accumulative positive cases of COVID-19 among migrants in Oman, with 203 deaths reported (33% of all deaths).
- As of 20 August 2020, according to WHO, In Refugees and migrants, Pakistan reported 17 cases since the beginning of the outbreak with 4 deaths. Out of 17 total cases 13 are recovered and no active case.
- As of 19 August 2020, according to UNHCR, there have been a total of 90 COVID-19 cases (79 of whom are active) among UNHCR's persons of concern in Iraq; up from 18 cases in the previous weeks. Most of the new cases have been recorded in Baghdad and Erbil. Contact tracing and testing have been conducted, and the Camp Coordination and Camp Management (CCM) COVID-19 preparedness and response plans have been activated and implemented in all affected camps, including strict movement restrictions.
- As of 14 August, according to UNHCR, the total number of confirmed refugee deaths stands at 13 individuals, 69 remain unaccounted for and 224 refugees were among the injured in the Lebanon blast of 4 August 2020.

Regional Taskforce on COVID-19 and Migration/Mobility¹

The International Organization for Migration's Regional Office for the Middle East and North Africa co-convened the fifth meeting of its Task Force on COVID-19 and Mobility, attended by World Health Organization, International Labour Organization and United Nations Economic and Social Commission for Western (ESCAW). The Task Force discussed the situation of migrants in Lebanon and how the agencies can support the efforts on the ground. In addition, all agencies gave their response updates.

Regional Response Actions

International Organization for Migration (IOM)

IOM, ESCWA and the League of Arab States, in coordination with United Nations agencies, conducted the second online session of the Capacity Building Workshop of the Regional Review Process for the Global Compact for Safe, Orderly and Regular Migration (GCM) on 13 August 2020. The workshop aimed to raise awareness and build capacity of Arab States' designated focal points on migration on the GCM principles and objectives, implementation, follow-up and review.

The COVID-19 pandemic continues to significantly impact regional mobility in the form of various travel disruptions and mobility restrictions. A slight reopening process has been recorded in the operations status of international airports in the region up to 19 August 2020.

United Nations Population Fund (UNFPA)

UNFPA has developed a number of research briefs on different topics related to COVID-19, for more information go to: <https://www.unfpa.org/covid19>. On 19 August, World Humanitarian Day, UNFPA called on the public to recognize the extraordinary sacrifices and tireless service of these real-life heroes, <https://www.unfpa.org/news/world-humanitarian-day-unfpa-applauds-real-life-superheroes>.

World Health Organization (WHO)

Every day, frontline workers are risking their personal health and lives to keep us safe during COVID-19 and always. WHO/Eastern Mediterranean Regional Office (EMRO) has dedicated a web page, http://www.emro.who.int/mhps/frontline_worker.html help them deal with the immense pressure and stressors they are facing due to high work demands, strict bio-security measures, fear, and consequences to personal and family life. The purpose of this page is to provide frontline workers with the resources they need to deal with the stress they are feeling during COVID-19.

REMINDER In search of an understanding of how refugees and migrants experience the psychosocial impact of COVID-19 and how they deal with challenges that have arisen, WHO and a consortium of research centers led by Ghent University in Belgium started a collaboration. ApartTogether is a global study to assess the public health social impact of the COVID-19 pandemic on refugees and migrants. A high global response rate is essential for relevant global analysis and recommendations, so we ask you to disseminate to refugees and migrants, https://www.aparttogetherstudy.org/?mc_cid=2dfa7f273d&mc_eid=7f7f6b4456.

The survey runs until 31 August 2020.

¹ Under the Issue Based Coalition on Migration in the Middle East and North Africa region, the Task Force on COVID-19 and Migration/Mobility is co-convened by WHO, IMO, ESCWA and ILO. The Taskforce aims to enhance coordination, response interventions and sharing of good practices and challenges among the UN to support country-level operations.

