

**Reference Paper for the 70<sup>th</sup> Anniversary of the 1951 Refugee Convention**

**COVID-19 and Forcibly Displaced People:  
addressing the impacts and responding to the challenges.**

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**Abstract:**

This report examines the effects of COVID-19 on forcibly displaced persons (FDPs). It focuses on the medium-term and discusses potential long-term impacts of the pandemic on FDPs in order to provide a better understanding of the current situation, and its evolution since the beginning of the pandemic. Based on the most up-to-date information and available data collected through a review of relevant publications and a series of expert interviews, the report discusses the following thematic areas in relation to FDPs: health & well-being; economic impacts including employment, remittances; mobility, access to territory and asylum; access to shelter and services, education, xenophobia and discrimination and the future prospects of humanitarian and development finance. The report concludes with a series of broad policy recommendations that aim to address the challenges associated with the pandemic and its prolonged impacts.

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## Introduction

The COVID-19 pandemic has significantly altered human mobility, resulting in a series of impacts and cascading effects in the health, well-being, and economic prospects the world over. The effects of the pandemic were not felt equally amongst people. Far from being a great equalizer, the pandemic has brought under new light pre-existing vulnerabilities. Poverty, uncertain futures, precarious health, inadequate living and working conditions, and limits to mobility are nothing new for the approximately 80 million forcibly displaced populations (FDPs).<sup>1</sup> The implications of the pandemic have aggravated their condition and shaken the fragile humanitarian and developmental accomplishments of recent decades. New analyses indicate that in 2020, the economic recession induced by COVID-19 will result for the first time in decades to an increase of extreme poverty, a decline in life expectancy, reductions in access to health, education and economic opportunities, as well as early indications of an increase of violence towards civilians.<sup>2</sup>

A year into the pandemic, it has become apparent that the heightened risks faced by FDPs are due to prolonged mobility restrictions, reduced opportunities, and poor living conditions exacerbated by COVID-19, rather than to any intrinsic propensity to infection.<sup>3</sup> Despite the initial fears and predictions that FDPs and developing countries would bear the heaviest health burden from the pandemic, the past months have also showcased the strong resilience and adaptive capacity of FDPs. Actions by local civil society organizations, coordination of humanitarian assistance and multilevel governance systems in support of FDPs have brought much-needed relief and protection.

However, the COVID-19 pandemic revealed that without sustained, concerted and coordinated action, the current and future setbacks are already, and will continue to put FDPs further at risk. The return to pre-pandemic approaches in humanitarian and development assistance are unsustainable and unrealistic. Rather, the pandemic marks the need for a paradigm shift in the protection and delivery of assistance for FDPs. It requires us to rethink and re-contextualize norms and processes in order to reflect on the new complex dynamics and risks that FDPs face, and how the humanitarian and development communities can respond equitably and efficiently in addressing those needs.

This report examines the broader effects of the pandemic on FDPs, and delineates the possible long-term implications for forced displacement. Specifically, the report identifies and analyzes the following thematic areas in relation to FDPs: health & well-being; economic impacts including employment,

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<sup>1</sup> In the absence of a specific definition and for the purposes of this report we encompass under the broad category of FDPs all persons that have been subject to involuntary or coerced movement away from their home, including, but not reduced to, refugees, internally displaced people, and asylum seekers.

<sup>2</sup> Maria Abi-Habib, "Millions Had Risen Out of Poverty. Coronavirus Is Pulling Them Back.," *The New York Times*, April 30, 2020, sec. World, <https://www.nytimes.com/2020/04/30/world/asia/coronavirus-poverty-unemployment.html>.

<sup>3</sup> Doug Saunders, "Hot Zones – the First Global Pandemic of the Urban Migrant District," *Mixed Migration Centre* (blog), December 1, 2020, <https://mixedmigration.org/articles/hot-zones-the-first-global-pandemic-of-the-urban-migrant-district/>.

remittances; mobility, access to territory and asylum; access to shelter and services, education, xenophobia and discrimination and the future prospects of humanitarian and development finance. The report concludes with a series of broad policy recommendations that aim to address the challenges associated with the pandemic and its prolonged impacts.

From a methodological standpoint, the report will use both qualitative and quantitative methods to draw conclusions based on two main activities: a) an extensive review of the most recent publications on the topic, examining existing literature on the impacts of COVID-19 on FDPs through the review of cover reports, academic research, datasets, and media articles; and, b) a series of expert interviews aiming to trace the evolution of the pandemics' impacts in the past months in different countries. These interviews draw conclusions regarding the implications of COVID-19 on FDPs in the identified thematic areas and provide a more localized understanding of FDP communities, the challenges and opportunities they face in different contexts and geographical settings.

At the outset, it is important to note that as the pandemic is still ongoing, the report acknowledges the serious limitations in access to information pertaining particularly to FDPs. Several new surveys offer a better view of the situation in comparison to what was known a year ago. However, the absence of data regarding many of the areas covered in the report, particularly in low- and middle- income countries where data availability and quality might be lacking, impedes a more thorough understanding of the conditions and challenges that FDPs in different situations face. In addition, any attempt to tease out future trends for FDPs in a complex and uncertain environment is inherently limited. After more than a year since the beginning of the pandemic, it has become clear that the recovery will be long and differentiated. Country trajectories in the fight against the virus and the road to recovery seem already to be diverging. Particularly in countries that host large numbers of FDPs, the impacts of COVID-19 have cascaded in all fields, raising risks, and deepening vulnerabilities. Given these limitations, the report aims to provide a general understanding of the effects of the pandemic on FDPs and recognizes the shortcomings associated with an evolving global public health crisis that affects FDPs in very different ways across different conditions and geographies.

The rest of the report is organized as follows. Section 1 reviews the impacts of COVID-19 on mobility and specifically movement restrictions for FDPs. Section 2 discusses the economic and financial impacts of the pandemic, as well as the pandemic's consequences for humanitarian financing towards FDPs. Section 3 looks into the impacts on the health and well-being of FDPs. Section 4 reviews the impacts of the pandemic on access to education and learning. Section 5 discusses how the pandemic has affected access to food, shelter and services. Section 6 briefly looks at xenophobia and stigmatization of FDPs due to the pandemic. A final section concludes by providing a broad set of recommendations suggesting how the new challenges posed by the pandemic can be addressed across the different areas.

# 1 Freedom of Movement and Movement Restrictions for FDPs

FDPs have been facing significant movement restrictions prior to the pandemic. However, the mobility restrictions imposed in order to curb the spread of COVID-19 have resulted in the broadening of immobility for FDPs. Many of these restrictions remain today impeding their ability to find refuge and further endangering the journeys of those on the move. The extent of restrictions has created new mobility dynamics with COVID-19 contributing to the FDP's uprooting/deracination as the economic downturn and pressures have persisted and further deteriorated their opportunities and access to assistance.

## 1.1 Travel Bans and Broader Border Closures

The pandemic has severely affected human mobility across international borders in an unprecedented way. Since March 2020, virtually all countries of the world imposed drastic measures to prevent the importation of COVID-19 cases from abroad.<sup>4</sup> By mid-March, entry bans were issued against countries with severe outbreaks, Iran, South Korea, Italy, France, Spain, the United States, and Great Britain among dozens of others. In addition, certain countries with low or no confirmed cases implemented border shutdowns preventing any entry and exit movement by citizens or non-citizens alike; effectively grounding commercial flights. Almost all of Latin American, Sub-Saharan, and Oceanian nations followed that route for months. The European Union and Canada implemented entry bans against non-residents starting in late March; though the EU lifted it in early June; anyone coming from abroad was subjected to mandatory 14 days quarantine. In total, 168 countries, out of 195, implemented access restrictions to their territories. 90 of those countries denied access to territory with no exceptions for asylum-seekers during the first three months of lockdown (March-June 2020).<sup>5</sup>

Though certain countries started to ease entry bans or border shutdowns in the second half of the year, others, such as the United States, extended them. The Biden administration has walked back its earlier announcement that it will keep this year's historically low refugee ceiling of 15,000 set by the previous administration. However, it is still unknown what the new cap will be for the remainder of the fiscal year.<sup>6</sup> Regrettably, the resurgence of infections during the second wave in October plus the discovery, in late 2020, of more contagious and transmissible variants, originated in the U.K., Brazil, and South Africa, have

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<sup>4</sup> In late January 2020, the first movement restriction measures were implemented domestically by the Chinese government, by locking down several cities and regions, preventing millions of people from leaving. It was at that moment that several countries began to declare China travel advisory notifications and international airlines started to cancel flights to several Chinese destinations. By February, multiple countries had already issued travel bans preventing the entry of non-residents that had been in China in the previous 15 days; ignoring WHO recommendations against any restrictions on international travel.

<sup>5</sup> UNHCR, "COVID-19 Platform - Temporary Measures and Impact on Protection".

[https://im.unhcr.org/covid19\\_platform/](https://im.unhcr.org/covid19_platform/).

