

Refugee Health and COVID-19 Response: How are Countries around the World dealing with Forcibly Displaced People in the Pandemic Time?

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Abstract

Objective: Analyze the current response against the COVID-19 concerned about forcibly displaced people around the world.

Methods: Two electronic databases (MEDLINE PubMed and Google Scholar) were searched from July 2020 to December 2019. MeSH (Medical Subject Heading) terms were considered, resulting in the search strategy: "Refugees OR Displaced Persons OR Asylum Seekers OR Internally Displaced Persons OR Political Asylum Seekers or Political Refugees and COVID-19 or 2019 Novel Coronavirus Disease OR COVID-19 Pandemic or SARS-CoV-2 Infection or COVID-19 Virus Disease or 2019 Novel Coronavirus Infection or 2019-nCoV infection or Coronavirus Disease 2019 or Coronavirus Disease-19 or 2019-nCoV Disease or COVID-19 Virus Infection".

Results: At the findings highlighted the overcrowded conditions of the majority of the refugee camps, the poor sanitary conditions, in scarce of clean running water and soap, the fragile health systems and the often poor access to medical assistance, medicines and health provisions. Moreover, the discrimination, xenophobia, and racism suffered for refugees in host countries and the common misinformation and lack of access to awareness and knowledge of quality.

Conclusion: It's clear that no one can be left behind in this unprecedented crisis, since COVID-19 will not spare anyone, especially the forcibly displaced people who have increased risk in front of the novel coronavirus and are already passing through too much. For such that, refugee situation must be one of the majors concern to only to the host countries, but to every country around the world. As demonstrated, some has been done, however the efforts must be increased in a collective effort for every person concerned about those who are suffering in the current humanity.

Keywords: Refugee; COVID-19; Treatment; Prevention; Refugee communities

Introduction

The novel coronavirus (COVID-19) outbreak has been declared, by World Health Organization (WHO), as a public health emergency of international concern since 30 January 2020 (WHO, 2020a), and as a pandemic since 11 May 2020. Until July 27 2020, there were more than 16.3 million confirmed cases of infection and more than 650 thousand deaths due to COVID-19 [1]. Among this situation, there are 71 million forcibly displaced persons around the world. Only at this point, refugees', asylum seekers' and internally forcibly displaced people's situations must be a moral and a political concern of the entire world [2]. Therefore, this group has increased risks on the COVID-19 pandemic, since risks factors as poor standards of hygiene, poor nutrition, overcrowded shelters, misinformation and lack of access to public health care are common issues faced by Internally Displaced People (IDP) and refugees.

COVID-19 is disproportionately affecting vulnerable populations, especially the refugees, who had already been through too many conflicts, starvation and crimes on their own countries plus traumatic situations on their journey of seeking for a new place worldwide. Thus, many forcibly displaced people already have serious illness and injuries due to chronic lack of medical assistance and poor sanitary [3]. Regarding all that, the strike back against this novel crisis must be effective in order to avoid more loss and suffer to the victims of many sorrow humanitarian tragedies.

It's important to emphasize, 80% of the refugees live in low-income and middle-income countries, where there is scarce budget to face pandemic preventively, thus weak health care systems and poor treatment capacity [4]. In addition, most of the refugees live in poor areas with weak water and sanitation systems, such as densely populated settlement camps or poor urban slums. At this line, it isn't unfair to think refugees may have to deal with even more difficulties to access health services under the coronavirus crisis.

Nevertheless, refugees and IDPs may be deeply economically affected by measures taken to mitigate the spread of novel coronavirus such as lockdown or stopping business operations, since many of them have daily dependence on income in order to feed themselves and their families [5]. In this point, considering that refugees are people who had to flee from their original countries due to persecution, a minimum income is essential to begin a properly autonomous life in the host country.

Moreover, the refugees' mental health is also a great concern. Refugee people carries traumatic experiences of conflicts in original country so anxiety and post-traumatic stress disorder in pandemic times may be a big issue, since it is natural to worry about passing through lack of medical treatment or food when they come from extreme situations, where health care was poor or nonexistent and food was scarce [6]. Also in this way, the forced detainment of quarantine and lockdown measures can be terrifying to those who came from places with liberty constraints.

Considering all those troubles in the means to provide accurate health care and subsistence conditions to refugees worldwide since in any public health emergency no one shall be left behind, the present article aims to analyze the current response against the COVID-19 concerned about forcibly displaced people around the world.