Country Response Actions

Djibouti

As of 13 August, IOM has identified 843 stranded Ethiopian migrants have been identified across 20 sites, identifying their immediate needs of water, food, hygiene kits and non-food items (NFIs). Following border closures in Ethiopia and stricter border management policies in Yemen in part due to COVID-19, some migrants transiting through Djibouti on their way to or from the Arabian Peninsula have found themselves stranded in country.

Egypt

IOM participated in a roundtable event to discuss the risks that migrant athletes face in becoming victims of trafficking (VoT) during COVID-19 and beyond. The event was organized by Mission 89 and the School of Oriental and African Studies, University of London. The roundtable aimed to improve understanding of the circumstances and issues faced by migrant athletes in relation to trafficking due to the current COVID-19 pandemic. Through the discussion, participants assessed the role that local and international organizations play in mitigating issues associated with trafficking and the current pandemic. In addition, IOM contributed to a study that explored population knowledge, attitudes, and practices related to COVID-19. The study was conducted alongside the Ministry of Public Health, WHO, and other UN agencies.

Jordan

IOM helped the Ministry of Health develop costings for identified needs in all points of entry (POEs). IOM also provided transportation and logistic support to the Ministry of Health team at Al Omary PoE by helping to move samples collected from truck drivers and kits located at the borders.

With the rise in local COVID-19 cases in Jordan over the past two weeks, UNHCR, in coordination with the Ministry of Health is strengthening its response, including through enhanced active surveillance in refugee camps. Meanwhile, standard operating procedures for the reopening of the camps, including refugee movements in and out of camps have been finalized and activities are back at 75% of total capacity. Contingency plans for all sectors are being revised in coordination with partners to enhance preparedness ahead of a potential second wave.

Kuwait

IOM continues to liaise with foreign embassies to support the issuance of travel documents for stranded migrants who do not have diplomatic representation in Kuwait.

Iraq

IOM in Iraq implemented a range of Risk Communication and Community Engagement (RCCE) activities up to 19 August 2020, including the organization of 60 awareness sessions and activities on COVID-19, reaching more than 835 individuals in camp and non-camp settings. IOM also designed and circulated Information, Education and Communication (IEC) materials on Eid Al-Adha and COVID-19 precautions and conducted online training on mental health and psychosocial support (MHPSS) for civil society organizations and volunteer networks. Six community consultations also took place in Hassan Sham Camp to pilot and test COVID-19 game-based materials. Furthermore, the mission designed an animation on how to use masks and arranged for a community consultation to test the animation in a camp setting. COVID-19 awareness posters and flyers were also distributed through NFIs and Camp Coordination Camp Management (CCCM) teams. Additionally, the mission conducted a phone-based assessment covering camps, to identify information gaps on COVID-19 and communication channels that can be utilized.

Lebanon: Special on 4 August 2020 Beirut blast

In efforts to urgently raise funds to response to the emergency in Lebanon, IOM launched its appeal on 14 August 2020 following the devastating Beirut Port explosion. The US\$ 10.37 million appeal targets more than 43 000 people, including 24 600 vulnerable migrants, 16 500 members of the Lebanese host community and 2000 Syrian refugees. Funding will allow IOM to respond to their most immediate needs for the remainder of 2020, including: health, food distribution, employment opportunities, shelter, MHPSS and protection for migrants at risk of exploitation.

The Lebanese Red Cross (LRC) coordinated a multi-sectoral needs assessment, surveying 6000 households, and the humanitarian community continues to deliver emergency assistance to those most in need. More than 180 000 people are being reached with critical, life-saving humanitarian assistance, including health, food assistance, and protection support. Health and protection partners continue to work closely with national health authorities to enhance trauma care; coordinate assessments and response; mitigate the impact of COVID-19; address psycho-social needs; and facilitate the rapid restoration of damaged health facilities. COVID-19 cases have almost doubled in the two and a half weeks since the explosions. Health partners highlight that the American University of Beirut Medical Center and Rafic Hariri University hospitals are stretched to capacity to provide medical services for new patients.