<sup>6</sup> Barbara Sprunt, "White House Walks Back Order On Refugee Limits After Backlash," NPR.org, April 14, 2021, <https://www.npr.org/2021/04/16/988004786/lawmakers-call-on-biden-to-formally-raise-refugee-cap-after-delays>.

triggered the reimposition of strict entry and travel bans across the world. Some countries, for instance Israel, Australia, New Zealand, and China, re-instituted almost total entry bans; while others, like Great Britain, Italy, Germany, Japan, and Canada prohibited all civil commercial air travel from entire affected regions such as Latin America or Southern Africa. All of these measures have resulted in a reduction in international passenger air travel by 70% in 2020.<sup>7</sup> This resulted in a 33% decrease in numbers of asylum applications in the first half of 2020 compared to 2019<sup>8</sup>.

Finally, the implementation of lockdowns and shutdowns prompted a dual effect: first, the forced immobility of hundreds of thousands of migrant workers in extremely vulnerable situations with no access to health services nor emergency housing;<sup>9</sup> and second, the return of millions of seasonal migrant workers to their countries of origin or their homes in the interior. In cases, such as Ukraine, Poland, Romania, Mexico, Venezuela, Pakistan, Jordan, Nigeria, Zimbabwe, and India, this movement further increased the spread of COVID-19 in regions of zero or slow disease growth.<sup>10</sup> The case of Venezuelans FDPs is paradigmatic. A large proportion of the almost two million living in Colombia, found themselves out of work, healthcare access, and social benefits when Bogota enacted one of the strictest lockdowns in Latin America. Their marginal status turned them into targets of xenophobic attacks, and for those who returned to Venezuela, they were accused of being COVID-19 vectors and they were blamed for the spread of the virus by government officials.<sup>11</sup>

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<sup>7</sup> International Civil Aviation Organization (ICAO), “Effects of Novel Coronavirus (COVID-19) on Civil Aviation: Economic Impact Analysis” (Montréal, Canada, June 1, 2021), [https://www.icao.int/sustainability/Documents/Covid-19/ICAO\\_coronavirus\\_Econ\\_Impact.pdf](https://www.icao.int/sustainability/Documents/Covid-19/ICAO_coronavirus_Econ_Impact.pdf).

<sup>8</sup> UNHCR, “Resettlement Data,” UNHCR, 2021, <https://www.unhcr.org/resettlement-data.html>.

<sup>9</sup> Paula Erizanu, “Stranded or Shunned: Europe’s Migrant Workers Caught in No-Man’s Land,” *The Guardian*, April 16, 2020, <http://www.theguardian.com/world/2020/apr/16/stranded-or-shunned-europes-migrant-workers-caught-in-no-mans-land>.; Harriet Grant, “‘No Food, Water, Masks or Gloves’: Migrant Farm Workers in Spain at Crisis Point,” *The Guardian*, May 1, 2020, <http://www.theguardian.com/global-development/2020/may/01/no-food-water-masks-or-gloves-migrant-farm-workers-in-spain-at-crisis-point>.; Ofelia de Pablo et al., “‘We Pick Your Food’: Migrant Workers Speak out from Spain’s ‘Plastic Sea,’” *The Guardian*, September 20, 2020, <http://www.theguardian.com/global-development/2020/sep/20/we-pick-your-food-migrant-workers-speak-out-from-spains-plastic-sea>.; Paula Newton, “They Came to Canada as Essential Workers. Hundreds Were Infected with the Coronavirus on the Job,” *CNN*, June 16, 2020, <https://www.cnn.com/2020/06/16/americas/canada-mexico-migrants-covid-19-intl/index.html>.

<sup>10</sup> Jeffrey Gettleman et al., “The Virus Trains: How Lockdown Chaos Spread Covid-19 Across India,” *The New York Times*, December 15, 2020, sec. World, <https://www.nytimes.com/2020/12/15/world/asia/india-coronavirus-shramik-specials.html>.; Nils Klawitter, Steffen Lüdke, and Hannes Schrader, “The Systematic Exploitation of Harvest Workers in Europe,” *SPIEGEL International*, July 22, 2020, <https://www.spiegel.de/international/germany/cheap-and-expendible-the-systematic-exploitation-of-harvest-workers-in-europe-a-b9237b95-f212-493d-b96f-e207b9ca82d9>.; Alison Mutler, “Romanian Migrants Get COVID-19 As Pandemic Exposes Bad Conditions For East European Workers,” *RadioFreeEurope/RadioLiberty*, May 30, 2020, <https://www.rferl.org/a/romanian-migrants-get-covid-19-as-pandemic-exposes-bad-conditions-for-east-european-workers/30643195.html>.; Reuters, “Mexico to Stop Sending Workers to Canadian Farms Hit by Coronavirus,” *Reuters*, June 16, 2020, <https://www.reuters.com/article/us-health-coronavirus-mexico-canada-idUSKBN23N22Z>.

<sup>11</sup> Anastasia Moloney, “Returning Home, Venezuelans Face Accusations of Spreading COVID-19,” *Reuters*, August 20, 2020, <https://www.reuters.com/article/us-health-coronavirus-venezuela-migrants-idUSKCN25G03N>.; Ángela Méndez-Triviño, “Forced Back Home by the Pandemic, Venezuelan Grandmother Sees No Choice but to Flee Once Again,” *UNHCR*, December 10, 2020, <https://www.unhcr.org/news/stories/2020/12/5fd14a064/forced-home>.

## 1.2 Borders and Admission Procedures for Asylum-Seekers

Since mobility restrictions started to be implemented in late January 2020, all people were vulnerable to their impacts. But FDPs were more particularly impacted and faced specific protection concerns. The pandemic has pushed governments around the world to adopt measures with the goal of protecting public health, such as the aforementioned lockdowns and border closures, that defy fundamental principles of refugee and human rights laws.

While states have a responsibility to protect public health and may temporarily order border closures to limit transmission, asylum-seekers also have a right to seek international protection at those borders, and may not be returned – either directly or indirectly – to a country of persecution or danger. The principle of non-refoulement is one of the most widely recognized norms of customary international law, thus requiring exceptions to any closed borders. As such, while borders may be “partially” closed, with restrictions on access to territory in place, 81 countries granted “exceptions” to persons seeking international protection<sup>12</sup>. Rwanda and Niger, for instance, have granted the entry, to emergency transit facilities, of 280 vulnerable asylum-seekers from Libya; the first evacuation from that country in nearly a year after delays due to COVID-19-related worldwide border closures and movement restrictions.<sup>13</sup> A total of 1,027 refugees departed from Lebanon to nine resettlement countries, including France, Germany, and Sweden, between August and September 2020.<sup>14</sup>

However, at the height of lockdown and border closure measures almost 100 countries were denying all access to their territories, including for asylum seekers.<sup>15</sup> During the first half of 2020, an estimated 580,000 new individual applications for asylum were lodged globally with States or UNHCR, 33% fewer than the same period in 2019.<sup>16</sup>

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[pandemic-venezuelan-grandmother-sees-choice-flee-once.html](https://www.npr.org/2020/12/29/949548865/large-venezuelan-migration-sparks-xenophobic-backlash-in-colombia).; John Otis, “Large Venezuelan Migration Sparks Xenophobic Backlash In Colombia,” NPR.org, December 29, 2020, <https://www.npr.org/2020/12/29/949548865/large-venezuelan-migration-sparks-xenophobic-backlash-in-colombia>.; Ana Vanessa Herrero, Anthony Faiola, and Mariana Zuñiga, “As Coronavirus Explodes in Venezuela, Maduro’s Government Blames ‘Biological Weapon’: The Country’s Returning Refugees,” *Washington Post*, July 19, 2020, [https://www.washingtonpost.com/world/the\\_americas/coronavirus-venezuela-migrant-maduro/2020/07/19/582c659c-c518-11ea-a99f-3bbdff1af38\\_story.html](https://www.washingtonpost.com/world/the_americas/coronavirus-venezuela-migrant-maduro/2020/07/19/582c659c-c518-11ea-a99f-3bbdff1af38_story.html).

<sup>12</sup> UNHCR, “COVID-19 Platform - Temporary Measures And Impact On Protection”

<sup>13</sup> UNHCR, “UNHCR Global COVID-19 Emergency Response” (UNHCR, December 22, 2020), <https://reporting.unhcr.org/sites/default/files/UNHCR%20Global%20COVID-19%20Emergency%20Response%2022%20December%202020.pdf>.

<sup>14</sup> UNHCR, “UNHCR Warns 2020 Risks Lowest Resettlement Levels in Recent History,” November 19, 2020, <https://www.unhcr.org/news/press/2020/11/5fb4e6f24/unhcr-warns-2020-risks-lowest-resettlement-levels-recent-history.html>.

<sup>15</sup> Teresa Welsh, “To Stop COVID-19 Spread, Colombia Halves Venezuela Response Services,” *Devex*, March 17, 2020, <https://www.devex.com/news/sponsored/to-stop-covid-19-spread-colombia-halves-venezuela-response-services-96780>.

