

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 #7120 May 2020

Situation Overview

As of 19 May 2020, there are an estimated 356 749 reported cases (7.5% of the global burden) in all countries of the Eastern Mediterranean Region (EMR)¹, with an estimated 101 149 deaths (3.2% of the global burden).

Burden of COVID-19 among Refugees and Migrants

- As of 8 May, UNHCR reported 4 COVID-19 cases in Iraq (1), Lebanon (2), and Yemen (1), no new cases since.
- As of 19 May 2020, there were 129 positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (6), Lebanon (7), West Bank (98), Gaza (18). There were 66 new cases from last week, in Jordan (2) and in West Bank (64).
- In week 20, Sudan reported 24 confirmed cases among displaced population including 4 in Gereida and Otash camps, and 20 in non-camp settings. In addition, there were 23 suspected cases also tested (6 in camps and 17 in non-camp settings).
- As of 15 May 2020, Saudi Arabia has reported that they have only found 5% prevalence of COVID-19 cases.

Regional Response Actions

Regional Taskforce on COVID-19 and Migration/Mobility²

The Taskforce aims to enhance coordination, response interventions and sharing of good practices and challenges among the UN and partners to support country-level operations. The first meeting of the Taskforce will be held on 21 May. In this meeting the terms of reference of the Taskforce and the draft workplan will be discussed among the co-conveners and members.

International Organization for Migration (IOM)

IOM continues to work closely with the World Health Organization (WHO) at both national and regional levels in the areas of info-sharing, joint programming, and developing guidance notes and tools, through regular coordination as well as through the Regional Risk Communication and Community Engagement (RCCE) Working Group. IOM continues to advocate for universal health coverage for displaced persons and migrants to be fully included in the national COVID-19 response regardless of their legal status, counter xenophobia and “infodemic” to discriminate and stigmatize displaced persons and migrants as well to continue advocate for continuation of humanitarian access to ensure critical assistance continue to be delivered to populations affected by crisis in the region.

UN Refugee Agency (UNHCR)

UN urges prioritization of mental health support in coronavirus response. The coronavirus pandemic is taking a huge toll on the mental health of refugees, displaced and stateless people, UNHCR warned, <https://www.unhcr.org/news/press/2020/5/5ebcf784/unhcr-urges-prioritization-mental-health-support>

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 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.

[coronavirus-response.html](#). Measures to curb the spread of the virus have impacted the availability of mental health support and care, which was already difficult for many refugees to access. UNHCR reported that some services are now being offered remotely through hotlines and online counselling sessions and echoed a UN-wide call for mental health services to form an essential part of government responses to the pandemic.

To date, UNHCR procured globally and delivered more than 6.4 million face masks, 850 000 gowns, 3600 oxygen concentrators, 640 ventilators, over 1650 housing units and 50 hospital tents to field operations. In addition, six tons of personal protection equipment (PPE) and medical supplies have been airlifted and US\$ 30 million in COVID-19 related cash assistance has been distributed in 65 countries.

The 9th virtual NGO consultations featured Ms. Kelly Clements, UNHCR's Deputy High Commissioner; Dr. Michael Ryan, WHO's Executive Director for Health Emergencies Programme and Dr. Ibrahima Socé Fall, WHO's Assistant Director-General for Emergency Programme. Dr. Ryan underscored that the risk of uncontrollable transmission in crowded refugee and internally displaced camps/settlements and urban densely populated areas is high, especially where people have no possibility of physical distancing and little access to hygiene. He stressed that there would be still a "window of opportunity" to considerably mitigate the impact and underlined that the virus risks deepening already existing vulnerabilities and as such may hit the weakest, including refugees, internally displaced people, and host communities the hardest. Ms. Clements emphasized that there should be a strong commitment to include them in national health interventions and thanked WHO for their commitment to jointly advocate for inclusion. Dr Ryan stressed that the inclusion of refugees and other vulnerable groups was necessary not only for their own well-being, but also to emphasize the reality that "no one is safe until everyone is safe". Ms. Kelly Clements highlighted the need of UN agencies and NGOs to take joint action to help contain and mitigate the impact of COVID19 on refugees and the internally displaced.

[United Nations Relief and Works Agency for Palestine Refugees in the Near East \(UNWRA\)](#)

UNWRA and the Lancet organized a side event during the virtual Seventy-third World Health Assembly, Palestinians and Palestine Refugees in the COVID-19 Pandemic, where a discussion about Palestinians refugees amid the COVID-19 pandemic took place. A panel of health experts explored ways to address the socioeconomic and political determinants of health, as well analyze as the negative affects on the well-being of Palestine refugees who live in extremely volatile and challenging environments, and ways to deliver lifesaving and essential health services to them, especially under the COVID-19 pandemic.

[World Health Organization \(WHO\)](#)

The Director General of WHO in his opening speech to the Seventy-Third World Health Assembly stated that WHO's strategy to respond to COVID-19 is through *a whole-of-government and whole-of-society response that engages and empowers people and communities to keep themselves and others safe; the commitment and capacity to find, isolate, test and care for every case, and trace and quarantine every contact; and special attention to vulnerable groups like people living in nursing homes, refugee camps, prisons and detention centres*, <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-world-health-assembly>.