As of 19 August, World Food Programme (WFP) distributed 729 family food parcels, reaching 3645 beneficiaries. 200 parcels were distributed to partners to support kitchens, providing up to 3000 meals per day in the Quarantina, Bourj Hammoud, Gemmayzeh, Geitawi, and Khandaa El Ghamee neighbourhoods of Beirut. The first WFP shipment of 12 500 metric tons of wheat flour arrived at the Beirut Port on 18 August and will begin discharge on 21 August. The shipment aims to stabilize the price of bread across Lebanon, as well as ensure the continuity of national bread supply.

The International Network for Aid, Relief, and Assistance (INARA) provided basic and advanced first aid; wound care management; dressing changes; and tetanus vaccination to 58 patients, bringing the total to 751 patients treated since the explosions. Humanitarian International also provided relief to injured persons in the form of physical rehabilitation care (32 patients), assistive devices to increase beneficiaries' functional independence (28 patients) and wound kits (10 patients). Caritas in turn provided 738 medications to 200 patients; conducted 60 medical consultations; covered the cost of 10 patients' diagnostic exams; conducted home visits for wound care and injury treatment. ANERA received a shipment of medical supplies and consumer hygiene products donated by Johnson and Johnson, and Première Urgence - Aide Médicale Internationale received a donation of six kits of acute and chronic medications. INARA distributed 7800 liters of drinking water, 550 face masks, 900 gloves, and 300 hand-gel sanitizers.

The Order of Malta medical mobile unit (MMU) team treated 1621 patients since the explosions, and the Amel MMU stationed in Quarantina provided medical consultations and medications for 166 persons, and wound care for 25 injured persons over the last days. Since the start of the response, the MMU provided 628 consultations with medication, and 235 wound care sessions for injured people. Cases in need for specialized services were referred to Karagheusian primary health care center in Bourj Hammoud. Makhzoumi also provided health services and wound management through an MMU. The organization also supported breastfeeding mothers and provided infant and young child feeding (IYCF) counseling at the UNICEF tent in Geitawi and through phone calls. Since the start of the response, Makhzoumi has offered medical support (e.g. wound cleaning and consultations) to around 250 individuals; 50 of whom were provided with acute medications. Also, 80 affected individuals were attended to with primary health care, and 139 lactating women were supported through IYCF counseling. The Order of Malta established a hotline for mental health

support and the Chabrouh Center provided affected families mental health support; children activities; and full board accommodation, as well as polymerase chain reaction (PCR) testing for COVID-19. International Orthodox Christian Charities (IOCC) provided IYCF counseling and awareness to 64 pregnant and lactating women and caregivers of children under 5 at the UNICEF tent in Quarantina. IOCC teams are also conducting awareness raising on the importance of breastfeeding and preventive measures for COVID-19. Since the start of the response, IOCC has reached 257 caregivers.

UNFPA's implementing partners provided sexual reproductive health consultations for 15 women and girls, in addition to distributing 1335 dignity kits to women and girls. UNFPA completed a Minimum Initial Service Package Facility Rapid Assessment was completed for four field hospitals; an assessment to 56 primary health care centers is ongoing to identify needs and capacity.

UNHCR is mobilizing, together with other humanitarian partners to respond to the immediate needs to the most affected and most vulnerable households and individuals, including Lebanese, refugees and migrant workers. Efforts are focused on shelter assistance and protection interventions which have been included in the recently launched InterAgency Humanitarian Appeal for Lebanon, with financial requirements of US\$ 565 million, <https://reliefweb.int/sites/reliefweb.int/files/resources/Lebanon%20Flash%20Appeal%20FINAL%202014%20Aug%202020.pdf> of which US\$ 35 million are UNHCR's requirements.

UNICEF provided maintenance of the generator at Rafic Hariri University Hospital to ensure safe storage of vaccines and other critical health supplies and machines; the Swiss Humanitarian Aid supported the partial rehabilitation of St. George and Quarantina hospitals. UNICEF and partners distributed a total of 1600 hygiene kits and 350 baby kits to the most in-need families in Bachoura foncière (distribution by the LRC), Rmeil (distribution by Concern and Medair), and Quarantina (distribution by Agence d'Aide à la Coopération Technique Et au Développement).