<sup>16</sup> UNHCR, “Resettlement Data”

At the same time, the number of individuals who received refugee or complementary forms of protection status through prima facie or group-based mechanisms fell from 239,800 in the first half of 2019 to 187,900 in the first half of 2020, a drop of 22%.<sup>17</sup> UNHCR announced that in 2020, only 22,770 refugees were resettled (compared to 55,086 over the same period in 2019), a 70% fall, representing the lowest levels of resettlement witnessed in almost two decades.<sup>18</sup> <sup>19</sup> Asylum seekers selected for resettlement in Bangladesh and Libya being most affected. Starting in June 2020, the European Union and Great Britain resumed their resettlement programs, but at a much slower pace because of social distance and health restriction measures prohibiting face to face interviews. By the end of June 2020, despite the substantial drop in new asylum claims, the global backlog of pending individual applications remained at close to 4.2 million, virtually at par with six months earlier.<sup>20</sup>

By late January 2021, countries such as the United States, Russia, Australia, Brazil, Colombia, Thailand, and India, continued to deny access to asylum seekers due to COVID-19 restrictions by either pausing resettlement or processing asylum requests. The United States, which was already drastically reducing resettlements pre-COVID-19, stopped taking refugees from March 19 until July 29, 2020 because of travel restrictions<sup>21</sup>. As a result, the country resettled around 6,000 people compared to the already extremely reduced figure of 21,000 in 2019, compared to the high of 78,761 in 2016.<sup>22</sup>

Nevertheless, this did not stop the Immigration and Customs Enforcement agency (ICE) from speeding up the removal process even while lockdown and international border closures were in place.<sup>23</sup> ICE conducted 1,008 deportation flights in 2020, to at least 31 countries in Latin America, the Caribbean, and Africa.<sup>24</sup> US expulsions, both by air and land, have totaled at least 350,000 people since March 2020. In contrast, most of the European Union countries, while having suspended resettlements until June 2020 and then gradually lifted restrictions to access territory, have since March suspended removal orders, and automatically extended registration cards and residence permits while COVID-19 emergency policies were in place.<sup>25</sup>

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<sup>17</sup> Ibid.

<sup>18</sup> UNHCR, "UNHCR Warns 2020 Risks Lowest Resettlement Levels in Recent History"

<sup>19</sup> Kristy Siegfried, "The Refugee Brief - 5 March 2021," *The Refugee Brief* (blog), March 5, 2021, <https://www.unhcr.org/refugeebrief/the-refugee-brief-5-march-2021/>.

<sup>20</sup> UNHCR, "Mid-Year Trends | 2020" (UNHCR, 2020), <https://www.unhcr.org/5fc504d44.pdf>.

<sup>21</sup> Edward McAllister, "Locked out by COVID, Refugees' Lives on Hold," *Reuters*, August 31, 2020, <https://www.reuters.com/article/us-health-coronavirus-africa-refugees-in-idUSKBN25R0MO>.

<sup>22</sup> UNHCR, "Resettlement Data"

<sup>23</sup> Julian Borger, "Ice Flies African Asylum Seekers to Nairobi in Last-Minute Deportation Push," *The Guardian*, January 16, 2021, sec. US news, <http://www.theguardian.com/us-news/2021/jan/16/ice-african-deportation-flight-asylum-seekers-nairobi>.

<sup>24</sup> Thomas Cartwright, Karla Barber, and Joshua Rubin, "ICE Air Research and Tracking Team:" (Witness at the Border, January 5, 2021), <https://static1.squarespace.com/static/5e221cacff87ba2d2833cf54/t/5ff46a4cc6d0380271c03af8/1609853524980/ICE+Air+Dec+Ytd+v1PDF.pdf>.

<sup>25</sup> European Migration Network, "Special Annex To The 31st EMN Bulletin EU Member States & Norway: Responses To COVID-19 In The Migration And Asylum Area April," June 2020, [https://ec.europa.eu/home-affairs/sites/default/files/docs/pages/00\\_eu\\_31st\\_emn\\_bulletin\\_special\\_annex\\_en\\_0.pdf](https://ec.europa.eu/home-affairs/sites/default/files/docs/pages/00_eu_31st_emn_bulletin_special_annex_en_0.pdf).; European Asylum

## 2 COVID-19 Epidemiological Impacts and Mitigation

Since March 2020, the World Health Organization (WHO) and other international institutions, and humanitarian NGOs have raised concerns over the possible direct and indirect health and epidemiological effects of the COVID-19 pandemic on refugee and migrant populations worldwide.<sup>26</sup> There was broad consensus on three main areas of impact:

1. Spread of the infection.
2. Possible mitigation instruments.
3. Collateral effects.

Overall, results from the first global systematic survey conducted by the World Health Organization (WHO) amongst 30,000 refugees and migrants indicated the detrimental impact of the COVID-19 pandemic on their mental and physical health, as well as their ability to work and support themselves. The average impact assessment reported was 7.5/10 (0 being no impact, to 10 being extreme impact).<sup>27</sup>

However, the impact of the COVID-19 pandemic on the above areas has varied significantly among affected regions or countries. Complete data is still unavailable, but at first glance, it would seem that refugee populations residing in camps were not as seriously affected as was feared back in March 2020. It seems that limited contact with local populations, humanitarian agencies quickly prioritizing COVID-19 prevention, and responsible behavior averted a generalized spread.<sup>28</sup> Instead, COVID-19 seems to have had higher prevalence among FDPs and migrant communities in urban areas, particularly densely populated informal neighborhoods with deficient infrastructure<sup>29</sup>. High density multigenerational families residing in small quarters with poor ventilation were infection incremental factors.<sup>30</sup>

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Support Office, "COVID-19: Asylum Applications down by 43% in March," EUROPEAN ASYLUM SUPPORT OFFICE, April 30, 2020, <https://easo.europa.eu/news-events/covid-19-asylum-applications-down-march>.

<sup>26</sup> UNHCR, "UNHCR's Gillian Triggs Warns COVID-19 Severely Testing Refugee Protection," UNHCR, October 7, 2020, <https://www.unhcr.org/news/press/2020/10/5f7de2724/unhcrs-gillian-triggs-warns-covid-19-severely-testing-refugee-protection.html>.

<sup>27</sup> World Health Organization, *ApartTogether Survey: Preliminary Overview of Refugees and Migrants Self-Reported Impact of COVID-19* (Geneva, 2020), <https://apps.who.int/iris/bitstream/handle/10665/337931/9789240017924-eng.pdf?sequence=1&isAllowed=y>.

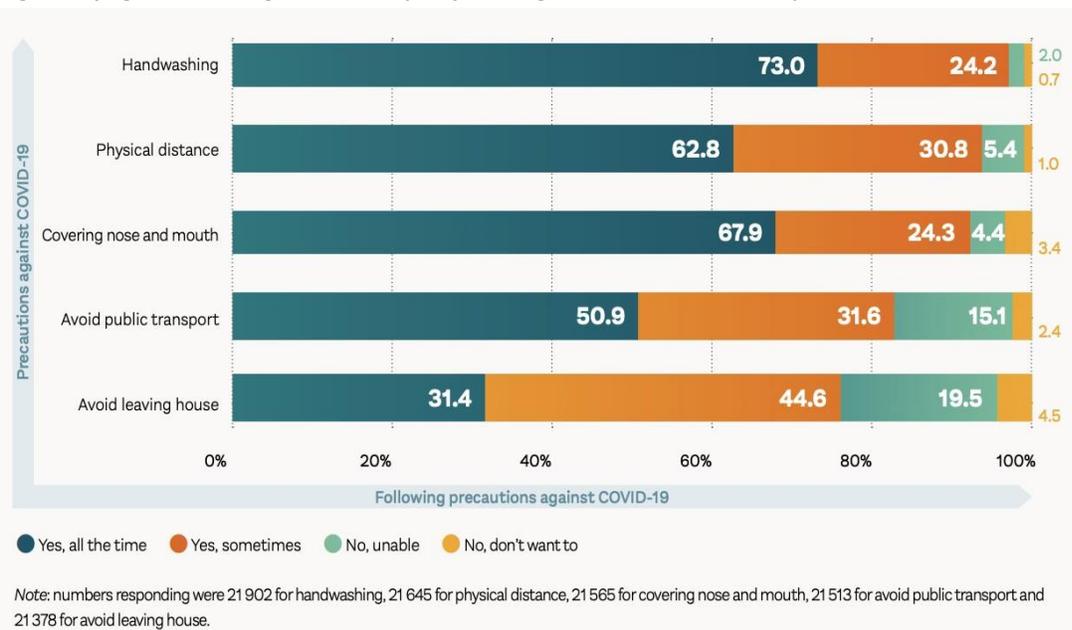
<sup>28</sup> Jan Egeland, "What We Got Wrong about Covid and Refugees," NRC.no, January 7, 2021, <https://www.nrc.no/opinions-all/what-we-got-wrong-about-covid-and-refugees/>.

