The Impact of COVID-19 on Forced Displacement: addressing the challenges and harnessing the opportunities of a crisis

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Abstract:

This paper looks at the impacts of COVID-19 on forced displacement. It reviews the recent literature and offers inputs based on a series of interviews with key informants in order to identify and critically appraise the available evidence on the effects and possible implications of the pandemic for forcibly displaced populations. Specifically, the review focuses on the impacts and implications of COVID-19 on: i) access to territory and asylum, ii) mobility and free movement, iii) economic impacts, iv) political stability, state fragility and conflict, v) access to shelter, health, education and services, and vi) stigma and xenophobia. Based on the review, the paper identifies areas where knowledge needs to be brought to bear so as to inform efforts to mitigate risk and improve assistance for the forcibly displaced. The paper concludes with a series of tentative recommendations for different stakeholders (humanitarian actors, national and local authorities, refugees and other forcibly displaced populations, civil society, private sector, media) engaging in the response to COVID-19 in the context of forced displacement.
Introduction

A once-in-a-lifetime pandemic has upturned all of our lives, with no clear endpoint in sight. The current global total for infections is over 15 million, with the absolute highest number of infections in the US.¹ With economic impacts anticipated to be far worse than that of the 2008 financial crisis, many countries, regardless of their economic prowess, are struggling to contain the spread of the virus and recover economically without endangering the health of their populace.²

Far from being the ‘great equalizer,’ the pandemic has brought to light the pervasive and persistent structural inequities witnessed across the world. Within countries, COVID-19 is having a disproportionate impact on low-income households and ethnic minorities. But these inequities have been ever-present in the transient lives of the forcibly displaced. The arrival of pandemic also coincides with the worst forced displacement crisis since World War II. For the world’s 80 million forcibly displaced, the pandemic has further complicated an already precarious state. The health and socio-economic consequences can affect the forcibly displaced disproportionately, deepening existing vulnerabilities and bearing serious implications for their protection.³ Those fleeing as a result of persecution, conflict, generalized violence or human rights violations have even less of a chance of being granted asylum as nations close borders and halt asylum procedures.⁴

Across and within countries, the free movement of people has been restricted as nations fear the imported spread of the virus from affected areas. Shuttering of economies around the world eliminates vital economic opportunities, heightening the economic precarity of the informal sector, which constitutes more than 60 percent of the world’s employed population and wherein the majority of FDPs operate.⁵ As a result of the lockdowns, the daily cycle of wage earning in predominantly informal employment stopped. The interruption of inter-city and inter-province transport also lead to food shortages.

Within countries, the lockdowns and the subsequent loss of precarious informal employment equally resulted in a new intense movement: a reverse migration from cities and informal neighborhoods – the traditional destinations for FDPs – to smaller towns and villages. The images of returning migrants on foot, packed in trains and buses, carrying few valuable belongings, sprayed with disinfectant upon arrival, emphasize the transitory condition of those forced to move. With no money, no way to pay rent to their slum landlords – themselves in desperate need of cash – no money to recharge their phones to contact their families back in their villages, internal migrants began an odyssey amidst the surging pandemic.

For areas in conflict, the prospects of the disease disrupting humanitarian aid flows, limiting peace operations and postponing or distracting conflict parties from nascent as well as ongoing efforts at conflict resolution becomes increasingly clear. So far, the pandemic has had little impact on halting conflict and the Security Council only recently approved resolution 2532 (2020), which supports months-long calls for global ceasefires from the Secretary General. An analysis of political unrest and conflict from the Armed Conflict Location & Event Data Project (ACLED) found that there has been a slight decrease in political violence largely driven by countries with a typically high number of violent events, such as Syria and Afghanistan. However, this decline has been attributed to negotiations, ceasefires, and non-coronavirus-related shifts in the battlespace. At the same time, the ACLED analysis found an increase in mob violence and state targeting of civilians events. The few signs of governments trying to ease political tensions in the shadow of COVID-19 can be hopeful, as for example, the United Arab Emirates (UAE), Kuwait, and Qatar offering Iran humanitarian assistance. However, these efforts need to be analyzed in the broader context of detrimental involvement of these powers in conflicts in Yemen and Libya.

Further on, the World Health Organization (WHO) prescriptions for social distancing, frequent handwashing with soap, and the use of personal protective equipment (PPE) are difficult to implement in the living context of FDPs. Overcrowded settlements, lacking services and adequate housing have always provided fertile ground for disease transmission. Infant and child mortality in these underserved neighborhoods where FDPs reside far exceed urban averages, and

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9 Ibid

sometimes are higher than in rural areas, reversing the historical urban health advantage—where better health conditions occur. As such, adhering to these guidelines is almost impossible for FDPs living in overcrowded settlements and refugee camps, occupying inadequate shelter or without shelter at all, and experiencing limited or no access to necessary and vital services such as health, water, sanitation and handwashing facilities.11

The lock downs and social distancing have also decreased the number of allowed aid workers and subsequently, the availability of the services they provide for FDPs, an integral part of adjusting to life after repatriation or settlement in a host country. As human and financial resources are focused on the COVID-19 response, healthcare systems available to FDPs have also been weakened, endangering the population for when COVID-19 inevitably starts to spread. Lastly, the stigma of being unknown outsiders and the xenophobia it causes are on the uptick as people fear coming in contact with those outside of their community and being infected. Though all these challenges existed pre-pandemic, COVID-19 has complicated and amplified them.

The unfolding of the ongoing pandemic is far from being fully researched, particularly as to its impact on FDPs. Comprehensive analysis and appraisal of the impacts of COVID-19 will have to wait, but possible trends and ways forward can be discerned. As the novel coronavirus sweeps across the globe, reflecting on its disruptive impact and the coordinated actions that multiple stakeholders need to undertake in order to protect FDPs is both critical and urgent. Moreover, at this moment in time, it remains unclear when and where the virus will hit hardest, and how economic, social and political factors may converge to spark or aggravate crises. Nor is it guaranteed that the pandemic’s consequences will be entirely or uniformly negative. Indeed, the convergence of the pandemic and the ongoing forced displacement crisis equally represents an opportunity for international actors, governments and civil society to rethink approaches to aid for the forcibly displaced, strengthen crisis management systems and highlight the need for efficient and targeted assistance to FDPs. In some ways, the reality imposed by the pandemic manifests the necessary shift towards the localization of humanitarian aid, providing an opportunity to further reshape the current aid architecture. The pandemic echoes the recent calls of “The Grand Bargain,” the recent agreement between some of the largest donors and humanitarian organizations who have committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action by incorporating national and local organizations and promoting local leadership and local voices in coordination and decision-making.12

This paper looks at the short-, medium-, and long-term impacts of COVID-19 on forced displacement. It reviews the recent literature and offers inputs based on a series of interviews

12 The Grand Bargain, launched during the World Humanitarian Summit in Istanbul in May 2016. It is a unique agreement between some of the largest donors and humanitarian organizations who have committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action. For further information, see https://interagencystandingcommittee.org/grand-bargain
with key informants in order to identify and critically appraise the available evidence on the effects and possible implications of the pandemic for forcibly displaced populations. Specifically, Section 1 of the paper focuses on the impacts and implications of COVID-19 and identifies areas where knowledge needs to be brought to bear so as to inform efforts to mitigate risk and improve assistance for the forcibly displaced in relation to: i) access to territory and asylum, ii) mobility and free movement, iii) economic impacts, iv) political stability, state fragility and conflict, v) access to shelter, health, education and services, and vi) stigma and xenophobia. Based on the review, Section 2 discusses the role of stakeholders in multiple governance levels (international, national, local). Section 3 concludes with a series of tentative recommendations for different stakeholders (humanitarian actors, national and local authorities, refugees and other forcibly displaced populations, civil society, private sector, and the media) engaging in the response to COVID-19 in the context of forced displacement.