WHO distributed 25 tonnes of personal protective equipment (PPE) to 25 hospitals receiving trauma cases in Beirut and COVID-19 cases inside and outside Beirut. WHO also received in kind donation of PPEs from DfID and Irish Aid for distribution to NGOs and health facilities. WHO and The National Mental Health Programme (NMHP) developed awareness material. WHO completed a damage assessment of five hospitals, while an additional four hospitals are currently being assessed. The NMHP launched a call for mental health professionals to volunteer at the national directory of mental health professionals as part of comprehensive mental health and psychosocial support services in response to the explosions (applications via English / Arabic). Awareness raising. Psychological First Aid (PFA) continues with Dorcas/Tabitha having provided PFA to 851 households (380 female, 431 male) and Humanitarian International to 244 individuals. Médecins du Monde also provided PFA, as well as other health services (MPSS, home visit, outreach, awareness session) to 45 persons in Quarantina, reaching 152 persons since the explosions. Caritas offered mental health consultations for 15 persons.

The Water Establishment of Beirut and Mount Lebanon, with technical support from the water, sanitation and hygiene (WASH) sector, is assessing potential damages to the water network, starting downstream of the Sassine reservoir. While preliminary findings indicate no visible damage, the structural part of the network may have been damaged by the underground shakes caused by the explosions. Of the 2761 buildings assessed in the affected areas, 2577 were deemed accessible, and 124 were deemed safe, but with no water points. The immediate response by LebRelief, Development for People and Nature and Gruppo di Volontariato Civile ensured that the plumbing systems in at least 26 buildings were repaired, and 109 water tanks were distributed to the same number of households in 34 buildings in Gemmayzeh and Mar Mikhael. Lastly, ten water tanks were installed at Quarantina hospital and connected to the network to secure water services for the hospital.

Libya

IOM's MHPSS Team provided awareness raising sessions on COVID-19 and ways to cope with associated stress to 17 male migrants from Niger and Sudan. IOM's Medical Team, in coordination with the National Centre for Disease Control (NCDC), conducted three batches of two-days training sessions for health workers on COVID-19 case management and infection prevention and control (IPC). The sessions were supported by the UK Department for International Development (DFID) and reached a total of 56 health workers. IOM's WASH Team also performed a thorough fumigation, disinfection, and cleaning intervention at three disembarkation points and four detention centres, during which, NFIs and hygiene kits were distributed to 555 migrants within the detention centres.

IOM also medical consultations for 487 IDPs through its four primary health care centres, and supported these centres with medicine, medical consumables and IEC materials on COVID-19. IOM medical teams supported the NCDC staff at Misurata Airport by providing medical screenings to all passengers returning to Libya. A total of 62 travellers had their temperatures checked, and samples for COVID-19 PCR tests were collected. The medical team supported the migrants rescued at sea at different disembarkation points and screened 389 migrants for health issues, including COVID-19. During the screening, 57 migrants were provided with specific medical consultations.

Dozens of migrants die in shipwreck off Libya. At least 45 migrants and refugees, including five children, have died in the deadliest shipwreck off Libya this year. They were among more than 80 people on board a vessel whose engine exploded off the coast of Zwara, according to UNHCR. The deaths were reported by some 37 survivors rescued by local fishermen. UNHCR and IOM are calling for a review of the approaches to the situation by States and say there is an urgent need to strengthen the search and rescue capacity to respond to distress calls.

UNHCR and its partners conducted the first steering committee meeting for two Quick Impact Projects planned in the east to support the authorities respond to the COVID-19 pandemic. These will include provision of medical equipment to Benghazi Medical Centre and provision of in-kind assistance to the National Laboratory in Benghazi. During the last five months, UNHCR and partners have distributed 9000 hygiene kits to detainees in detention centres in Libya as part of the COVID-19 response and have continued distribution of NFIs and carried out over 180 protection monitoring visits since the start of 2020. Advocacy for the release of refugees and asylum-seekers from detention is ongoing, noting the additional risks to individuals posed by COVID-19.