<sup>29</sup> "Mixed Migration Review 2020. Highlights. Interviews. Essays. Data." (Geneva: Mixed Migration Centre, 2020), <https://reliefweb.int/sites/reliefweb.int/files/resources/Mixed-Migration-Review-2020.pdf>.

<sup>30</sup> Scientific Advisory Group for Emergencies, "SPI-B/EMG: MHCLG Housing Impacts Paper," 2020, 11. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/923605/s074-4-4a-mhclg-housing-impacts-summary-paper.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923605/s074-4-4a-mhclg-housing-impacts-summary-paper.pdf)

Mitigation policies seem to have been mostly ineffective in curbing the spread of infection among low income and marginalized populations, including refugees and migrant workers, even in countries that were successful in handling the pandemic.<sup>31</sup> Stay at home orders, lockdowns, or curfews have been difficult to sustain for migrant populations: most of their jobs are essential or are impossible to perform remotely. In addition, their employment sites, home locations and commuting options tend to be overcrowded, limiting the effects of social distancing and mask wearing. This is reflected in the WHO survey responses: while the majority of respondents mentioned that they were able to practice physical distancing, handwashing, and covering mouth and nose, about half of them were unable to avoid using public transportation and only 31 percent were able to follow stay at home orders.<sup>32</sup> As the results do not disaggregate the data by status (refugee, migrant) and given that FDPs often face more acute deprivations in terms of housing and access to services, it is safe to assume that the data reported overestimates the ability to follow government-initiated preventive measures.

Fig 1. Refugees and migrants ability to follow government-initiated preventive measures.



Source: WHO 2020 *Apart Together* survey PRELIMINARY OVERVIEW OF REFUGEES AND MIGRANTS SELF-REPORTED IMPACT OF COVID-19. <https://reliefweb.int/sites/reliefweb.int/files/resources/9789240017924-eng.pdf>

Note: Data based on responses from 28,853 refugees and migrants from around the world who have shared their perspectives on how COVID-19 has impacted their lives. Survey respondents were 16 years old or older and lived in

<sup>31</sup> Laavanya Kathiravelu and NTU, "COVID-19 Exposes the Singapore Migrant Worker Experience," East Asia Forum, November 10, 2020, <https://www.eastasiaforum.org/2020/11/11/covid-19-exposes-the-singapore-migrant-worker-experience/>; Mariko Tamura, "Asylum Seekers in Japan Face Battle for Survival in Time of Coronavirus," Kyodo News+, June 26, 2020, <https://english.kyodonews.net/news/2020/06/c1643ef5a7b1-feature-asylum-seekers-face-battle-for-survival-in-time-of-coronavirus.html>. This was the case of Singapore and Japan, two countries that have witnessed, proportionally to similar countries, lower levels of hospitalizations and fatalities. The marginalization of asylum seekers and migrant workers seems to be the factor in both cases.

<sup>32</sup> World Health Organization, *Apart Together Survey: Preliminary Overview of Refugees and Migrants Self-Reported Impact of COVID-19*.

170 countries and originated from 159 countries. However, the survey does not distinguish between specific responses by population group (refugees, internally displaced).

## 2.1 COVID-19 Spread among Refugee Populations

At the start of the pandemic, when several countries around the world started to enforce national lockdowns in order to curb the infection rate and avert the possible saturation of their health systems due to the rapid increase of hospitalizations, humanitarian agencies sounded the alarm about the terrible prospects facing refugee populations. It was believed, then, that COVID-19 would rapidly spread in overcrowded and unsanitary environments, such as refugee camps and informal settlements, where mitigation policies such as social distancing or masks are futile or require streamlined logistics and durable infrastructure. In addition, previous outbreaks of Cholera, Ebola, and Malaria, among others in camps in Yemen, Democratic Republic of Congo, and Cameroon, had been uncontrollable, resulting in thousands of cases.<sup>33</sup>

Yet, by late December 2020, UNHCR was able to report a total of less than 40,000 confirmed cases of COVID-19 among FDPs in more than 103 countries.<sup>34</sup> This figure potentially underreports the real number of those infected, given the limited testing capacities, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared. Nevertheless, it indicates that refugee populations, in camps, have not suffered from COVID-19 outbreaks as expected and feared in Spring 2020,<sup>35</sup> even if they have been greatly impacted by the indirect and systemic effects of the pandemic.<sup>36</sup>

In the absence of rigorous studies and data explaining virus transmission in these contexts, we can only speculate as to the complex reasons why the virus trajectory has not been deadlier for FDPs so far. In particular, four reasons seem to explain the lower mortality rates of COVID-19 amongst FDPs:

1. *Age group composition*: the majority of refugees are within the 18-59 years of age group and estimated 30–34 million (38-43%) of the 80 million forcibly displaced persons are children below 18 years old.<sup>37</sup>
2. *Warmer climates and the concentration of activities in outdoor settings*: higher temperatures along higher concentration of humidity in combination with the absence of indoor housing amenities (water, cooking sanitation) forces FDPs to spend more time outdoors, potentially mitigating the effect of overcrowded living conditions.

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<sup>33</sup> Tony Banbury, Chris Beyrer, and Paul Spiegel, “COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies” (Refugees International), accessed June 9, 2021, <https://www.refugeesinternational.org/reports/2020/3/29/covid-19-and-the-displaced-addressing-the-threat-of-the-novel-coronavirus-in-humanitarian-emergencies>.

<sup>34</sup> UNHCR, “UNHCR Global COVID-19 Emergency Response”

<sup>35</sup> Jan Egeland, “What We Got Wrong about Covid and Refugees”

<sup>36</sup> UNOCHA, “GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19 - UNITED NATIONS COORDINATED APPEAL APRIL – DECEMBER 2020,” 2020, [https://www.unocha.org/sites/unocha/files/GHRP-COVID19\\_Annexes\\_July\\_update.pdf](https://www.unocha.org/sites/unocha/files/GHRP-COVID19_Annexes_July_update.pdf).

<sup>37</sup> Based on data from United Nations High Commissioner for Refugees, “UNHCR - Refugee Statistics,” UNHCR, December 8, 2020, <https://www.unhcr.org/refugee-statistics/>.

4. *Better experience in managing responses to endemic diseases*: the areas where FDPs reside are often prone to endemic diseases and outbreaks that are often managed with limited resources through local mitigation efforts. The lessons learned, particularly during the appearance of new diseases such as the recent Ebola outbreaks experienced in informal settlements in parts of Africa, may well be shaping local responses to the Covid-19 pandemic.<sup>38</sup>
5. *Better immune responses to coronaviruses and fewer underlying conditions*: more exposure to other coronaviruses that cause little more than colds in humans, which require which may provide some defense against COVID-19.<sup>39</sup> In addition, many of the underlying conditions that are prevalent in high-income countries (i.e., diabetes, obesity) are not as prominent in lower income countries.

In addition, the reported numbers do not entirely account for cases among the forcibly displaced populations residing in urban areas, where the majority of refugees live.<sup>40</sup> In fact, COVID-19 has had the highest incidences in overcrowded low-income residential areas. First- and second-generation migrant populations represent a sizable share of cases in both developed and developing countries; particularly low-skilled labor migrants in crowded and multigenerational dormitories have been disproportionately affected by the pandemic.<sup>41</sup> Incidence rates among migrants and forcibly displaced persons appear to be consistently higher than among non-migrant groups.<sup>42</sup> Migrants in high-income countries are at increased risk of infection and death due to COVID-19 due to migrants' living, working conditions, and limited access

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<sup>38</sup> Muhammed O. Afolabi et al., "Lessons from the Ebola Epidemics and Their Applications for COVID-19 Pandemic Response in Sub-Saharan Africa," *Developing World Bioethics* 21, no. 1 (March 2021): 25–30, <https://doi.org/10.1111/dewb.12275>.

<sup>39</sup> Linda Nordling, "The Pandemic Appears to Have Spared Africa so Far. Scientists Are Struggling to Explain Why," *Science* | AAAS, August 11, 2020, <https://www.sciencemag.org/news/2020/08/pandemic-appears-have-spared-africa-so-far-scientists-are-struggling-explain-why>.

<sup>40</sup> Jorge Galindo Torrado Santiago, "Los migrantes venezolanos en Colombia afrontan la pandemia entre la vulnerabilidad y la xenofobia," *EL PAÍS*, August 18, 2020, sec. Sociedad, <https://elpais.com/sociedad/2020-08-18/los-migrantes-venezolanos-en-colombia-afrontan-la-pandemia-entre-la-vulnerabilidad-y-la-xenofobia.html>; or Timour Azhari, "Palestinian Refugees in Lebanon Three Times More Likely to Die with COVID-19," *Reuters*, February 16, 2021, <https://www.reuters.com/article/us-lebanon-refugees-health-trfn-idUSKBN2AG22M>.