WHO held a virtual inter-regional meeting for experience sharing on COVID-19 outbreak in expat dorms. In this meeting the experiences of Singapore, Saudi Arabia and Qatar were discussed.

WHO is working on a standardized mechanism for capturing case counts in humanitarian settings. The Epidemiological Pillar of WHO COVID-19 Response has asked the Health Cluster Coordinators to "Immediately report any suspicion of COVID-19 in the population(s), indicating the location, time, and nature of the event. Possible indications of COVID-19 outbreaks include a cluster of respiratory illness in

a family or in neighboring households, an unexplained cluster of deaths, a sudden increase in numbers of healthcare consultations, or anything else deemed suspicious. Do not wait for confirmation of COVID-19 to report.”

Country Response Actions

Afghanistan

UNHCR is ramping up emergency response for internally displaced persons (IDP), returnees, refugees and host communities, prioritizing provision of PPE and hygiene kits for government and partners, medical equipment, refugee housing unit and tents for hospitals and government institutions, expansion of water, sanitation and hygiene (WASH) facilities, awareness raising campaigns, and cash assistance.

UNHCR-led protection cluster is supporting the Government at border points with Iran and Pakistan to strengthen registration and monitoring, conduct health briefings, manage large crowds, and ensure proper physical distancing.

Bahrain

IOM has developed a protocol for establishing and managing temporary accommodation facilities to support the governments’ efforts to decongest labour camps/accommodations.

Egypt

The Inter-Agency Working Group chaired by UNHCR held its second virtual meeting on 11 May, where WHO briefed the participants on the current health situation and the latest developments related to COVID-19 and its impact in Egypt. UNHCR stressed the close collaboration with WHO to ensure equal access to refugees and asylum-seekers to medical care in the COVID-19 situation. Terres des Hommes/Psychosocial Services and Training announced the launch of an online platform to offer mental health advice and psychosocial support in six languages to refugees, asylum-seekers and migrants. The EU-IOM Joint Initiative continues to assist the most vulnerable migrant communities in the country.

Jordan

UNHCR partners have reported a significant rise in mental health and psychosocial consultations since March 2020.

Iraq

Two virtual trainings were conducted for 82 health workers at IOM primary health care facilities and mobile medical teams on COVID-19 including screening/isolation/triage, core elements for infection, prevention and control (IPC), and proper use of PPE. In addition, two orientation sessions on resumption essential health services during COVID-19 were organized in collaboration with Ministry of Health. The sessions focused on the implementation screening, triage, and isolation at primary health care centres. IOM continues to provide targeted messaging to migrants through the Migrant Resource and Response Centre (MRRC).

UNHCR and World Food Programme (WFP) are joining efforts to address essential needs of vulnerable people in Iraq and help them cope with the impact of COVID-19. WFP has worked with UNHCR and partners to identify an additional 35 000 Syrian refugees and 10 000 people displaced by conflict who will be included in WFP food assistance programmes. In addition, UNHCR has distributed over 26 500 dignity kits for women and girls of reproductive age living in refugee and IDP camps.

Al-Rayan Humanitarian Foundation conducted an awareness campaign in Salamiyah camp, Ninewah governorate, in coordination with the local government and camp management. The campaign included distribution of 900 brochures on basic prevention mechanisms against COVID-19 based on WHO

standards. Group discussions on personal protection were also conducted with the IDPs, while maintaining safe distancing.

Iran

UNHCR is providing essential equipment and medicines to the country's health system and has distributed hygiene and sanitation products to refugee-hosting areas and refugee settlements.

Kuwait

IOM is using feedback collected by a growing network of non-governmental organizations, Civil Society Organizations (CSOs), as well as country of origin embassies to identify migrant worker clusters in vulnerable situations and liaise with national partners to meet their immediate needs. Through the UN Communication Group, IOM and the International Labour Organization (ILO) produced several sensitization messages targeting employers and employees of domestic work. The messages were shared with UN Country Team (UNCT) members then rolled out on social media for public engagement.

Lebanon

UNHCR is supporting expansion plans which have been finalized and submitted for five public hospitals. Medical equipment for 800 additional hospital beds and 100 additional intensive care units is under procurement. Among the refugees consulted, 70% reported that they had to skip meals. The impact on refugee women is profound, with almost all who were working saying they had seen their income source disrupted. In addition, the loss of daily wages and livelihoods can result in psycho-social hardship.

Libya

IOM conducted several sterilization fumigation and cleaning campaigns as part of the initiatives to combat COVID-19 outbreak. IOM targeted locations included urban shelters, disembarkation points and detention centres in the country. IOM provides mental health and psychosocial support (MHPSS) focused on providing individual counselling services to migrants, psychological first aid, and awareness sessions on COVID-19 that includes MHPSS key messages on stress management to migrants from different nationalities as group MHPSS activities are currently on hold due to COVID-19 confinement measure. Also, 2500 people have been sensitized on COVID-19 related issues through phone calls, WhatsApp, and Facebook, in addition to the direct assistance given. Material has been developed and printed and shared with partners for further dissemination.