Literature Review

Two electronic databases (MEDLINE PubMed and Google Scholar) were searched from July 2020 to December 2019. MeSH (Medical Subject Heading) terms were considered, resulting in the search strategy: "Refugees OR Displaced Persons OR Asylum Seekers OR Internally Displaced Persons OR Political Asylum Seekers OR Political Refugees AND COVID-19 OR 2019 Novel Coronavirus Disease OR COVID-19 Pandemic OR SARS-CoV-2 Infection OR COVID-19 Virus Disease OR 2019 Novel Coronavirus Infection OR 2019-nCoV infection OR Coronavirus Disease 2019 OR Coronavirus Disease-19 or 2019-nCoV Disease OR COVID-19 Virus Infection". The preferred citations were original articles, but there were also considered international reports, editorials and news for the purpose of completeness. Papers in English, German, Spanish, Portuguese and Swedish were included. Citation tracking was completed for all identified studies included in the refined library, using Google Scholar.

Refuge policies: Current situation

The novel coronavirus pandemic has been always a threat to everyone, but some people suffer disproportionately. Refugees and asylum seekers have potentially increased risk of contracting infect-contagious illness, as the current major threat COVID-19, due to some typically characteristics, as scarce of basic sanitation with lack of clean running water and soap, gaps in the access of health care without adequate medical personnel presence or medicines available and overcrowded living arrangements as settlement camps [7-12]. That scenario makes impossible to apply right public health measures to mitigate the spread of the

novel coronavirus, such as social distancing, constantly hand washing and self-isolation. Logically, the main efforts must be applied on solving those disparities, which are threatening refugees' communities around the world, since the pandemic can disrupt the already precarious health systems in low-to-middle income countries, where the majority of the refugees are, leaving them with no medical assistance.

At this point, many cases have already been reported in refugee camps in Algeria, Bangladesh, Kenya, Lebanon and others countries with severe shortages of health care infrastructure and resources (TNI, 2020). In addition, the densely populated refugee camps, with shelters often shared by multiple families at the same time, may facilitate the spread of the virus among persons there because of the impossibility of implementing measures to prevent the contagious [13]. Nonetheless, many refugees face misinformation about the virus and prevention measures, mostly due to the boundaries in the difference between the native language and the language of the host country, worsened by the lack of regular access to internet and media channels (TNI, 2020), which can lead to improper behaviors, disturbing the effective policies.

All those social inequalities indubitably put the refugees in a huge danger. According to, in Sweden, refugees, especially those born in Somalia, Iraq and Syria, had a clearly increased excess mortality rate if compared to people born in Sweden, European Union and North America during COVID-19 pandemic. Also there were higher levels of COVID-19 cases among Somalis in Finland and Norway and in France the refugees face inadequate state provision and police violence. That's why UNHCR appealed US \$255 million (UNHCR, 2020b), and after more US\$490 million, totaling US\$745 million to the Global Humanitarian Response Plan.

Regarding the terrifying situation that forcibly displaced people are passing through, their safety should be the one of the major concerns, for some countries it is not a priority thought. In US, the many displaced people used to work on high-risk occupations, where the fear of losing their jobs is a constant constraint, since the undocumented asylum seekers, many who came from poor countries such as Haiti or South Sudan, have been excluded from mainstream national insurance, aid and relief programs. Moreover, a great threat are the US detentions centers, which pose significant risks to asylum seekers incarcerated, giving the crowded conditions and inadequate sanitation and health care provision [14-20]. Also shelters face the same, only in Chicago, in a shelter where the Office of Refugee Resettlement (ORR) places unaccompanied minors, at least 42 children have tested positive for COVID-19. Although there are already many cases confirmed in detention facilities, some measures has been taken, with the releasing of a few detainees in high risk for severe disease, but no significant progress has been made.

The United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration have suspended temporarily the resettlement travels in order to mitigate the COVID-19 spread but they appealed for guaranties to refugees in critical situations. Despite that, in March 2020 the US president,

Donald Trump, decided to order the immediately turn back of asylum seekers with no legal affords, including the suspension of court hearings to asylum seekers. Border closures against displaced people have been also seeing in other countries around the world. How ports are closed in Italy and Malta, the refugees boats that arrive in Mediterranean coast are not being rescued or are even pushed back to Libya. In the same way, Malaysia turned back boats with Rohingya refugees, fleeing from Myanmar and there were violent pushbacks on Croatia borders.