<sup>41</sup> Examples from Saudi Arabia and Singapore, where the Ministries of Health have provided official data on the migration status of individuals who tested positive, show the differential exposure to the virus of the migrant population. According to the Saudi Ministry of Health, 75% of all new confirmed cases as of 7 May 2020 were among migrants (<https://twitter.com/SaudiMOH/status/1258455943546900482>). Over 95 per cent of the confirmed cases in Singapore by 19 June 2020 were migrants, with over 93% of the total cases being related to migrants' dormitories (<https://covidsitrep.moh.gov.sg/>). Despite a downward trend in the number of new cases, as of 4 February 2021, residents of dormitories continued to account for 91% of the cumulative number of cases in Singapore (<https://covidsitrep.moh.gov.sg/>). More information can be found here: Migration Data Portal, "Migration Data Relevant for the COVID-19 Pandemic," Migration Data Portal, March 10, 2021, <http://migrationdataportal.org/themes/migration-data-relevant-covid-19-pandemic>.

<sup>42</sup> Maren Hintermeier et al., "SARS-CoV-2 among Migrants and Forcibly Displaced Populations: A Rapid Systematic Review," *MedRxiv*, December 14, 2020, 2020.12.14.20248152, <https://doi.org/10.1101/2020.12.14.20248152>. All studies included in this review focused on migrant and forcibly displaced persons who were at a higher risk of becoming infected due to their living and working conditions

to healthcare.<sup>43</sup> Lastly, the majority of refugees, even those in camps, live within high density urban areas in countries like Kenya, Lebanon, Jordan, and Ethiopia, amongst others.

Since the start of the second wave in September 2020, and with the addition of the highly infectious and transmissible so-called UK and South African variants, cases, hospitalizations, and fatalities have increased exponentially in all affected countries. More than half of refugee confirmed cases have been reported during the last quarter of 2020. Camps situated in previously spared, or less affected, countries such as Greece, Bangladesh, Syria, and Jordan, have recorded their first outbreaks in the last 100 days of 2020.<sup>44</sup>

COVID-19 will continue to spread among forcibly displaced populations, unless rapid and effective mitigation measures are in place. It is likely that in the next two to three years the rate of mutations, transition into endemic phase, and primary exposure being in childhood, COVID-19 may be no more virulent than the common cold, decreasing its severity and fatality rate.<sup>45</sup> Therefore, and following previous epidemiological trends with diseases considered controlled or even eradicated in the Global North, we should expect spikes in COVID-19 outbreaks among forcibly displaced populations until at least well into the second half of the current decade.<sup>46</sup>

## 2.2 Mitigation Policies and Practices

In late January and early February 2020, governments and laboratories around the world started to develop different pharmaceutical and non-pharmaceutical mitigation strategies in order to curb the spread of COVID-19. Amongst the former, vaccine research, development, trial approval, and distribution was thought to take at least 18 months; and, therefore, pharmaceutical interventions relied on the trial of various anti-viral drugs, such as Remdesivir, and the proliferation of similar ARDS (Acute Respiratory Distress Syndrome) treatments used for SARS-1 (2002-2004) and MERS (2012-2015) hospitalized cases. Yet, unlike its coronavirus cousins, SARS-2 did not just affect the respiratory system, but it also severely impacted kidneys, liver, the immune system, and cardiac circulation among others. It was not until the

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<sup>43</sup> Sally E. Hayward et al., "Clinical Outcomes and Risk Factors for COVID-19 among Migrant Populations in High-Income Countries: A Systematic Review," *MedRxiv*, December 22, 2020, 2020.12.21.20248475, <https://doi.org/10.1101/2020.12.21.20248475>.

<sup>44</sup> "Lesbos: Hundreds Test Positive for Covid-19 after Migrant Camp Fire," *BBC News*, September 21, 2020, sec. Europe, <https://www.bbc.com/news/world-europe-54239446>; "Emergency: Rohingya Crisis - WHO Bangladesh Situation Report #24" (WHO, September 24, 2020), <https://reliefweb.int/report/bangladesh/emergency-rohingya-crisis-who-bangladesh-situation-report-24-24-september-2020>; Martin Chulov, "Aid Agencies Warn of Covid-19 Crisis in Refugee Camps as Winter Approaches," *The Guardian*, September 23, 2020, sec. Global development, <http://www.theguardian.com/global-development/2020/sep/23/aid-agencies-warn-of-covid-19-crisis-in-refugee-camps-as-winter-approaches>; "Ten-Fold Increase in Coronavirus Cases Adds New Challenges in Northwest Syria | MSF," *Médecins Sans Frontières (MSF) International*, September 22, 2020, <https://www.msf.org/ten-fold-increase-coronavirus-cases-adds-new-challenges-northwest-syria>.

<sup>45</sup> Jennie S. Lavine, Ottar N. Bjornstad, and Rustom Antia, "Immunological Characteristics Govern the Transition of COVID-19 to Endemicity," *Science* 371, no. 6530 (February 12, 2021): 741–45, <https://doi.org/10.1126/science.abe6522>.

<sup>46</sup> Stephen M. Kissler et al., "Projecting the Transmission Dynamics of SARS-CoV-2 through the Postpandemic Period," *Science* 368, no. 6493 (May 22, 2020): 860–68, <https://doi.org/10.1126/science.abb5793>.

height of the first wave in early April that physicians discovered more effective, and cheap, treatments, like the use of steroids and corticoids, to avoid intubation and the use of ventilators in severe cases.

Lack of vaccine and proven drug treatments made non-pharmaceutical mitigation policies the default choice. These varied from specific country travel bans and Chinese and Northern Italian city-wide lockdowns by mid-February, to an almost worldwide shutdown of international borders, grounding of flights, and nation-wide total lockdowns by mid-March. They were accompanied by social distancing and mask wearing mandates. The latter one proved to be the most effective tool to slow down and lower the spread of COVID-19; even before the WHO recognized aerosol transmission.<sup>47</sup> However, due to the breakdown of logistical procurement from manufacturing sites in China, and the low amount of several national stockpiles, most of N95 and surgical grade masks had to be reserved for hospital use and only started to become slowly available to the general population in mid-April.<sup>48</sup>

Appropriation of masks, gloves, ventilators, and other medical equipment became an international auction with cities, regions, countries, international organizations, NGOs, and companies all outbidding each other. This resulted in a serious lack of medical supplies destined to forcibly displaced populations.<sup>49</sup> Items, such as masks, became more available in the second half of 2020, by either refugee ingenuity,<sup>50</sup> or support from international humanitarian agencies.<sup>51</sup> UNHCR carried the provision of medical equipment for refugee populations residing in countries with difficult access to international trade, like the Islamic Republic of Iran, for their use in medical centers and hospitals in refugee-hosting provinces.<sup>52</sup>

Vaccine research and development has been much faster than anticipated. By mid-January 2021, seven vaccines had been approved by several health agencies and more than 100 million doses were being administered in 62 countries.<sup>53</sup> However, production limitations allow for the fabrication of around 4 billion shots by the end of the year. By early March 2021, eight COVID-19 vaccines had been made

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<sup>47</sup> Megan Molteni, "How Masks Went From Don't-Wear to Must-Have During the Coronavirus Pandemic," *Wired*, July 2, 2020, <https://www.wired.com/story/how-masks-went-from-dont-wear-to-must-have>.

<sup>48</sup> Olga Khazan, "Why We're Running Out of Masks," *The Atlantic*, April 10, 2020, <https://www.theatlantic.com/health/archive/2020/04/why-were-running-out-of-masks-in-the-coronavirus-crisis/609757/>.

<sup>49</sup> "The Impact of Coronavirus (COVID-19) on Forcibly Displaced Persons in Developing Countries" (OECD, June 15, 2020), <https://www.oecd.org/coronavirus/policy-responses/the-impact-of-coronavirus-covid-19-on-forcibly-displaced-persons-in-developing-countries-88ad26de/>.

<sup>50</sup> United Nations High Commissioner for Refugees, "Refugees Make Protective Masks to Curb the Spread of Coronavirus," *UNHCR*, June 15, 2020, <https://www.unhcr.org/news/stories/2020/6/5ee72bc44/refugees-make-protective-masks-to-curb-the-spread-of-coronavirus.html>.

<sup>51</sup> ISCG, "Humanitarian Partners Complete Distribution of over 2.8 Million Masks across All Rohingya Refugee Settlements and All 8 Upazilas throughout Cox's Bazar District," October 1, 2020, <https://reliefweb.int/report/bangladesh/humanitarian-partners-complete-distribution-over-28-million-masks-across-all>.

<sup>52</sup> UNHCR, "UNHCR Global COVID-19 Emergency Response"

<sup>53</sup> Tom Randall et al., "More Than 2.19 Billion Shots Given: Covid-19 Tracker," *Bloomberg*, <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>.

available to the public and 280 million doses had been administered in more than 111 countries.<sup>54</sup> Roll out in the majority of cases has been slower than expected. Several countries have designated essential workers as a prioritized population, implying that many migrants will have early access to vaccination.