At the outset, it is important to recognize that the recent pandemic unfolds and impacts forcibly displaced populations in different ways. The conditions of forcibly displaced vary significantly according to particular living conditions, status, regional and local characteristics. Systematic information, particularly for refugees and internally displaced persons (IDPs) in relation to COVID-19, at this point is still lacking. Similarly, countries have adopted different monitoring and reporting mechanisms, and track and define measures of the impact of COVID-19 through a variety of methods, applied at different extents. Therefore, a systematic assessment of the effects of an ongoing pandemic for FDPs is fraught with complications. The paper recognizes these limitations and attempts to address them by synthesizing information from different geographic regions and providing snapshots of the different experiences and responses in particular locations.

Section 1: Key Impacts of COVID-19 on Forced Displacement

According to UNHCR, the number of FDPs both within countries and across borders as a result of persecution, conflict, or generalized violence has grown by over 50 percent in the last 10 years. Today, it is estimated that approximately 80 million people, 1 out of every 108 people in the world, are displaced. The coronavirus pandemic unfolds amidst the ongoing forced displacement crisis, requiring states to implement exceptional measures to curb the spread of the virus and to protect public health. The severe disruptions of travel arrangements for resettling refugees, and to prevent refugees’ exposure to the virus, has obliged the UN High

Commissioner for Refugees (UNHCR) and International Organization for Migration (IOM) to temporarily suspend refugee resettlement.¹⁵

Changes in Forced Displacement During the Last Decade (2009 – 2018)

1.1. Access to territory and asylum

In a statement issued on April 22nd, 2020, UNHCR announced that 161 governments all over the world had fully or partially closed their borders in an attempt to contain the spread of COVID-19.¹⁶ Out of those 161, 57 states made no exception for people seeking asylum and international protection. While these border closures were legitimate and necessary measures taken to control the spread of the virus, they nevertheless impacted heavily on asylum-seekers and refugees, as they directly hindered many FDPs from seeking protection and safety across


borders. However, while many governments have suspended entry for FDPs entirely, some governments have also made provisions to permit FDPs in need of protection. Given the different ways through which countries responded, we provide a brief analysis on access to territory and asylum in various regions.

Many governments in the African region halted registration of asylum procedures entirely. A protection note by UNHCR reported that while Benin, Guinea Bissau, and Nigeria put asylum procedures on hold, Burkina Faso, Cameroon, Gabon, Ghana Senegal, and Togo still processed critical asylum-seeking cases. As for access to territory, many African countries such as Burundi, Ethiopia, Rwanda, and Somalia closed their borders entirely in March, while Kenya closed its border in May. As a result of the closure of the Kenyan border, many asylum-seekers trying to cross the border of Kenya were arrested. A similar situation unfolded at the Ugandan border as the government closed its border and left thousands of FDPs unable to access Ugandan territory. However, as a result of NGOs and other local authorities urging the governments, the Ugandan government finally did reopen, providing a safe haven for thousands of DRC refugees. Joel Boutroue, UNHCR’s Representative in Uganda stated, “[it] proves that even in the midst of a global crisis like COVID-19, there are ways to manage border restrictions in a manner which respects international human rights and refugee protection standards.”

In the MENA region – which hosts the largest populations of refugees – UNHCR reports that 11.7 million IDPs in Iraq, Libya, Syria, and Yemen and 2.7 million refugees across the region are in need of humanitarian response. However, as for access to territory post-COVID-19, the more widespread issue in the region seems to concern refugees attempting to leave the MENA region through risky routes due to COVID-19 worsening their livelihoods. As a result of COVID-19, UNHCR reports that large host refugee countries, Libya being one of them, has experienced increased costs in housing and food meanwhile decreased job opportunities resulted in thousands of refugees attempting to leave their current locations. In Libya, thousands of refugees have attempted to leave through deadly routes across the Mediterranean Sea. The number of refugees and migrants traveling across the sea has increased from 1,126 to 3,078 compared to the same time last year.

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Asylum seekers in the Asia Pacific region faced issues as key hosts state Australia and New Zealand closed their borders. Malaysia and Thailand were among the countries in the region affected significantly by the closure of key hosts’ borders as refugees were enter these two countries to seek asylum or to reunify with family members due to the lockdowns. Afghan refugees, the second-largest refugee population in the world, are also among the most vulnerable refugee populations both prior to and post the pandemic in the Asia Pacific region. Due to widespread border closures, Refugee International reports that Afghan refugees now face even greater challenges in accessing secure living environments. Because of worsening living conditions as a result of COVID-19 (shortage of resources in camps among others), many Afghan refugees have attempted to leave Iran and Pakistan to return back to Afghanistan but without success, leaving many refugees “waiting in conditions that are ripe for an outbreak of COVID-19.”

As for the Americas, the US government is one of 57 countries to close its borders with no exceptions for asylum seekers in an attempt to slow down the spread of COVID-19. These new border rules implemented by the US administration on March 21 allowed officials to quickly remove people without standard immigration proceedings, resulting in approximately 7,000 people being deported to Mexico, of whom 377 were minors. 120 of the minors, who arrived at the U.S.-Mexico border without a parent or legal guardian, were sent to Guatemala, Honduras, and El Salvador. In South America, the closure of borders affected displaced Venezuelans significantly as key host countries (Peru and Ecuador among other states) shut their borders entirely with no exceptions for asylum seekers. In Colombia, which has reported the world’s highest number of internally displaced people pre-pandemic, and hosts the majority of Venezuela’s forcibly displaced, the government has made efforts to include Venezuelans in its pandemic response. It has established Venezuelans’ right to testing and treatment for the coronavirus and is working with humanitarian organizations to help keep vulnerable individuals

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afloat. However, even before COVID-19, the government lacked the capacity to address the full extent of displaced Venezuelans’ needs.27

Regarding the European continent, UNHCR reports that two-thirds of the European countries managed to restrict travelers while allowing access to territory and asylum for FDPs in need of it. Many European countries have managed to simplify asylum procedures by adjusting to written permits, electronic submission, and remote interviewing techniques.28 Nevertheless, the closing of the numerous immigration offices all over the European continent has resulted in a significant drop in processed asylum producers. Only 8,730 asylum applications were lodged in the month of April, a massive decline compared to the 65,692 applications lodged in January of 2020.29

As for the role of stakeholders in regard to access to territory and asylum, the engagement of humanitarian actors has been crucial in this unprecedented emergency. Numerous international and local humanitarian organizations have urged governments to reopen borders for FDPs seeking protection across borders. Amnesty International is one such organization claiming that these abrupt border closures directly violate international refugee law by preventing forcibly displaced populations in need of international assistance from seeking protection internationally.30 And yet while many national authorities have hindered the