Pakistan

In Balochistan, 48 tuberculosis and COVID 19 preventive measures awareness sessions were conducted in 3 targeted refugee villages of Zar Karez (Loralai District) and Posti, Chaghi (Chaghi District), reaching 181 participants. All the privately and community run health facilities in the refugee villages of Surkhab and New Saranan (Pishin District), Chaghi and Posti (Chagi District) and Mohammad Khail (Quetta District) remained functional during the month of July 2020 and refugees continue to avail health services from nearby public health facilities and hospitals located in cities.

In Khyber Pakhtunkhwa, UNHCR Sub-Office in Peshawar provided 7019 kilograms of multipurpose soap, 31 800 pieces Lux Soap and 2376 (500ml) toilet disinfectant to UNHCR partners to protect their staff while working in refugee communities. UNHCR through partners continues to provide critical mobile maternal and child health services to refugees free of charge to offset the economic impact COVID 19 on refugees. In addition, UNHCR is working with other UN Agencies in a joint program to engage young people in the COVID response. Several refugee youth are participating with Pakistani youth in training sessions that are aimed at fostering a better understanding of infection prevention and their responsibility within the wider

community. It is expected that youth will be fully engaged as educators and agents of change in their communities, thereby assisting with psychosocial support for the people who might have lost their confidence due to change on their livelihood/ economic support structures because of COVID-19.

During July 2020, nearly 1316 health education sessions were conducted by male and female community health workers with some 7448 participants. The topics addressed in sessions included prevention and awareness of COVID-19, malaria, diarrheal diseases, acute respiratory infections and dengue. Referral to district health hospitals were also discussed. Additionally, as part of community engagement, approximately 1328 meetings were conducted with village health committees, religious leaders and shuras., with some 5412 refugees participating in these meetings. Pesh Imams (prayer leaders) continued to play a key role in the prevention of COVID-19 at their mosques. A certain level of fear has been noted among refugees and host communities regarding medical care in government hospitals. As a result, those who may have been infected with COVID-19 face stigma and often delay before seeking health care. Partners has mainly focused on providing health education both at health facilities and community levels through IEC materials from the department of health.

Partners continue with the policy of “No Mask, No Entry” at health facilities, and a triage system has been established and functional in all health facilities.

Somalia

In Somalia, between 9 and 15 August 2020, a total of 3195 movements were observed across 7 Flow Monitoring Points, of which 66% were incoming flows and 34% were outgoing flows. Up to 19 August 2020, 41% of migrants reported not being aware of COVID-19, as such, IOM conducted awareness raising sessions.

Sudan

IOM conducted a technical assessment of the arrival and departure terminals and the isolation unit at Khartoum International Airport (KIA). IOM is supporting the KIA isolation unit renovation to provide a minimum of eight hand washing stations, hand sanitizer dispensers, electrical works for the air conditioner system and existing electrical supply and air purification measures. IOM also concluded a five-day needs assessment, in coordination with the Federal Ministry of Health and WHO, at the Port Sudan Airport and Port Sawakin in Red Sea State. Both locations received Personal Protective Equipment (PPE) items and training sessions, while it was noted that both locations were also in need of WASH facilities, disinfection gates, and air conditioners. IOM also conducted a joint needs assessment mission in Red Sea State.

Syria

UNHCR has supported 30 collective shelters with renovation and rehabilitation and 200 emergency shelters have been distributed for the COVID-19 response. To help communities socially distance, more than 900 shelter kits have been distributed since the start of the COVID-19 crisis.