However, no definitive plans have been designed for vaccinating refugee populations, within global south countries, except being beneficiary of the WHO sponsored COVAX alliance. As of result of the latter, the UNHCR and Gavi, the Vaccine Alliance, signed a Memorandum of Understanding (MoU) on 03 February 2020, with the overall goal of ensuring refugees and other forcibly displaced can access vaccines on par with nationals.<sup>55</sup> Nevertheless, out of 111 countries currently developing national COVID-19 vaccination strategies, only half of them have included refugees in their vaccination plans,<sup>56</sup> with Jordan standing out as one of the leaders in vaccinating refugees.<sup>57</sup>

It is expected that access to the vaccine will be difficult initially, as all developed countries race to acquire sufficient quantities and poorer countries struggle to secure funding. As a result, the rollout in middle-income and emerging countries will take much longer. We do not expect it to take place at a game-changing scale before 2022. The picture appears even bleaker for low-income countries; and we do not expect most of these states to have wide access to a vaccine before 2022-23.<sup>58</sup> Compounded that most of them require two shots to achieve desired immunity, plus the many logistical and distribution hurdles that prevent a faster roll out, best estimates indicate that at most 2.5 billion people will be vaccinated by the end of 2021. In mid-January 2021, UNHCR set as a priority ensuring the vaccination of 83 million forcibly displaced people, including 30 million refugees.<sup>59</sup>

Vaccine administration to migrant and forcibly displaced populations will depend on a myriad of factors, but their place of residency and host country will be the most important ones. Of the 111 countries currently developing national COVID-19 vaccination strategies, around 50 have included refugees in their plans. Countries like Greece, Jordan, and Nepal have already confirmed the inclusion of refugee camps in their vaccination campaigns. In fact, Jordan became the first country to vaccinate refugees in late

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<sup>54</sup> Ibid.

<sup>55</sup> UNHCR, "UNHCR Global COVID-19 Emergency Response"

<sup>56</sup> Tim Gaynor, "Q&A: 'Including Refugees in the Vaccine Rollout Is Key to Ending the Pandemic,'" UNHCR, January 4, 2021, <https://www.unhcr.org/news/latest/2021/1/5fff1afe4/ga-including-refugees-vaccine-rollout-key-ending-pandemic.html>; Miriam Berger, "Dozens of Countries Have No Plan to Vaccinate Refugees. That Could Leave Everyone at Risk.," Washington Post, February 1, 2021, <https://www.washingtonpost.com/world/2021/01/30/refugees-vaccine-covid-jordan/>.

<sup>57</sup> "Refugees Receive COVID-19 Vaccinations in Jordan," UNHCR, January 14, 2021, <https://www.unhcr.org/news/press/2021/1/5ffffe614/refugees-receive-covid-19-vaccinations-jordan.html>.

<sup>58</sup> "Rich Countries Will Get Access to Coronavirus Vaccines Earlier than Others," *Economist Intelligence Unit*, December 18, 2020, sec. Economy, <https://www.eiu.com/n/rich-countries-will-get-access-to-coronavirus-vaccines-earlier-than-others/>.

<sup>59</sup> Gaynor, Tim. "Q&A: 'Including Refugees in the Vaccine Rollout Is Key to Ending the Pandemic'"

January.<sup>60</sup> Migrants and refugees in urban settings and integrated into the labor force might have quick access to vaccines, particularly if they are categorized as essential workers.

### 2.3 Collateral Effects

The allotment and concentration of worldwide logistical and health related resources to combat COVID-19, plus the enforcement of harsh non-pharmaceutical mitigation policies, such as lockdowns, have severely affected the current sanitary and immunization campaigns against HIV, tuberculosis, malaria, cholera, HPV, dengue, yellow fever, polio, and others, plus all pediatric vaccination. In addition, periodical medical check-ups and screenings for congenital and other non-viral/bacterial diseases, such as cancers and cardiorespiratory conditions, have been interrupted because of lockdowns or discontinued because of fear of infection.

The impact of the pandemic mitigation policies has been extremely detrimental for non-COVID-19 related vaccination and prevention campaigns. Lockdowns and the breakdown of international logistics have all but terminated multiple efforts by the WHO and humanitarian NGOs in fighting endemic diseases. Both FDPs in camps and in urban areas have been affected by the disruption in vaccination campaigns.<sup>61</sup> Yet, in their case, lockdowns and their socio-economic consequences have negatively altered their livelihoods with mental health problems skyrocketing, particularly for FDPs in asylum centers or those facing housing insecurity (see Figure 2). Insecurity and separation from friends and family have always had an impact on the mental health of FDPs. However, the pandemic has induced further anxiety and exacerbated depression, and other mental conditions.<sup>62</sup>

Displacement has also been linked with several reproductive health issues including lack of contraception and increased risk of sexually transmitted infections (STIs).<sup>63</sup> Malnutrition is more prevalent in children and elders, making them especially frail dealing with physical diseases.<sup>64</sup> Equally, the socio-economic effects of lockdowns have also led to increases in substance abuse (alcohol and drugs), domestic violence, and suicides.<sup>65</sup>

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<sup>60</sup> "Covid-19: Jordan Becomes First Country in the World to Vaccinate Refugees," Middle East Eye, January 18, 2021, <http://www.middleeasteye.net/news/covid-19-jordan-first-country-world-vaccinate-refugees>.

<sup>61</sup> UNOCHA, "GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19 - UNITED NATIONS COORDINATED APPEAL APRIL – DECEMBER 2020"

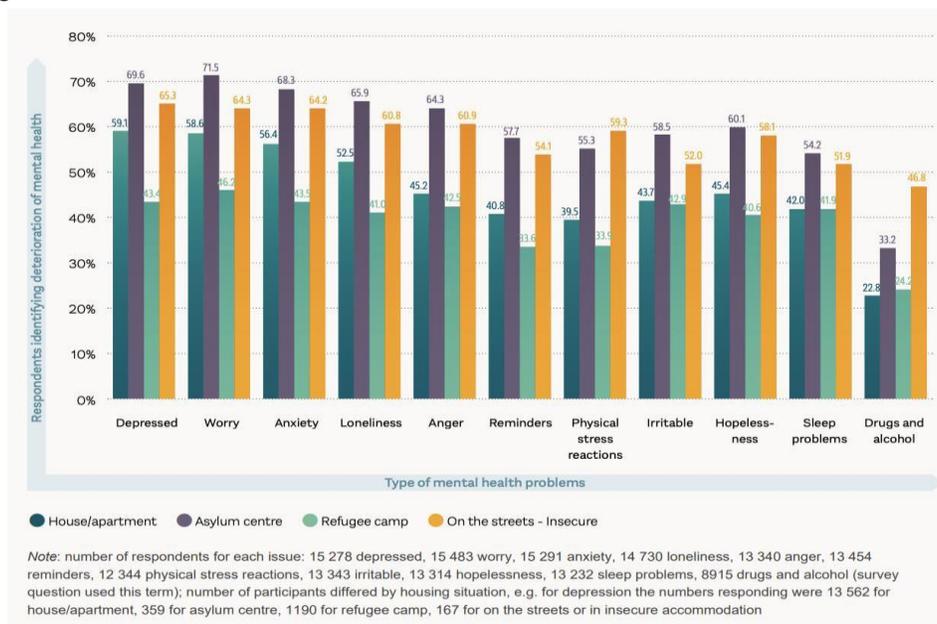
<sup>62</sup> Christelle Cazabat, "The Ripple Effect: Economic Impacts of Internal Displacement" (Internal Displacement Monitoring Center, October 2018), [https://doi.org/10.1163/2210-7975\\_HRD-9806-20180010](https://doi.org/10.1163/2210-7975_HRD-9806-20180010).

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

<sup>65</sup> Carmita Abdo et al., "Domestic Violence and Substance Abuse during COVID19: A Systematic Review," *Indian Journal of Psychiatry* 62, no. 9 (September 1, 2020): 337, [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_1049\\_20](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1049_20).; Nirmita Panchal et al., "The Implications of COVID-19 for Mental Health and Substance Use," KFF, February 10, 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

Fig. 2 - Respondents identifying deterioration of mental health since the COVID-19 pandemic according to their housing condition.