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27 Ibid
movement for FDPs as they have authorized extensive border closures, many national and local authorities have also managed to provide some solutions to the issue. Some immigration offices have removed application fines and extended application deadlines. One of them is Ecuador, which extended the deadline for Venezuelan migrants to apply for humanitarian visas.\footnote{IOM. 2020. "COVID-19 IDENTIFICATION AND MONITORING OF EMERGING IMMIGRATION, CONSULAR AND VISA NEEDS". COVID-19 Response. IOM. \url{https://www.iom.int/sites/g/files/tmzbdl486/files/documents/issue_brief_ibm_042020.pdf}.} Europe, as another example, adapted an online asylum application format so that asylum applications can be conducted remotely. Some of the guidelines the EU commission published on this new flexible online format include video interviews, fine removals, and flexible deadlines.\footnote{"COVID-19: Guidance on The Implementation of Relevant EU Provisions In The Area Of Asylum And Return Procedures And On Resettlement". 2020. Eur-Lex.Europa.Eu. \url{https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020XC0417(07)}.} Other immigration offices such as Kenya’s have created a contact center to help provide information regarding asylum procedures during COVID-19. This center has been crucial, as lack of information regarding asylum procedures during the pandemic has been a vital issue in the region.\footnote{"East Africa: People Seeking Safety Are Trapped At Borders Due To COVID-19 Measures". 2020. Amnesty International. \url{https://www.amnesty.org/en/latest/news/2020/06/east-africa-people-seeking-safety-are-trapped-at-borders-due-to-covid-19-measures/}.}

### 1.2 Mobility and free movement

As a result of the pandemic, many forcibly displaced people find themselves in very precarious situations as many are unable to access solutions internationally due to travel restrictions and border closures. Additionally, the COVID-19 emergency is jeopardizing job opportunities for FDPs (in particular those in the informal economy) as labor mobility for people on the move has worsened significantly. This section of the paper gives a brief analysis of the various aspects of movement and mobility in regard to COVID-19.

In the policy brief “COVID-19 and People on the Move” issued by UNHCR, it concluded that border closures have directly exposed FDPs to increased risks of immigration detention, family separation, as well as forcing FDPs to take risky travel routes to reach safer destinations. The brief also suggests that some governments have used this public health crisis to justify strict immigration enforcement measures that directly impact the safety and mobility of asylum seekers and refugees seeking protection internationally. Some of these measures include unmotivated detentions of undocumented refugees and raids towards FDPs in general. Additionally, these movement restrictions have also resulted in delayed family reunification as those procedures have been put on hold, or family members being split across different borders that have been closed. Furthermore, stranded FDPs desperate to make it to their next destination face a greater risk of exposure to human trafficking. UNHCR states that many stranded FDPs often seek services of human smugglers and criminal networks, which exposes them to human
trafficking, and the COVID-19 emergency has put FDPs in an even greater danger as their movement and mobility options are now highly restricted.34

A recent survey by the Mixed Migration Centre (MMC) conducted across households in three West African countries (Burkina Faso, Mali, and Niger) provides an indication of the effects of the pandemic on the migration journeys of both refugees and migrants. 70 percent of survey respondents in Burkina Faso experienced increased difficulty crossing borders, while 60 percent reported increased difficulty in mobility within the country. In Niger, more than 30 percent expressed fear in continuing their migration journeys. 35

![Impact of COVID-19 on migration journeys for refugees and migrants in West Africa](chart)

*Source: MMC West Africa 4Mi COVID-19 Snapshot – 13 May 2020*

Nevertheless, the effects of the pandemic have not only affected displacement across countries but also within countries. As Alexandra Bilak, director of IDMC notes, “it is still too early to fully grasp how Covid-19 will affect the tens of millions of people displaced inside their own


countries – many of them fragile ones, with strained health systems and infrastructure.”

An initial assessment tracking the coronavirus risk and internal displacement due to conflict and natural disasters reveals the perilous overlaps.

As the COVID-19 emergency deteriorates normality around the globe, FDPs have been forced to take increasingly dangerous measures for mobility in order to escape an already threatened position. Thus, as a result of the pandemic and extensive border closures, FDPs all over the world ultimately face greater vulnerability than prior to the pandemic in terms of human mobility as their options to reach safer destinations have been severely restricted.

1.3 Economic impact

The global economy has been negatively and drastically affected by Covid-19. Although all countries have been affected in one way or another, some of the areas that the pandemic has had a negative effect on include but are not limited to: informal economy, remittances, and unemployment. With the majority of FDPs living in low or middle-income countries under weaker healthcare coverage and social protection systems, and many experiencing pre-existing vulnerabilities, they may be disproportionately affected by the economic consequences of the pandemic.

As to the overall effects of the pandemic on the informal economy, it is estimated that the implementation of lockdowns by many countries from the Global North and South, have impacted 1.6 billion informal workers, with women being affected the most. Making the situation worse for informal workers, who depend on a daily income to support their families. Overall, as the report by the International Labour Organization indicates, lockdown restrictions will lead to higher levels of poverty and food insecurity, especially because the informal sector makes up a large percentage of the developing countries’ economies.

Prior to the pandemic, FDPs in most developing countries had already limited access to formal employment. This is either because refugees are not granted the right to work or because there are other legal and practical barriers. Such barriers motivated by concerns over

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decreasing jobs available to citizens or reduced wages are expected to increase due to COVID-19. As a result, refugees able to secure a job are mainly working in the informal sector, which increases their vulnerability in case of reduced level of economic activity due to the crisis and also increases their vulnerability to possibly contract the virus due to precarious working conditions (e.g. lack of distancing, hygiene standards, and protection equipment).

Globally, it was estimated that half of refugees who have work were employed in temporary or transient roles pre-pandemic. It is expected that as a consequence of the economic shock induced by the disease, FDPs will not only be more exposed to conditions that are not in conformity with decent work principles but also have limited or no access to unemployment benefits or social protection schemes in the long run.

Recent narratives on forced displacement in low-income settings tend to focus on the intense competition for scarce resources between migrants and hosts. In this narrative, those that are forcibly displaced are often thought to constitute a burden for hosting communities. However, evidence from Colombia, Jordan, and Uganda, where refugees are increasingly accessing the formal labor market, has shown that providing the right to work and own a business alongside complementary policies such as freedom of movement generates gains in terms of refugee self-reliance and ultimately benefits both refugees and host communities. Empirical evidence from Tanzania further undercuts the view that refugees constitute a burden for host communities, showing that the integration of vulnerable internally displaced people and refugees into local economies resulted in improved welfare for the entire community. These effects last even after the departure of FDPs through the socio-economic links created between the communities of origin and host communities.

Nevertheless, in order for such efforts to be fruitful, there is a need for policies that facilitate access to jobs and reduce barriers that FDPs face (language skills, stigma and other barriers). In Turkey, the country hosting the largest population of refugees and where refugees or those with temporary protection have the right to work or own a business, they can only apply for a work permit six months after applying for asylum. According to a livelihoods survey in 2019, only 3 percent of employed refugees in the surveyed provinces of Turkey were holding a work

permit. Prior to the pandemic, an estimated one million Syrians were informally employed under very precarious conditions to make ends meet. The outbreak of COVID-19 has already aggravated this picture. During the first month of the pandemic, 70 percent of refugees based in Turkey have reported a loss of employment while many Syrian-owned businesses have suspended their activities.

Along with the impact on unemployment and the informal sector, other critical economic areas affected by the pandemic include remittance flows. Remittance flows into low-income and fragile states represent a lifeline that supports households as well as provides much-needed tax revenue. In 2020, remittance flows to low- and middle- income countries (LMICs) will decline by 20 percent according to the World Bank, a result of a decline in wages and employment of migrant workers due to COVID-19. This situation implies detrimental effects on developing countries where remittances make up a large percentage of their foreign income and gross domestic product. Ultimately, the economic hardships produced by the pandemic have had and will continue to have a direct impact on people’s lives and their communities deepening the hardship for FDPs dependent on remittances.