In support of the national health system, UNHCR provided 200 mattresses, 200 hygiene kits, two prefabricated containers and two generators to Misrata's Corona Crisis Committee, and ambulances to the local healthcare services. UNHCR in collaboration with OCHA, UNICEF, UNFPA, WFP, WHO and IOM, UNHCR issued a joint, <https://www.unhcr.org/news/latest/2020/5/5ebc1b954/conflict-covid-19-pandemic-present-significant-threat-life-libya.html> warning that the conflict and the COVID-19 pandemic present a significant threat to life in Libya.

Morocco

IOM has activated the UN Migration Thematic Group to coordinate its actions on the COVID-19 response. A mapping of UN contributions to COVID-19 direct needs of humanitarian assistance has been produced to analyse main needs and coordinate actions.

IOM works closely with its partners in disseminating the information developed by the Ministry of Health to migrant communities for handwashing and hygiene practices to prevent COVID-19. More than 1300 hygiene kits have been given to migrants in five regions across the country with higher numbers of migrants. In addition, IOM has reinforced its partnership with health associations to make sure they continue giving assistance to those migrants in need of essential health services or medicines.

Pakistan

UNHCR has provided 10 fully equipped ambulances and 28 large housing unit facilities to the provincial health departments and disaster management authorities in Balochistan, Khyber Pakhtunkhwa and Punjab Provinces.

Somalia

UNHCR distributed hygiene kits consisting of soap and sanitary products to 41 000 people and plans to distribute another 54 000. UNHCR provided PPE to 780 IDP leaders who will raise awareness on COVID-19 in IDP settlements. UNHCR will also provide hygiene kits and PPEs to seven hospitals in Berbera, Bosaso, Garoowe, Hargeisa and Mogadishu for staff providing health care services to 30 000 refugees and asylum-seekers.

Sudan

The MRRC is undertaking protection activities to mitigate the impact of COVID-19 on vulnerable migrants, such as the phone-based medical and psychosocial support counselling. In addition, MRRC was able to reach to 39 migrants with phone medical counselling and prescription support and receive medication. IOM together with UNHCR is leading the establishment of the COVID-19 IDP Camp Coordination Task Force. To ensure a harmonized and predictable approach to COVID-19, the Taskforce will use Camp Coordination and Camp Management (CCCM) principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in the camps and settlements.

WHO is supporting the Government's COVID-19 response by coordinating the implementation of the Humanitarian Country Team/UNCT COVID-19 country preparedness and response plan at all states hosting refugees. WHO has been closely following the developments as well as sharing the guidance on COVID-19 with all health sector partners working in White Nile, east Darfur and North Darfur. The humanitarian agencies, which includes the WHO, UNCHR, and other UN agencies, has been closely coordinating risk communication, sharing of key messages, community engagement and preparedness, IPC and case management.

No suspected or confirmed case on COVID-19 among South Sudanese refugees was reported during week but one case was suspected among refugees from other nationalities and two swab samples were collected. The results were negative.

Syria

IOM is providing additional water and soap bars to nearly 60 000 living in camps and informal settlements in North West Syria and is funding partners to conduct disinfection activities in camps. IOM also provided tents to support the establishment of 72 triage stations in coordination with health partners. Some 3 000 vulnerable people received hygiene kits, food baskets and hot meals through community-led initiatives, while another 40 ongoing community-led initiatives will benefit 20 000 people across Syria, and some 30 000 PPEs have been distributed.

Nearly 3000 outreach volunteers working for UNHCR have conducted COVID-19 awareness-raising campaigns reaching more than 97 000 people.

Tunisia

In Tunisia, IOM is collecting data daily through its Displacement Tracking Matrix Team in collaboration with its sub-offices and the mission's Migration Health and Immigration and Border Management focal points. Data collected includes public health measures applied such as healthcare workers, standard operating procedures, RCCE, IPC and surveillance and referral.

United Arab Emirates

The Government is now offering all COVID-19 testing for free and mandatory to return to work (IMST/17 May 2020).

Yemen

IOM has established an isolation and treatment center in Marib city and is also establishing one quarantine facility in Marib's largest IDP hosting site, Al Jufainah Camp. To ensure that displacement sites have access to adequate WASH services, IOM has trucked in water to support 4242 people in Taizz, 50 871 IDPs provided with improved access to safe water and is rehabilitating 18 water plants in Shabwah, Lahj, Taizz and Abyan governorates.

IOM has provided 28 051 people with access to health services through 32 IOM supported health facilities and nine mobile health teams operating across 12 different governorates. Of these, eight primary health care facilities in four governorates received a selection of additional PPE, medical supplies and COVID-19-related information, education and communication materials. IOM continues to provide health support in these facilities and has helped set up triage management spaces to facilitate COVID-19 emergency care.

UNHCR has gone door to door with refugees and IDPs across the country to raise awareness about COVID-19 and distributed translated informational leaflets.

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.