Source; WHO, 2020 *ApartTogether survey PRELIMINARY OVERVIEW OF REFUGEES AND MIGRANTS SELF-REPORTED IMPACT OF COVID-19*. <https://reliefweb.int/sites/reliefweb.int/files/resources/9789240017924-eng.pdf>

In high-burden settings, deaths due to HIV, tuberculosis, and malaria over 5 years could increase by up to 10%, 20%, and 36%, respectively, compared with if there was no COVID-19 pandemic. The greatest impact on HIV was estimated to be from the interruption to antiretroviral therapy, which could occur during a period of high health system demand. For tuberculosis, the greatest impact would be from reductions in timely diagnosis and treatment of new cases, which could result from any prolonged period of COVID-19 suppression interventions. The greatest impact on malaria burden could be as a result of interruption of planned net campaigns.<sup>66</sup>

These disruptions could lead to a loss of life-years over 5 years that is of the same order of magnitude as the direct impact from COVID-19 in places with a high burden of malaria and large HIV and tuberculosis epidemics. By June 2020, 85% of HIV programs reported disruption to service delivery; 78% of TB; 73% of malaria. According to the WHO, if insecticide-treated net campaigns are suspended and there is a 75 percent reduction in access to effective antimalarial medicines, the estimated tally of malaria deaths in sub-Saharan Africa in 2020 would reach 769,000, twice the number of deaths reported in the region in 2018. Countries in Latin America and the Caribbean and high-burden countries in Africa report the highest levels of disruptions to implementation. Fifteen million refugees live in those regions. In Yemen, a further spread of cholera, high levels of malnutrition, and outbreaks of vaccine-preventable diseases compounded by COVID-19 will only exacerbate the burden that forcibly displaced children and their

<sup>66</sup> Alexandra B. Hogan et al., "Potential Impact of the COVID-19 Pandemic on HIV, Tuberculosis, and Malaria in Low-Income and Middle-Income Countries: A Modelling Study," *The Lancet Global Health* 8, no. 9 (September 1, 2020): e1132–41, [https://doi.org/10.1016/S2214-109X\(20\)30288-6](https://doi.org/10.1016/S2214-109X(20)30288-6).

families already face. Cholera has also been a source of concern in the crowded refugee camps near Bangladesh's Cox Bazar that are home to roughly 900,000 Rohingya from Myanmar.<sup>67</sup>

Lastly, the lockdown measures will also have medium- and long-term detrimental effects in all migrant populations. The interruption of many health services has discontinued routine pediatric vaccinations and preventive adult care screening. This will certainly represent a staggering healthcare burden in the years ahead and in countless early and preventable deaths. Additionally, the increase of excess deaths during 2020 in those aged 25-45, both female and male and with no COVID-19 death certificate, seems to be connected to mental health driven substantial growth of substance abuse, suicides, and domestic violence.<sup>68</sup>

### 3 Economic & Financial Effects of the Pandemic on FDPs

The COVID-19 pandemic and the public health measures taken to contain its spread have led to a sudden global economic recession. FDPs have significantly been impacted by the economic and financial impact of COVID-19. Host countries for FDPs and countries affected by displacement, mostly low-income and middle-income countries, are facing new economic challenges. Due to *de jure* and *de facto* reasons, FDPs' livelihoods are jeopardized with rising unemployment, income insecurity and a sharp drop in remittances. Along with these challenges, women and children are exponentially more vulnerable in times of financial hardship and must be protected from exploitation and abuse. Finally, a reduction in humanitarian funding and assistance, could further exacerbate the economic and financial impact of the COVID-19 pandemic for FDPs.

#### 3.1 Scope of impact in refugee hosting countries and countries affected by displacement

Economic contraction in host countries and countries affected by displacement, which are for the most part low-income and middle-income countries (Emerging Markets and Developing Economies), has exacerbated the economic conditions of FDPs in these countries. Slow economic growth before the pandemic is projected to worsen in EMDEs and the biggest refugee-hosting countries. In research conducted by the Center for Global Development, Refugees International and International Rescue Committee, the projected growth rates for major-hosting EMDEs (including Turkey, Colombia, Pakistan, Uganda, Sudan, Iran, Lebanon, Peru, Bangladesh, Jordan, Ethiopia, DRC, Ecuador, Kenya and Chile) were all negative with the exception of Iran.<sup>69</sup>

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<sup>67</sup> Shaun Truelove et al., "The Potential Impact of COVID-19 in Refugee Camps in Bangladesh and beyond: A Modeling Study," *PLOS Medicine* 17, no. 6 (June 16, 2020): e1003144, <https://doi.org/10.1371/journal.pmed.1003144>.

<sup>68</sup> Lauren M. Rossen, "Excess Deaths Associated with COVID-19, by Age and Race and Ethnicity — United States, January 26–October 3, 2020," *MMWR. Morbidity and Mortality Weekly Report* 69 (2020), <https://doi.org/10.15585/mmwr.mm6942e2>.

<sup>69</sup> Helen Dempster et al., "Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion," Refugees International, July 8, 2020, <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-covid-19-on-refugees-economic-inclusion>.

Similarly, an in-depth three-country study by the UNHCR, World Bank Joint Data Center on Forced Displacement estimates the economic losses in Jordan and Iraq to be 8.2 and 10.5 percent of 2019's GDP respectively. In the case of Lebanon due to the recent multiple and compounding health, economic and political crises, contraction is estimated at 25 percent of GDP.<sup>70</sup> Though the IMF projects global recovery by 2021, this recovery is expected to be uneven and will depend on the successful implementation of policies pertaining to the challenges caused by the pandemic. The economic contraction in countries hosting FDPs is less steep than the economic slowdown of higher income countries. However, it is important to note that in the case of FDP host countries the contraction takes place under a more fragile economic environment and overall lower levels of economic development. For instance, while the lower-income countries that are FDP hosts in Figure 3 are not expected to experience negative growth, their expected growth is dismal in comparison to earlier years.

*Fig 3. Predictions of GDP growth for major low- and middle- income refugee-hosting countries*

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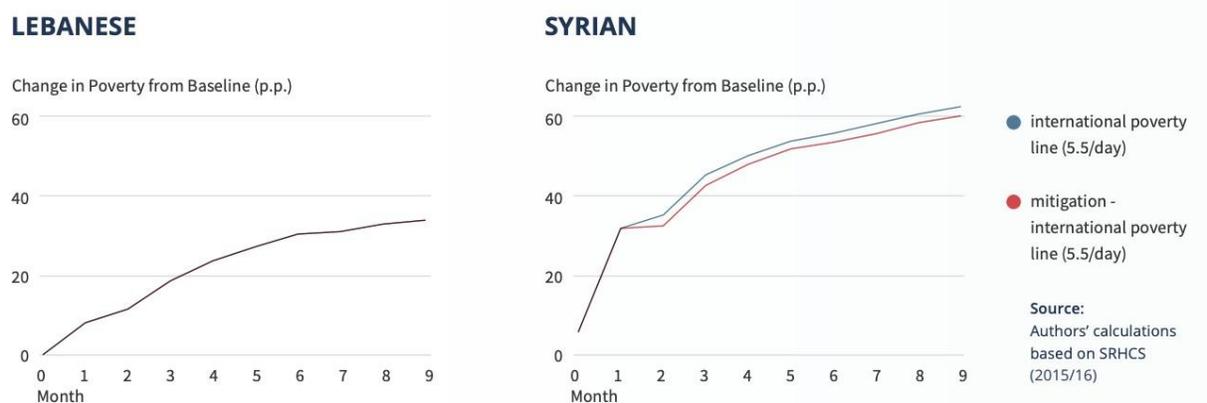
<sup>70</sup> Joint Data Center of Forced Displacement, World Bank Group, and UNHCR, *Compounding Misfortunes: Changes in Poverty Since the Onset of COVID-19 on Syrian Refugees and Host Communities in Jordan, the Kurdistan Region of Iraq and Lebanon* (World Bank, 2020), <https://doi.org/10.1596/34951>.

Major low- and middle- income refugee-hosting countries	Number of refugees hosted	Refugees hosted (percent of population)	COVID-19 cases per 1,000 people (as of June 23)	GDP growth (projected WEO April 2019, percentage points)		
				2019	2020	Difference
<i>World</i>	28,729,928	0.43	1.16	2.9	-3.0	-5.9
<i>All EMDEs</i>	23,321,686	0.43	0.75	3.7	-1.0	-4.7
<i>Top 15 EMDE refugee-hosting countries</i>	16,671,477	1.66	1.30	1.0	-3.2	-4.2
Turkey	3,907,788	4.80	2.24	0.9	-5.0	-5.9
Colombia	1,780,964	3.54	1.40	3.3	-2.4	-5.7
Pakistan	1,428,122	0.71	0.84	3.3	-1.5	-4.8
Uganda	1,381,118	3.25	0.02	4.9	3.5	-1.4
Sudan	1,074,721	2.54	0.20	-2.5	-7.2	-4.7
Iran	979,468	1.20	2.47	-7.6	-6.0	+1.6
Lebanon	931,124	13.64	0.24	-6.5	-12.0	-5.5
Peru	867,770	2.75	7.73	2.2	-4.5	-6.7
Bangladesh	854,813	0.57	0.70	7.9	2.0	-5.9
Jordan	745,185	7.47	0.10	2.0	-3.7	-5.7
Ethiopia	734,799	0.65	0.04	9.0	3.2	-5.8
Democratic Republic of the Congo	526,925	0.59	0.07	4.4	-2.2	-6.6
Ecuador	503,609	2.95	2.87	0.1	-6.3	-6.3
Kenya	489,725	0.93	0.09	5.6	1.0	-4.6
Chile	465,346	2.48	12.92	1.1	-4.5	-5.6

Source: *Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion* — Refugees International. (2021). Retrieved 20 January 2021, from <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-COVID-19-on-refugees-economic-inclusion>

The economic impact for FDPs has not been homogeneous and certain regions and countries have been more affected than others.<sup>71</sup> For instance, the pandemic has exacerbated poverty levels in sub-Saharan Africa, a region that faced significant poverty among FDPs prior to the pandemic.<sup>72</sup> Similarly, FDPs in countries facing multiple challenges such as Lebanon have been hit particularly hard. More than half of all Syrian refugees in Lebanon (840,000 Syrian refugees) have fallen below the international poverty line. UNHCR efforts to mitigate the effects of the crisis did reduce poverty by approximately 8%.<sup>73</sup> However, the fragile macroeconomic environment of the country raises doubts as to whether these mitigation efforts can have a sustained effect.