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The report by the ILO outlines the following policy measures a country should take to alleviate the challenges posed by the pandemic: 1) Reducing the exposure of workers and their families to the virus and the risks of contagion, 2) Ensuring those infected have access to health care, 3) Providing income and food support to individuals and their families, to compensate the loss of, or reduction in, economic activity, and 4) Reducing and preventing the damage to the economic fabric and preserving employment. Overall, these policy recommendations have a mix of short-term responses (reducing exposure of workers and families to the virus and providing income and food support) and long-term responses (access to health care and preventing damage to economic fabric and preserving employment). However, particular attention needs to be given to specific work protections and employment access for FDPs and refugees given the limited access to formal employment and the legal and practical barriers in gaining access to work.

Stakeholders play a crucial and necessary role in helping governments to address this pandemic. The World Bank, for example, has made available an initial package of up to $12 billion
as an emergency response that seeks to assist countries in combating the pandemic.\textsuperscript{52} Furthermore, the World Bank will give priority to the poorest countries and those at high risk with low capacity. Aside from the World Bank, there are other organizations that have been helping with the pandemic. In Hong Kong, for instance, HKEX (a leading financial market operator) has helped to develop Hong Kong’s financial markets, offering insights about creating business sustainability amid the pandemic and helping the region’s communities and most vulnerable populations.\textsuperscript{53} Furthermore, many other organizations (e.g. Acciona and Anglo American) are working tirelessly to provide advice on how to keep up economic activity amid the pandemic, as it is imperative that organizations unite and work collectively to tackle this virus, a dire threat to every human being.

1.4 State Fragility

As of 2018, 52 percent of the world’s refugees live in fragile contexts and six out of the ten top developing countries hosting refugees are exposed to high or very high structural COVID-19 risk as per the INFORM COVID-19 Risk Index. The INFORM COVID-19 Risk Index is a composite index that identifies "countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity, and therefore lead to a need for additional international assistance."\textsuperscript{54}


FDPs in fragile contexts may be disproportionately affected by the crisis, having lost their means of livelihoods and at times lacking access to adequate living standards including housing, food, water and sanitation, education and access to health services. Fragile states tend to have weak infrastructures and inadequate healthcare systems. For instance, in Burkina Faso, 1.5 million people do not have access to healthcare and the country has only three healthcare facilities capable of carrying out testing for COVID-19. Another particular challenge for areas of conflict is the deep inequalities in access to healthcare due to the destruction of health facilities. This is particularly obvious in Syria and Congo DRC, but detrimental in other conflict areas as well.

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Incidents of violence against or obstruction of healthcare in countries in conflict (2019)

Along with weak health infrastructure and an underinvestment in healthcare, certain contexts also foster an unequal distribution of resources for people who may oppose the government. In Honduras, for example, the president - Juan Orlando Hernandez, launched an emergency response plan known as Honduras Solidaria to help communities at risk of starvation due to the pandemic. Although the plan looked appealing on the surface, some argued that the program is only helping the supporters of the president’s party in order to expand their political presence. In a country with currently more than a million people out of work, the lack of assistance to the most vulnerable resulted in protests where more than 11,000 people have been detained in the last two months, street vendors have been killed by the military police, and accusations of torture have been made against security forces. This example highlights some of the major challenges that countries inflicted with conflict are fighting as they simultaneously attempt to slow down the spread of the virus.

Finally, making information accessible to all is another obstacle that many developing countries face. Countries that are going through war, high levels of violence, or humanitarian crisis often lack the capability to provide its people with access to information. During this pandemic, it is crucial to make information accessible to everyone in order to gain more understanding of the virus and how to address it. As the Zolberg Institute on Migration and

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\[57\] Ibid
Mobility puts it, “Migrants, refugees, and other displaced persons have a right to information about COVID-19, including information related to symptoms, prevention, control of spread, treatment, and social relief. The internet is an indispensable source of information and blocking or interfering with access during a pandemic is not justifiable.”\(^5\) Indeed, if the virus is to be contained, having access to information is crucial in order to ensure that everyone follows the right protocols.

Stakeholders also play an important role when it comes to dealing with mental health and psychological stressors amid the pandemic. The Danish Refugee Council and the Red Cross are two examples of organizations currently supporting vulnerable populations around the world. More specifically, the Danish Refugee Council will provide psychosocial support, help to ensure access to services and legal aid as well provide support to people who have been victims of gender based violence due to isolation or stress from COVID-19.\(^5\) The Red Cross will help in the following areas: supporting quarantine shelters, distributing food, and providing health and mental health services.\(^6\) There is a lot of work that still remains to be done, but more importantly, it is critical that organizations work together in order to learn from each other, and as a result, address a global issue coherently and strategically.

### 1.5 Access to shelter

Access to shelter is an area of concern that impacts the immediate present needs for the forcibly displaced. Just like so many around the world, refugees and IDPs are in dire need of the ability to physically distance themselves, while facing considerable pre-existing difficulties over access to shelter. For those who have found homes within host communities, many face evictions as many of them have been dismissed from their jobs due to COVID-19 and lost the income to pay rent. For example, UNHCR reported that approximately 12,000 urban refugees in Rwanda have seen their wage earners losing their jobs, as many of them were employed in business sectors that have closed or are struggling to import commodities due to border restrictions.\(^6\) Whether they are in camps or informal settlements, in slums, collective shelters, dormitories,


\(^6\) Danish Refugee Council.


immigration detention centers, or experience homelessness, most live in cramped conditions, sharing important facilities like water stations or kitchens with multiple families.

As in Yemen, where tight budgeting has forced organizations like the UNHCR between providing a dignified, sustainable shelter to fewer people or providing cheap, temporary shelters for many, there are hard limits to implementing social distancing for the FDPs in many settlements. Doctors Without Borders has a plan to move refugees at high-risk in Greece into hotels on the mainland, but this is not a widely available option everywhere. However, the UN has been one of the most engaged humanitarian actors in the issue, helping to build isolation wards, conducting temperature screening, and providing hygiene kits. Equally, a relocation program of unaccompanied refugee minors from Greece to other EU member states has continued despite the COVID-19 challenge, with the International Organization for Migration (IOM), UNHCR, and UNICEF, welcoming the latest relocations of 49 unaccompanied asylum-seeking and migrant children from Greece to Portugal and Finland. The International Rescue Committee has also installed handwashing facilities outside their offices in Afghanistan to lessen the burden on shared facilities in the shelters. While the effort to provide shelter with adequate support and sanitation had been on-going prior to the pandemic, the social distancing and quarantine requirements have drastically reduced the personnel allowed in camps and settlements, slowing down the progress of shelter creation and pausing necessary assistance.