Therefore, Rohingya refugees' situation is worrying in the world biggest refugee camp, Kutupalong-Balukhali Expansion Site in Cox's Bazar, Bangladesh, which is home to approximately 600 thousands refugees, totalizing more than one million refugees if counting the other camps in Cox's Bazar [21]. Rohingyas faced persecution and many human rights restrictions by Myanmar government that forced them to flee, seeking for refuge in near countries, especially Bangladesh, which has been well receiving them.

Although, Bangladesh is a densely populated country that doesn't have a high income, what may be hard in the midst of COVID-19 pandemic emergency, since there are only 2000 ventilators to all Bangladeshis, it brings up concerns about the safety of Rohingya people, who are already living in unsanitary and overcrowded conditions, in this unprecedented crisis. The absence of medical personnel in the camps is a great concern and, also, due to lack of internet and telecommunication services in camps, Rohingya refugees have almost no knowledge about the novel coronavirus disease and its prevention.

The malnutrition, chronic diseases common among the Rohingyas and the poor overall health status put them in a high risk of severe outcomes, also is considering there is limited health workers and few ICUs in the camps. As the few beds available in the hospitals are overwhelmed, the mortality of others common diseases, as malaria, may increase. Besides that, the refugees have believed in inaccurate rumors that the health care workers would kill those infected by the novel coronavirus, as result, some are being reluctant on looking for medical assistance. For all that, it is likely that the mortality rate in this camp setting will be scaring high and extremely difficult to mitigate.

Although physical distancing is almost impossible in the overcrowded conditions of the camps, and it's hard to maintain basic hygiene with scarce running water in Cox's Bazar, there are good practices carried out by the Bangladeshi government, NGO's, the UNHCR and others international agencies in order to minimize the COVID-19 effects [22-26].

To combat misinformation, vital information has been shared in the different languages spoken in the camp, advices about practices in hygiene and hand washing, symptoms and when is time to seek for medical assistance or to self-isolate. Proper hand-washing stations were also installed in the shelters and some isolation centers with medical assistance were prepared. Moreover, aid workers have been trained and community leaders, such as religious leaders, received training programs to raise awareness about the disease.

Another hugely overcrowded refugee settlement is the Moria camp, in Lesbos, Greece, where a camp designed to receive three thousand persons is currently hosting 20 thousand and its residents also suffer of many illnesses and lack of access to sanitation, clean water, food and medicines. In the past, the poor sanitary conditions of the refugee camps in Mediterranean have increased the risks of some infectious outbreaks, as measles and varicella, but that situation has not been a concern in the first and main plans of European governments. Other islands in the Greek coast also host refugees, mainly from Middle East, but all camps face the same settings of Moria. In total, 60 thousand refugee and asylum seekers reside in Greece [27-30]. The situation is so serious that made Medicines Sans Frontiers (MSF) call out the Greek government in a hope to evacuate from camps the older people and those with chronic diseases, but the actions took too long.

According to MSF, on Moria camp there was only one tap to every 1300 persons, and no soap. In response, MSF is prioritizing additional water and sanitation facilities in the Greek camps and have planned to evacuate 2,400 high-risk refugees. Also the UNHCR has moved more 1,000 high-risk refugees to safe places and supported the Greek government in enhancing the medical infrastructure in the camps. Moreover, the European Union, in April, pledge €350 million, i.e. US\$375 million, to support refugee and asylum seekers, including those in Greece, yet those provisions, even with the Greek government effort, don't seem enough to meet the needs of the residents in the camps.

Furthermore, forcibly displaced people have faced discrimination, xenophobia and racism in the midst of COVID-19 crisis. Lacking any evidence, Greek government has stigmatized the refugees and migrants as if they were the ones who brought SARS-CoV-2 to the country, increasingly public hostility against them. Similar situation is seen worldwide, with authorities accusing refugees of spreading the disease, mainly in Brazil, US, Hungary, Italy, Iran and Israel the crisis is still being used to stroke xenophobic sentiments. In Italy, the senator Matteo Salvini blamed the Africans asylum seekers for spreading the novel coronavirus and Viktor Orban, Hungary's prime minister, accused the Iranian migrants for the escalation of the virus.