The United Nations Office for the Coordination of Humanitarian Affairs has reported that as of 16 August, there have been no confirmed case of COVID-19 among Al Hol residents, however, there have been five confirmed cases among health staff working at the camp (as well as in other facilities outside the camp). As of 21 August 2020, 24 suspected cases were identified in the camp. Contact tracing was conducted with at least 24 close contacts being identified; at least two of these were subsequently determined as suspect cases and tested negative. As of 16 August 2020, all had reportedly been tested and tested negative. On 19 August 2020, two further health staff working in Areesha camp tested positive for COVID-19. As a precaution, Areesha camp has been locked down for three days to allow contact tracing and screening to be completed. Despite the negative test results, there remain significant concerns around the situation in Al Hol camp in relation to COVID19 preparedness and readiness. Key challenges have been identified as

mainly due to the security situation in the camp, the related lack of community acceptance and the readiness of the isolation space itself.

Tunisia

IOM donated medical equipment to Mongi Slim Hospital in Tunis. This donation aims to ensure access to appropriate sexual and reproductive health services, that will enable beneficiaries to go through pregnancy and childbirth safely. This donation marks the end of the phase two of the regional project "Promoting the health and protection of vulnerable migrants transiting through Morocco, Tunisia, Egypt, Libya, Yemen and Sudan", funded by the Republic of Finland. During the second phase of this project, IOM provided medical and humanitarian assistance 3000 beneficiaries as well as providing technical support and materials to government and non-government partners in Tunisia.

Yemen

IOM, through its Displacement Tracking Matrix (DTM), recorded 1163 displacements, bringing the total number of households internally displaced in 2020 to 17 877. As of 19 August 2020, more than 10 000 people have moved due to fears of contracting COVID-19, as well as the impact of the outbreak on services and the worsening economic crisis. However, the number of people that cited COVID-19 fears as a reason for displacement reduced in July 2020 to 318 people compared to 3581 people in June 2020. IOM also shared 20 disease surveillance reports with the Ministry of Public Health and Population, feeding into community level COVID-19 surveillance and the electronic disease early warning system. IOM continued to lead an integrated response in Marib to address the needs of newly displaced households, while coordinating multisectorial partner support targeting more than 10 000 displaced families. In coordination with IOM's WASH teams, RCCE and IPC activities have been scaled up in IDPs hosting sites, and IOM is working with CCCM partners to map out available health and basic services to inform site level interventions. To identify persons at high risk, 16 376 IDP households were surveyed across 28 IOM-supported IDP hosting sites in Marib. IDPs (90 women) are being supported through trainings and assistance to weave 31 500 masks for IDPs, and IOM is launching community shielding activities that will include providing displaced families with 800 infection prevention and control (IPC) kits, starting with Marib. IOM is also conducting water trucking activities in 112 sites in Al Hudaydah and Taizz governorates, ensuring that 6540 people have daily access to clean and safe water.

IOM commenced activities to improve national level capacities to conduct COVID-19 testing. This aims to contribute towards addressing widespread testing and surveillance gaps. Using GeneXpert technology in Aden and Marib, IOM aims to provide testing kits and trainings for laboratory staff in Aden and establish a new laboratory in Marib, where there is currently no testing capacity. Trainings for laboratory staff on the safe use of GeneXpert systems for COVID-19 testing is ongoing in Aden. In the meantime, IOM deployed 500 tests to support frontline workers in Aden, with the procurement of 10 000 tests ongoing for Marib.

UNHCR has created a network of 280 refugee and IDP tailors country-wide to produce reusable face masks to guard against COVID-19 transmission. The provision of raw materials, training and production of samples began last month, with the aim of producing 80 000 masks as the first batch, part of which will be purchased and distributed by UNHCR as part of hygiene kits by UNHCR, while the rest will be sold by the tailors themselves as income support. With the ongoing COVID-19 crisis, the reusable facemasks are in high demand within the refugee and asylum-seeking communities. To cover this need, UNHCR is supporting the production of 11 000 additional face masks and is recruiting more tailors to become part of the network.

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.

Contact

Dr Ali Ardalan (ardalana@who.int) and Dr Tonia Rifaey (rifaeyt@who.int)

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.