As seen in previous spread of communicable diseases like Ebola in 2014, overcrowding is a crucial factor in the spread of COVID-19, which can be spread via contact within 1 meter of a confirmed case for 15 minutes. From past experiences with communicable diseases, reducing overcrowding as much as possible is recommended, whether it is through shielding in units of a

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63 Refugees International.
64 Interview with Jean-Nicolas Beuze, UNHCR representative in Yemen.
family or neighborhood, or reorganizing food distribution to avoid congregation. Refugees in Lebanon’s Bekaa Valley informal camp live in tents only 5 feet apart, less than the recommended 6-foot guideline for social distancing by public health experts. Because of the limitations to sheltering availability, UNHCR’s community-based protection officer Carol El-Sayed commented that their outreach in Lebanon focuses more on the prevention of the spread through the creation and distribution of masks, the increase of water stations and the regulated management of collective water and sanitation facilities. Compared to this, other settlements will have heightened challenges to practicing social distancing with exponentially more residents: Kakuma refugee camp in Kenya has a population density about 1,000 times that of the host Turkana community; Somali’s Nabadoon camp has 3000 families living in cramped living conditions; Cox’s Bazar in Bangladesh hosts the most number of refugees at near 900,000, where cases have begun to be confirmed, with at least 400,000 native Bangladeshi near them; five Greek islands are housing around 37,000 refugees from Syria, Iraq, and Afghanistan in camps with the capacity for just 6,095.

Populations at some of the largest refugee camps

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75 Refugees International, 4

In the case of IDPs in Mali (171,000 people) and Niger (187,000 people), who are not residing in camps and relocate frequently due to threat of violence, likely increasing exposure to the virus for themselves and others.⁷⁷ Appropriate measures to keep sheltering safe are greatly limited with the reduced number of staff for organizations providing those services, like UNICEF and its Water, Sanitation, and Hygiene (WASH) Program.⁷⁸ To protect workers and the FDPs from the virus, many such programs have been halted, including safe spaces for children and women, who are facing increasing risks of domestic and sexual violence.⁷⁹

While the UN and other NGOs work tirelessly to assist FDPs, national and local authorities have great responsibility to end conflict and strengthen their individual social safety nets, on which both host citizens and FDPs rely. Understandably, governments are focused on protecting its own citizens from the pandemic, but as FDPs are still part of their societal fabric, special measures need to be created or extended to FDPs in order to allow them to retain their dignity.

⁷⁷ Refugees International, 7.
and livelihood while they are being hosted. Some measures to mitigate the lack of safe shelters would include rent forgiveness for those dwelling in urban housing or providing cash assistance to be used for rent, as many are facing evictions from income loss or stigma. As quarantine measures have increased the threat of Sexual and Gender-based Violence for women and children, the role of the media is crucial in spreading awareness of the safety risks faced in camps. Monitoring by the media of the safety protocol in place to limit the number of people in camps and settlements will be another layer of accountability for adherence. International media in partnership with NGOs and FDP outreach volunteers are instrumental in reporting on the experiences of the vulnerable.

A dearth of safe and adequate shelter will inevitably fail the efforts to curtail the spread of COVID-19 among the FDPs unable to find housing or practice social distancing, endangering the humanitarian workers as well as jeopardizing the local healthcare system. With limited options in many FDP shelters, focus will have to be on reducing crowd formation and increasing access to WASH facilities. And without proper monitoring, not only will quarantining procedures be difficult to keep, but the most vulnerable of the FDPs may also be endangered from violence that increases with confinement and stress. Nevertheless, even in overcrowded settings where shelter is often inadequate and facilities shared amongst several households, controlling the spread of the virus is not impossible. Government action together with a strong focus on community engagement and past experiences with epidemics can contribute in the control so far, of the virus in overcrowded settings. For instance, Dharavi, one of Mumbai’s largest and oldest settlements, and initially a hotspot of the virus, has so far effectively managed the spread of the virus even if initially it was one of Bombay’s COVID-19 hotspots.

1.6 Access to sanitation and health services

Countries have been putting extra efforts in their economies, re-orienting money out of emergency funds, as have international relief agencies. Most of the redistribution has been towards healthcare spending, health education, and sanitation improvements, ultimately to limit

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81 Interview with Scott Lloyd of IMDC.
the spread of COVID-19. The core aim is to ensure that primary healthcare is available for everyone, the first step to stop the spread and an entry point in terms of general healthcare diagnosis and treatment. Marian Schilperoord, public health expert and senior operations manager at UNHCR, spoke of huge challenges faced in places where there is no testing at all, or where schools have to be repurposed as isolation accommodations in the absence of proper physical distancing options in camps. One big challenge faced previously that has now been escalated is the unreliable access to sanitation and drinking water. To try and reduce the spread, agencies as well as the private sector are working towards ensuring fewer people drink from the same tap, and that there are no water cuts for those who cannot afford to pay. Lacking quality resources entails a large number of diseases and the pandemic has exacerbated the situation, with reported cholera outbreaks in places such as Haiti and Yemen.

International and national relief agencies, along with the governments of several countries, are conducting massive campaigns to support ongoing efforts in healthcare and sanitation education. A big problem for migrants in camps is the lack of reliable information, essential to help prevent the spread and how to act and respond in this uncertain situation. Eva Barrenberg, Associate Water, Sanitation and Hygiene (WASH) officer shared some actions taken in this direction such as increasing the number of hygiene promoters and community health workers to provide meaningful information.

One of the main issues in terms of health care services for forcibly displaced are the difficulties they face in accessing proper assistance. For example, social distancing is absolutely mandatory in places such as hospitals and clinics where sick patients go for treatment. This poses a special challenge in facilities within camps where the population density is high. The new virus is presenting even more difficulties especially in most developing countries. As a result, preventive medicine development is severely slowed down, and vaccination campaigns

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have been suspended until safety measures can be ensured. It is expected that illnesses with previous decreasing tendencies will now resurface.\(^93\)\(^94\) Additionally, FDPs with pre-existing medical conditions are encountering difficulties for rigorous monitoring, as well as the treatments for the chronically ill becoming harder to get.\(^95\) There have also been reported cases of healthcare denial, further complicating the grim condition of providing access to healthcare for FDPs, and their overall health situations.\(^96\)\(^97\)

Another humanitarian organization that has engaged extensively in this crisis is the Danish Refugee Council, which will continue to support refugees and displaced people during this time. One of their policies is to ensure the access to services and legal aid and provide support to survivors of gender-based violence resulting from isolation and stress related to the COVID-19 outbreak. This will be followed by enhanced distribution of hygiene items such as soap, rapid construction of sanitation facilities and increasing hand washing stations, and increased provision of cash and vouchers to help meet basic needs.\(^98\) Additionally, the Red Cross with their redistribution of funds is now providing support in the following areas: quarantine shelters, distributing food, connecting families, and mental health services.\(^99\)

National authorities' responses are crucial to control the spread of COVID-19. Greek authorities have been conducting testing in camps and following up on cases.\(^100\) On the other hand, the Bangladeshi government has cut over 80% of their healthcare workers in Cox’s Bazar, leaving refugees with even fewer health coverage.\(^101\) There needs to be economic development support for healthcare, but also plans to educate as many as possible via the delivery of truthful


information on health. Additionally, policies adopted by governments in terms of mobility will also limit the spread, resulting in increased social distance but also offload the sanitary systems.

Private sector assistance is essential in terms of access to health and sanitation. They have the power to assist with their surpluses and product distribution to facilitate the access to materials that would otherwise be too expensive or simply out of reach. This is the case at Unilever; the company has provided over $100 million dollars in goods such as soap, hand sanitizer and bleach, as well as large amounts of cash to small and medium entrepreneurs and businesses. Even if the private sector seeks profit, it is in their hands to also provide the necessary resources and tools that might be needed to provide those who need it most.