Venezuelan refugees, mostly hosted in Colombia, Ecuador, Peru and Brazil, also face discrimination in their host countries in South America, especially in Brazil. Despite the welcoming migratory policies of Colombian government, the COVID-19 crisis imposes a major threat to the refugees, since the health assistance remains poor in North Santander, area with the largest number of them, and the situation imposed closure of the business, decreasing the economic income.

The economic devastation in Venezuela made their citizens to seek refuge in neighboring countries, where they use to work in informal labour market, now stopped because of the pandemic crisis, and most of them are excluded from relief programs, which take back the situation of financially struggling. More than 4.5 million have fled Venezuela until 2020 beginning, 2 million only to Colombia and Brazil. Despite the financial neglect, Colombian government includes the Venezuelan refugees in the health response against COVID-19, with guaranties of access to

medical assistance, but Colombia needs international help since it is impossible to a developing country provide all the needs to so many refugees. Some international NGO's and philanthropic organizations are operating primary care in Cucuta, the largest city of North Santander, in order to improve the substandard living conditions for the Venezuelan refugees [31-35]. Besides that, UNHCR has installed handwashing points and helped in the adaption of the refugee shelters to incorporate some hygiene measures in Colombia and has distributed some hygiene kits and food to refugees in Brazil, and providing sanitary information to refugees in both, also Ecuador has been assisted. It is not being enough thought, since the financial policies remain unchanged, with political uncertainly, gaps in the health care, and no economic assistance, which is particularly worrying amongst the Venezuelan indigenous Warao, who are facing serious neglects in Boa Vista, Brazil. Without insurance and financial support, many of refugees are unfortunately being forced to return to Venezuela, that abrupt back movement may complicate the COVID-19 outbreak in Venezuela that is already dealing with a deteriorated health infrastructure.

By the same way, back movements are also seen in Afghan refugees. The civil war in Afghanistan forced many Afghans to flee for their lives to other countries, especially the neighboring countries Iran and Pakistan who have been historically welcoming the them, but those countries already face many problems and, in the midst of the COVID-19, they are not prepared to hold all the refugee needs. In the reason of the fear of the novel coronavirus, the scarce employment opportunities and high cost of living in the host countries, the threat of detention and forced quarantine, the discrimination by local communities and neglects to access to health facilities is leading the many of the Afghans on a journey back to Afghanistan.

On the other side, in the mid of April, Portugal have temporally granted residence rights to all asylum seekers, permitting access to health care and other services [36-41]. However, the situation is harder in low-income countries, such as Uganda that hosts one of the largest refugee populations of the world, most of them coming to flee from South Sudan humanitarian crisis, due to open borders and welcoming policies, hosting more than 1.3 million refugees. In Uganda, as in Kenya and other countries of the Eastern Africa, there is large population in extreme poverty needing to humanitarian assistance and fragile health systems unprepared to the COVID-19 crisis. On those settings, any situation is unsustainable and, because of that, the Uganda government has suspended receiving new refugees for 30 day, in the end of March, and another measures to reduce the spread of the novel coronavirus, as restrictions on movement. UNHCR is offering mobile learning in Uganda and other countries of Africa and is helping on strengthening the communication with the refugees, that in Uganda come from many countries, speaking many different languages and victims of many different humanitarian tragedies.

Another humanitarian tragedy is the Syrian civil war that broke out in 2011 and has been producing incalculable impact in Syrians citizens, it have already forced more than 4 million Syrians to flee for refuge in another country, most of them in Turkey, Lebanon and Jordan, and another several million that are

internally displaced [42]. As others, the most of Syrians refugees also suffer in overcrowded camps, which social distancing is almost impossible, lack of adequate medical assistance and sanitary facilities, such as clean running water and, due to have been witnessed catastrophic events, they may be immunosuppressed, what makes them a high danger target to SARS-COVID-2. Syrian refugees that kept in Middle East, typically access primary health care in clinics supported by international humanitarian organizations, but the pandemic imposed the temporary closure of them in Jordan, and it leads to a serious concern that, among the COVID-19 crisis, others diseases could strike harder.

Lebanon alone hosts more than 1.5 million Syrian refugees but the country was already facing a economic crisis before the midst of the COVID-19, and with the pandemic crisis, things tend to worsen. UNHCR and another international ONG's are attempting to provide support and awareness to the refugees, but, in reality, a large significant funding is still required in order to face the main needs [43]. These organizations have carried out good practices in order to minimize the damages of the pandemic, installation of hand washing stations, sharing vital information and distribution of hygiene kits to the higher risk families, among other initiatives. However, a current fear is that, how Lebanon is facing severe economic crisis aggravated by the COVID-19, Syrians could be forced back to Syria, as Afghans and Venezuelans.