Furthermore, given the scarce availability of health services and number of beds for treating the predicted large number of severe COVID-19 cases, isolation through hospitalization will be very difficult in the settings where FDPs live. Alternative plans for the isolation of mild symptomatic infections are needed. Cholera treatment centers and diphtheria outbreak centers currently on standby are a low-hanging fruit for repurposing in many countries. Setting up inclusive and accessible temporary hospitals to triage mild cases in these populations will require significant support and coordination by the government, UN agencies, and NGOs and may be limited by physical availability of land. Therefore, detailed advanced planning of healthcare capacities, triage procedures, and isolation strategies should be finalized and shared widely as soon as possible to minimize the impact of an outbreak.

### 1.7 Access to education

![Graph showing access to education](https://www.unhcr.org/ua/en/18979-international-day-of-education-2020.html)


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Over a billion learners worldwide have been affected by school closures due to COVID-19. And as funding focuses turn to COVID-19 response, UNESCO is preparing for an overall decrease in education spending as funds are diverted to healthcare. Education for refugees and IDPs of all ages is a critical investment in their well-being and ability to integrate successfully into society, whether in their adopted home or when safely repatriated. However, with the pandemic closing down schools worldwide to stop the spread, students in low-income countries are especially vulnerable, not only from the pause on education, but also the interpersonal connections, access to clean water and toilets, and psychological support. Even within this population, FDP students are especially vulnerable due to their uncertain status within host communities. While ensuring the continuation of education for FDPs may not have direct impacts on mitigating the spread of the pandemic as testing or building new ICU units, informing the displaced on the proper measures for prevention and how diseases (not just COVID-19) spread will be crucial in prevention of further infections.

Basic education had already been in a precarious state prior to the pandemic, with only 60% of refugee children attending primary school, 20% receiving secondary education. While 64.6% of all enrolled learners around the world have been affected, children in camps and settlements have been especially affected due to the closing of learning centers, which provided sanitation information and emotional support along with basic education. Misinformation on the nature of COVID-19 is an immediate threat to the FDPs, worsened by the absence of classes in FDP settlements. Students both young and mature received much support and information regarding hygiene and healthcare from classes, but now the method for information dissemination has had to change along with delivery of education. While the general public also faces similar dangers, this change can have grave consequences for FDPs as they already face existential insecurities within their host communities and among themselves. For instance, there have been reports of underreporting possible symptoms among the Rohingya in Bangladesh for fear of being removed from the camp or even killed, a rumor spread out of misinformation. The Bangladeshi government’s decision to cut-off any kind of internet access to the refugees has also further obstructed refugees’ access to critical information regarding the pandemic and communication capabilities for the aid workers, in addition to hindering the resources available

online for remote education. UN organizations’ efforts to disseminate posters and fliers with relevant information are also in jeopardy due to closing of health facilities and reduction of staff.

Humanitarian actors from UNICEF and other NGOs have always been crucial in ensuring the availability of quality education for refugees and IDPs, but with the risk of aid workers themselves contracting the virus or introducing into the camps and settlements, their work had to re-adapt. A shift to focusing on training refugee and IDP teachers within the camps may be helpful during the pandemic, so that teachers are available within camps even when NGO teachers are absent. Though most of the educational infrastructure in camps and settlements were wanting of better quality, UNRWA’s department of education has shown to be successful with their program training refugee teachers and school administrators, demonstrating at times better results than public schools. This sort of partnership between organizations and refugees will be beneficial for post-pandemic times, but is especially needed while external personnel access is limited and more teachers are needed to minimize the number of students per class for possible in-person education. To assist this particular partnership, expanded access to digital devices that would allow for distance learning lessons is imperative, as Sony had pledged to provide.

Refugees and IDPs can play integral roles in their respective communities and therefore should always be included in the discussions for decisions regarding their well-being. As Ms. El-Sayed explained, refugees in Beirut have taken the initiative to be ambassadors for information, reminding others of the safety protocols and being liaisons for refugees and humanitarian aid workers. As the UNRWA example also showed, training local teachers at camps and settlements not only helped the students, but also the teachers themselves who gained valuable skills for future employment. Whether it is for in-person classes or facilitating distance-learning, having resident FDP teachers will ease the problem of decreased personnel and closure of schools in camps while the efforts to curb the spread of the pandemic in place. Religious leaders within the communities can also help lead the discussions on the correct information regarding health and

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113 Ibid


115 Ibid
provide moral support during this difficult time, something that applies to leaders in all communities, not just among FDPs.\footnote{Besheer, Margaret. 2020. "UN Chief Calls On Religious Leaders To Help Lead Faithful Through COVID-19". VOA. \url{https://www.voanews.com/a/covid-19-pandemic_un-chief-calls-religious-leaders-help-lead-faithful-through-covid-19/6189158.html}.}

Many refugees and IDPs depend on the local schooling system to which they are not always granted access. National and local authorities need to be supported in (and be supportive of) opening their school systems for FDP access, so that issues such as double shifts for local teachers or overcrowding can be avoided, not only during the pandemic but also in the future post-pandemic.\footnote{Bengtsson, Stephanie, and Ruth Naylor. 2016. "Education For Refugees And Idps In Low- And Middle-Income Countries". \url{https://gdc.unicef.org/resource/education-refugees-and-idps-low-and-middle-income-countries-identifying-challenges-and}.} If distance-learning is available in a region, the authorities should extend those technologies, whether a laptop or even a radio, for those in camps and settlements, which could be funded by grants like the Global Partnership for Education grant in Pakistan.\footnote{Tranginrose, Hoa. 2020. "Pakistan: Expanding Equal Access To Learning During Coronavirus". \url{https://www.globalpartnership.org/blog/pakistan-expanding-equal-access-learning-during-coronavirus}.}

The media and the private sector could also contribute here by creating educational content to be accessible online. Along with reporting the latest and most accurate information on the pandemic, the media can assist in creating learning materials to be used in distance learning. Radio programs and webpages with complementary learning materials can be helpful to students whose schools have closed and not yet have a local teacher available. Online content has been beneficial for adult learners as well, like in Beirut where refugees learned to make much-needed masks and soap.\footnote{Interview with Carol El-Sayed, community-based protection officer in Beirut, Lebanon.} Furthermore, when FDPs are repatriated, home governments should accept education received during displacement so that returnees may continue their education, which could be assisted by establishing the UNESCO Qualification Passport, a standardized document providing certification for refugees and IDPs for five years.\footnote{"What You Need To Know About The UNESCO Qualifications Passport For Refugees And Vulnerable Migrants". 2019. \url{https://en.unesco.org/news/what-you-need-know-about-unesco-qualifications-passport-refugees-and-vulnerable-migrants}.} As France, Spain, and Germany have done,\footnote{"COVID-19 Brief: Impact On Conflict & Refugees – USGLC". 2020. \url{https://www.usglc.org/coronavirus/conflict-and-refugees/}.} recognizing licenses and accreditation for medical professionals who are refugees or asylum seekers could be helpful for host countries’ own COVID-19 response as many countries are suffering a dearth of healthcare workers.\footnote{"Migrant Health Workers Are On The COVID-19 Frontline. We Need More Of Them.". 2020. \url{https://www.cgdev.org/blog/migrant-health-workers-are-covid-19-frontline-we-need-more-them}.}
FDPs are often seen as a burden by societies: carriers of multiple illnesses and problems that were supposedly previously non-existent. COVID-19 is a worldwide virus, but migrants and refugees are one of the groups facing more racism based on the bias that they are the ones to blame for the virus spreading. This perception is even stronger for those who are attempting to cross international borders or move within a country to seek shelter, leading to increased xenophobia and rejection.


International agencies are emphasizing the need to ensure that quarantine measures are tailored to each camp situation. Measures cannot be applied discriminatorily and should consider the people living in camps along with the capabilities of the host country. Reports show that the poor standards of living are perceived as mental health issues, which are later associated with the fear of contagion, hence the stigma of being perceived as a carrier. To avoid this, people might hide signs of illness, take longer to seek healthcare, or even avoid taking preventive measures.

FDPs already face a number of challenges in terms of mental health, stigma, and xenophobia: traumas of their past (often with experiences of violence) and uncertainty of their current uncertain status in informal living situations, on top of the fear of their future fueled by economic instability. COVID-19 is only aggravating those problems as the limitations to mobility and changes in laws make it even harder for them to reach safer and more stable shelters. It is essential to provide reliable and meaningful data and knowledge to avoid more unfounded rumors that might increase the unease and wrongful perceptions.

Women are at special risk. Far from being a trend only observed in forcibly displaced situations, reports in most countries have shown increased amounts of gender-based violence COVID-19 lockdowns. Food scarcity, economic hardship, and the fear of contagion may be triggers for the increased tension that leads to gender-based violence. Women may find themselves living with their perpetrators due to the quarantine measures, and with even less social interaction and long periods of isolation, reaching out for assistance may pose more challenges, along with the fear of being caught by their perpetrators.

The role of the stakeholders is more limited when it comes to discussing stigma and xenophobia. Nonetheless, the general response and message provided by national and local authorities will determine whether certain communicates will be exposed to stigma and xenophobia. It is crucial that these authorities ensure that the message is positive and does not

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discriminate against the situation of forcibly displaced persons as this could trigger even more cases of xenophobia and increase the stigma towards migrants.

The media will also be crucial in educating the host communities information and messaging that will prevent further stigmatization of FDPs and subsequent xenophobia. In Spain, one of the major television channels during the prime-time news, differentiated between “persons” and “immigrants” when reporting the recent coronavirus outbreaks. Many people took to their social networks to report such hate speech; although some sort of reasoning was given in response, it does not take away the fact that another large amount of the society saw non-Spanish nationals entering the country being reported as something other than persons. 131

Section 2: Recommendations for Addressing the Impacts

Although COVID-19 continues to spread in every corner of the world and its full impacts are still to be seen, it is clear that the pandemic has impacted all sectors of society: health, political, social, and economic. Inaccessibility to asylum, the inability to move internally and internationally due to lockdowns, higher levels of unemployment rate and lower expected remittances, unreliable access to a shelter, education, and healthcare, and a growing sense of xenophobia towards refugees and other vulnerable groups are clear examples of how the pandemic has negatively affected FDPs.

Short-Term Actions

Asylum-seekers and other forcibly displaced people ultimately found themselves in challenging conditions as access to asylum, territory and mobility were restricted. Many FDPs who rely on movement and asylum to secure their livelihoods and protection are now denied entry or are unable to leave their current position. As numerous humanitarian organizations emphasize, these abrupt closures of borders are a direct violation of international refugee law; these border closures directly hinder forcibly displaced populations in need of international protection. In the short-term, authorities must adapt guidelines for asylum procedures that consider social distancing, while not hindering the asylum process or free movement and mobility. At the same time, lockdowns have had an immediate impact on FDPs’ livelihoods, since people are unable to move freely. For those in the informal sector, it has had a detrimental effect on their general health, because informal workers depend on a daily income for food.

Deficiency of safe shelters is predicted to have the impact of allowing the virus to spread from the close proximity. There may be many reasons as to why the crowded informal

settlements have not yet been devastated: younger populace, less exposure, or lack of testing.\textsuperscript{132} However, this is one impact that most experts are waiting to see the actual magnitude, while they hope for the best. If the spread does happen, as many predict, the strain on healthcare services for FDPs will be enormous. With such large numbers of residents but small numbers of hospital facilities, treatment may be rationed at an earlier point than already seen in early hotspots like Bergamo and New York City.\textsuperscript{133} To help, many FDPs have stepped up to make masks and even work as frontline workers, especially the women\textsuperscript{134}; however, this could also lead them to being exposed more to the virus, something that has already happened in Global North nations.

As noted by the Secretary-General, the exclusion of migrants and FDP from policy responses not only undermines their fundamental human rights but also the collective public health strategies to control and roll back the pandemic. Inclusion will pay off and is the only way that we can emerge from this crisis and overcome COVID-19.\textsuperscript{135} The pandemic’s course so far provides a painful reminder: that the preventive measures that societies have available in order to contain the virus are only as effective as those of the most vulnerable amongst us. This is why broadening assistance and support for FDPs is crucial for all.

In the short-term, it is critical to recognize the central role of civil society and other relevant local stakeholders in addressing the gaps left by national governments and international institutions. Local civil society and local governments have acted as first respondents through the development of solidarity networks that can address immediate shortages in food, water, essential medicine, shelter, personal protective equipment and economic assistance.

However, without significant support from national governments, these efforts cannot be sustained. Much more in the way of resources and attention needs to be given to these efforts. Supporting and facilitating access to local civil society groups in the short term and assuring that these organizations are included in the medium- and long-term planning of policy responses to the pandemic is key in ensuring that the rights and contributions of FDPs are addressed and fostered.

**Medium-Term Actions**

The possible increase of the spread of the virus to refugees and internally displaced people will have an effect that further threatens the already weak infrastructure for sheltering,

\textsuperscript{132} Interview with Alex Aleinikoff.
along with the numerous lives lost. Settlements and camps for the displaced depend heavily on host nations, mostly low- and middle-income countries, who themselves lack adequate infrastructure and shelter for their own citizens. Solutions will need to include improvements made for the general community so that it can support the forcibly displaced without infringing on the host citizens. In many countries, healthcare systems were already fragile, but the pandemic could now cause them to collapse. UNHCR’s representative in Yemen, Jean-Nicolas Beuze worried that the hospital facilities that exist in Yemen (after half were destroyed in conflict) would not be enough to handle the pandemic, which could then weaken the relationship the UN has with the recognized government in Aden by inadvertently proving UN’s inability to assist them.

The existing education infrastructure for refugees and IDPs had been making slow progress, though not all host communities allow displaced children to join local classes, and even when they are allowed, there are fees and language barriers to overcome. The discontinuation of FDP education from schools closing and access being limited will both endanger them from the lack of proper information on safeguarding against COVID-19 and delay the educational progress they need to thrive after gaining asylum or being safely repatriated. Measures to facilitate learning remotely and investing in teachers who themselves are refugees or IDP will be crucial in assuaging the education gap left by the pandemic.

As many of our interviewees had said, COVID-19, while very dangerous, is only one more thing to worry about on top of all the other pre-existing issues FDPs had. Many of them also stressed the importance of cash assistance for refugees, so that they could not only afford basic necessities, but also maintain the dignity of having choice. Unfortunately, the COVID-19 pandemic is a major global economic crisis that is challenging all of us, but will inevitably be detrimental for the most vulnerable populations like FDPs as funding for assistance could be reduced. One area the international community has much clout is in the area of funding and it will be important to consider quick and targeted financing options such as cash transfers.

In this vein, the UNDP reported that a temporary measure of giving basic income to the poorest 2.7 billion would allow them to mitigate the health and economic risks associated with the pandemic.