In Turkey, more than 3.5 million Syrian refugees and another several of Afghans, Palestinians, Iraqis and others, the majority of them lives in urban areas, and only 2 percent of them in refugee camps, and compared to the neighboring countries, refugees in Turkey have more work and school enrolment and better access to health care [44]. In the midst of the COVID-19 crisis, Turkish government ensured free COVID-19 related health care to everyone, regardless any status, but there are barriers in the access of healthcare, such as language barriers and lack of knowledge about the novel coronavirus disease, besides the constraints imposed by Recep Erdogan, the Turkish president, and fear of being resettled back to the original country.

Furthermore, the war between Palestine and Israel is also one of the majors concerns. In the Palestinian occupied area, the political instability puts itself as a major threat in worsening humanitarian conditions during COVID-19 pandemic, considering that the Gaza Strip and the West Bank are separated, hampering the response of the already damaged health system and forbidding Palestine to provide essential care to 2 million refugees in its territory [45]. In the other side, in Israel, the system is better prepared to face the crisis than the countries in region, although non-citizens, including refugees, are not covered by the national health systems, which implies significant barriers in the access and provision of medical care. Due to severe restrictions of movement imposed by Israeli government to and from Palestinian territories, the refugees in Palestine suffer in overcrowded camps, with terrifying levels of poverty and unemployment, victims of a tragedy in their original country and another tragedy in the host land.

Unfortunately, there are even more forcibly displaced people communities around the world facing the most various problems

in the midst of COVID-19 pandemic. Such as the internally displaced people in Somalia, 2.6 million persons in lack of everything, since food to medicine, sanitation facilities, COVID-19 tests, medical assistance and ventilation sites, unable to any response against the novel coronavirus spread due their extreme poverty. Moreover, there are internally displaced people in Nigeria, facing the same lacks too, and depending on Nigerian government, that is trying seriously and hard to mitigate the damages of the pandemic, especially in the Northeastern Nigeria, already passing through too much since the jihadist group Boko Haram insurgency [46]. Similarly, Mexican government is also putting efforts to include, in the national response, refugees, most of them fleeing from starvation on Haiti living in densely populated settings which have already been confirmed cases of COVID-19, among many other countries dealing with many refugee crises. Considering all those humanitarian tragedies around the world and many others not mentioned, it is important to emphasize the role played by UNCHR and many others international ONG's, which are present, trying to support the refugees in their basic needs and the governments in the right response to the COVID-19 crisis.

Conclusion

In regards to all the settings presented, it is likely that mortality rates during COVID-19 pandemic will be significant higher to refugees and other forcibly displaced populations around the world. The findings highlighted the overcrowded conditions of the majority of the refugee camps, the poor sanitary conditions, in scarce of clean running water and soap, the fragile health systems and the often poor access to medical assistance, medicines and health provisions. Moreover, the discrimination, xenophobia, and racism suffered for refugees in host countries and the common misinformation and lack of access to awareness and knowledge of quality.

Overall, it's clear that no one can be left behind in this unprecedented crisis, since COVID-19 will not spare anyone, especially the forcibly displaced people who have increased risk in front of the novel coronavirus and are already passing through too much. For such that, refugee situation must be one of the majors concern to only to the host countries, but to every country around the world. As demonstrated, some has been done, however the efforts must be increased in a collective effort for every person concerned about those who are suffering in the current humanity.

Highlights

- COVID-19 is disproportionately affecting vulnerable populations, especially the refugees.
- Who had already been through too many conflicts, starvation and crimes on their own countries?
- Most of the refugees live in poor areas with weak water and sanitation systems, such as densely populated settlement camps or poor urban slums.
- The refugees' mental health is also a great concern. Refugee people carry traumatic experiences of conflicts in original

country so anxiety and post-traumatic stress disorder in pandemic times may be a big issue.

- The forced detainment of quarantine and lockdown measures can be terrifying to those who came from places with liberty constraints.

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Conflicts of Interest

All the authors have declared that they have no conflict of interest.

Ethical Approval

This article does not contain any studies with human participants performed by any of the authors.

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