Finally, integrating local actors in medium-term efforts to address the fallout from the pandemic could accelerate previous efforts towards the localization of aid. The role of local actors and their comparative advantages in emergency response is of an obvious strategic importance. Local organizations have quite often greater proximity and access to affected people, knowledge

of the territory, culture, language, social networks and dynamics, understanding of the needs, and likeliness to remain on the ground past the emergency, but are not quite often engaged enough in the programming and delivery of assistance. Rather, local responders are sometimes ignored, excluded, or inadequately represented in the governance and decision-making processes that are typically set up and led by larger humanitarian organizations such as UN agencies and international NGOs. Integrating their experience and efforts is crucial in order to develop medium-term strategies that respond to risk while taking into account local conditions. At the most fundamental level, their collaboration with governments should entail information-sharing on the FDPs’ socio-economic conditions at all stages of displacement to better inform the design of specific national strategies and regulatory frameworks for FDPs.

**Long-Term Actions:**

The long-term effects of COVID-19 cannot be teased out at this point in time without much speculation. Grimly, the International Rescue Committee estimates that up to 1 billion COVID-19 infections and 3.2 million deaths could be seen in 34 fragile countries. However, many stakeholders so far have worked in relative concert on prevention, contributing both money and ideas to achieve multilateral cooperation. Still, there are massive funding needs that are unmet and many nations have taken this opportunity to implement nationalist immigration policies that block FDPs at the borders. The Global Compact on Refugees state in its objectives:

1. Ease the pressures on host countries;
2. Enhance refugee self-reliance;
3. Expand access to third-country solutions;
4. Support conditions in countries of origin for return in safety and dignity.

Coordination and solutions have not been consistent across the board as this paper has shown in each section. There has been much effort from NGOs and FDPs themselves in finding solutions; however, for large-scale changes that are inclusive and lasting, national and international governing systems may need to rethink the status quo on what policies can prepare us for crises such as these and how these policies can be more inclusive so that they strengthen every person in society from the bottom-up. This might mean risking political clout for sweeping changes that reduce inequality or putting less emphasis on short-term profitability but instead on long-term sustainability.

But if it’s true that in every crisis lies a great opportunity, then the pandemic offers a chance to revisit past assumptions, and redirect course on the principles of a new paradigm that aims at:

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139 Interview with Marian Schilperoord, Deputy Director, Division for Resilience and Solutions, Technical Support Service.

140 Interview with Hervé Nicolle, co-founder of Samuel Hall.
Accommodating forced displacement rather than attempting to curb mobility.

The key issue that host countries face is not whether or not forced displacement will take place, but rather what is likely to be its scale, where exactly it will occur, and what needs to be done to prepare for it. This implies a need for much better understanding of forced displacement, its drivers and the conditions that occur in destination areas. It requires the systematic enumeration of current populations and the incorporation of population projections into areas that accommodate FDPs. It necessitates the analysis of development patterns to plan for future needs in infrastructure, open spaces, and housing while minimizing the environmental impacts associated with urban density and human activity. Guaranteeing that adequate services and infrastructure keeps pace with the rapid increases in population in the areas and countries that receive FDPs will not only improve health and overall conditions but can also induce a transition away from current unsustainable growth dynamics in refugee settlements and the informal neighborhoods that FDPs find refuge in.

Recognizing that what makes people and places welcomed and integrated depends on policy action:

Norberg-Schulz noted that: “...we only start to realize that true freedom presupposes belonging and that ‘dwelling’ means belonging to a concrete place.”¹⁴¹ Policies often make the implicit assumption that FDPs and the neighborhoods they live in are transient and therefore do not necessitate long term planning and investment. If forced displacement is not an ephemeral phenomenon, but as shown by empirical evidence a necessary adaptation strategy for survival and decent living, then policies need to be rethought from this perspective.

Certainly, adopting this perspective requires long-term commitment and dedicated resources. Looking at the recent strenuous debate process the European Union had recently on the issue of offering financial assistance to its own members, such systemic change will be difficult to achieve, especially at a global level.¹⁴² However, the long-term solutions to mitigating the impact of COVID-19 does not just involve addressing the immediate health and economic effects of the pandemic. It is critical that they also make seismic changes to the system, including the aspects of the Sustainable Development Goals, such as addressing long-term global risks such as climate change that induces environmental displacement; resolving the violent conflicts that also motivate displacement; implementing development plans designed to promote sustainability and peace; and moving away from financial policies that perpetuate inequality within and between nations.

As stated by an OECD analysis, the pandemic is creating major setbacks in financing for humanitarian aid and sustainable development, with both domestic and external finance

dropping significantly in comparison to 2019 levels. Addressing the finance shortfall would require the coordinated efforts of humanitarian and development in order to “build back better” for a more equitable, efficient and sustainable finance. In this realm, the recent call of the UN Secretary-General to extend debt relief to all developing, middle-income countries should be thought not only as a short-term solution but linked to longer term humanitarian and development agendas. Specifically, the Secretary-General report, “Debt and COVID-19: A Global Response in Solidarity” offers a three-stage strategy that includes: (i) a full standstill on all debt service (bilateral, multilateral and commercial) for all developing countries that request it, while ensuring that developing countries without high debt burdens still have access to credit needed to finance COVID-19 responses; (ii) additional debt relief for highly indebted developing countries to avoid defaults and create space for SDG investments; and (iii) progress in the international financial architecture, through fairer and more effective mechanisms for debt crisis resolution, as well as more responsible borrowing and lending.

Conclusion

COVID-19 has thus far been a world-changing event, forcing many of us to reexamine the sustainability of the current way of life. What should the international community consider as essential? An example is investing in medical equipment and medication development. Prior to the pandemic, the demand for ventilators was low and when the virus arrived, it was too late for countries to be adequately prepared. While borders everywhere may be closed, the pandemic has shown that we need international and multilateral cooperation more than ever. Actors from different sectors must work together in order to coordinate a system where major threats can be contained and eliminated. With the advanced technology and research in this globalized world, it is possible to achieve such coordination. The challenge lies in the political will of each actor, the courage to take care of those most vulnerable in society, regardless of their citizenship. To do so, countries will need to adopt an approach to governance that empowers people and builds social resilience before disasters happen. Investing in healthcare, education, employment, and other social infrastructure will not only allow communities to take better care of their own citizens post-pandemic, but also give the capabilities that allow them to host forcibly displaced persons in their time of need.

But the restrictions on mobility in the Global North also provide the space for new thinking and learning: for the first time in their lives, citizens in donor countries are now experiencing government actions, policies, and admonitions that seek to dramatically limit mobility. While comparing their situation with the risks and vulnerabilities that FDPs around the

globe face is perhaps a simplistic parallel, the immobility resulting from the pandemic can at least provide the seeds for a more constructive discussion. As Aleinikoff notes: “From these experiences, can we learn empathy for those around the globe for whom mobility is routinely and severely restricted: Syrians refugees trapped in camps on Lesvos, and Rohingya refugees languishing in Bangladesh; Palestinians confined to Gaza, and controlled by separation walls on the West Bank; Central Americans pushed out of the United States to wait in border towns in Mexico; Uighurs confined in “re-education” camps in Xinjiang; African migrants stopped in boats on the Mediterranean Sea and returned to Libya; victims of mass incarceration in the United States; poor people everywhere who lack the resources to begin journeys to improve their lives.”

145 It is perhaps too early to say whether the unprecedented immobility and restrictions will foster greater awareness for the plight of the forcibly displaced. But it’s not too late to start acting to improve the conditions and prospects of those who were forced to be mobile against their will.

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