Fig 4. Changes in Poverty using the International Poverty Line (Actual CPI changes) for Lebanese citizens and Syrian Refugees.



Source: *COMPOUNDING MISFORTUNES Changes in Poverty since the onset of COVID-19 on Syrian Refugees and Host Communities in Jordan, the Kurdistan Region of Iraq and Lebanon.*

<https://openknowledge.worldbank.org/bitstream/handle/10986/34951/Compounding-Misfortunes-Changes-in-Poverty-Since-the-Onset-of-COVID-19.pdf?sequence=4&isAllowed=y>

### 3.2 Unemployment and income insecurity

A major consequence of the COVID-19 pandemic is the loss of jobs and the exacerbation of income insecurity for refugees and IDPs. Before the pandemic, job opportunities for FDPs were already limited because of *de jure* (lack of legal status, or employment authorization) and *de facto* (other factors preventing employment such as discrimination or localization) reasons. When the pandemic began, labor income losses were high for FDPs, which was directly linked to the fact that refugees are highly active in

<sup>71</sup> “Downward Spiral: The Economic Impact of Covid-19 on Refugees and Displaced People” (Norwegian Refugee Council, 2020), [https://www.nrc.no/globalassets/pdf/reports/nrc\\_downward-spiral\\_covid-19\\_report.pdf](https://www.nrc.no/globalassets/pdf/reports/nrc_downward-spiral_covid-19_report.pdf).

<sup>72</sup> Tsion Tadesse Abebe and Allehone Abebe, “How Africa Can Reduce COVID-19’s Impact on Displaced Persons,” ISS Africa, May 12, 2020, <https://issafrica.org/iss-today/how-africa-can-reduce-covid-19s-impact-on-displaced-persons>.

<sup>73</sup> Joint Data Center of Forced Displacement, World Bank Group, and UNHCR, *Compounding Misfortunes: Changes in Poverty Since the Onset of COVID-19 on Syrian Refugees and Host Communities in Jordan, the Kurdistan Region of Iraq and Lebanon* (World Bank, 2020), <https://doi.org/10.1596/34951>.

the informal economy, pertaining to the above-mentioned *de jure* and *de facto* reasons.<sup>74</sup> The informal economy was impacted by lockdowns and the slowing down of the global economy. Certain economic sectors were more affected than others and research shows that before the pandemic 60% of refugees were working in these highly impacted sectors.<sup>75</sup>

Additionally, working in the informal economy creates a high risk for income insecurity for refugees as they are excluded from government protection and social safety nets.<sup>76</sup> A Norwegian Refugee Council report indicated that, based on a survey conducted in 14 countries on people affected by conflict and displacement, 77% of people had lost their job or income since March and 68% indicated that they were likely to move elsewhere to seek work or income.<sup>77</sup> In certain countries, such as South Africa, refugees are more likely to own their own business. However, in the face of forced closure, they were excluded from government aid which is only guaranteed for South African owned businesses.<sup>78</sup> Additionally, a NRC survey revealed that one in every four families in Yemen have lost all income and half has suffered a drop of over 50%.<sup>79</sup> Post-lockdown economies are facing high unemployment and refugees found themselves without jobs to return to, as reported by UNHCR in a recent survey indicating that only 35% of Syrian refugees in Jordan had a job to return to after the lifting of restrictions.<sup>80</sup>

*Fig. 5 Percentage of Refugees who have lost their jobs since March 2020.*

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<sup>74</sup> Ibid.

<sup>75</sup> Guy Ryder, "Protecting the Rights at Work of Refugees and Other Forcibly Displaced Persons during the COVID-19 Pandemic Recommendations for Policy-Makers and Constituents," Policy Brief, June 2020, [https://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@migrant/documents/publication/wcms\\_748485.pdf](https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@migrant/documents/publication/wcms_748485.pdf).

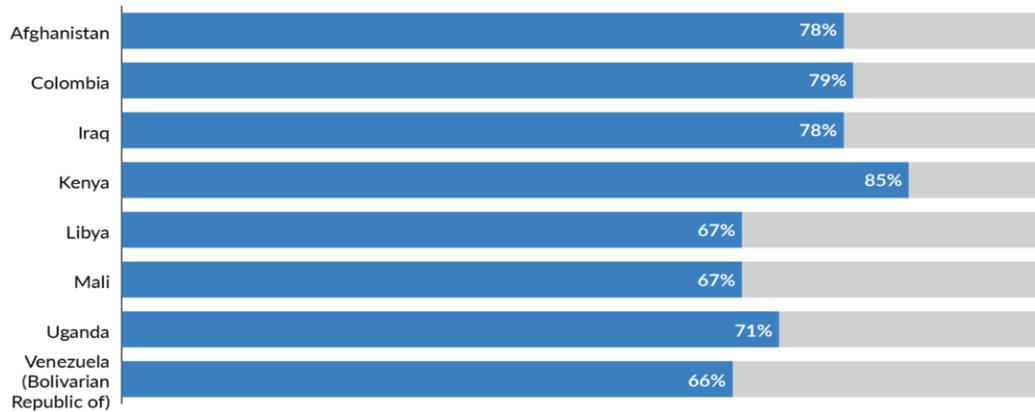
<sup>76</sup> Ibid.

<sup>77</sup> Norwegian Refugee Council and Daniel Gorevan, "Downward Spiral: The Economic Impact of Covid-19 on Refugees and Displaced People," September 21, 2020, [https://www.nrc.no/globalassets/pdf/reports/nrc\\_downward-spiral\\_covid-19\\_report.pdf](https://www.nrc.no/globalassets/pdf/reports/nrc_downward-spiral_covid-19_report.pdf).

<sup>78</sup> Ferdinand C. Mukumbang, Anthony N. Ambe, and Babatope O. Adebisi, "Unspoken Inequality: How COVID-19 Has Exacerbated Existing Vulnerabilities of Asylum-Seekers, Refugees, and Undocumented Migrants in South Africa," *International Journal for Equity in Health* 19, no. 1 (August 20, 2020): 141, <https://doi.org/10.1186/s12939-020-01259-4>.

<sup>79</sup> Norwegian Refugee Council, "Yemen: Hunger Crisis Accelerating under Covid-19," NRC, July 22, 2020, <https://www.nrc.no/news/2020/july/yemen-hunger-crisis-accelerating-under-covid-19>.

<sup>80</sup> Qais Alemi et al., "Refugees and COVID-19: Achieving a Comprehensive Public Health Response," *Bulletin of the World Health Organization* 98, no. 8 (August 1, 2020): 510-510A, <https://doi.org/10.2471/BLT.20.271080>.



Source: Norwegian Refugee Council (NRC)

Finally, in the face of income insecurity many refugees and displaced people have had to take on debt to cover for necessities like food, rent or education and a survey reported that almost one third of displaced people surveyed had increased their debt since the pandemic.<sup>81</sup> An assessment conducted in Ethiopia revealed that 40% of IDPs borrowed money from family and friends or chose to skip meals to cope with their loss of livelihood, adding to the pressure of displacement.<sup>82</sup> The long-term socio-economic and mental health consequences of prolonged unemployment will be significant.

### 3.3 Remittances

Refugees often rely on a support network, mostly immediate and extended family abroad, that provides financial support. With a global slowing down of the economy, remittances - usually cash transfers - have significantly fallen.<sup>83</sup> Job losses in the Global North because of lockdowns, where refugees' relatives live and work, have led to a projected decline of 20% of remittances in 2020 according to World Bank estimates.<sup>84</sup> Projections for 2021 indicate a decline of 14% compared to pre-COVID-19 levels in 2019.<sup>85</sup> In a survey conducted in 14 countries on people affected by conflict and displacement, 62% declared that

<sup>81</sup> Norwegian Refugee Council and Gorevan, "Downward Spiral: The Economic Impact of Covid-19 on Refugees and Displaced People."

<sup>82</sup> International Organization for Migration and Displacement Tracking Matrix, "Impact on IDPs," Situation Report, October 16, 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/Impact%20on%20IDPs%20Update%2024%20Sept%20PDF.pdf>.

<sup>83</sup> Tara Vishwanath, Arthur Alik-Lagrange, and Leila Aghabarari, "Highly Vulnerable yet Largely Invisible: Forcibly Displaced in the COVID-19-Induced Recession" (JDC Paper Series On Forced Displacement, No. 1. Joint Data Center on Forced Displacement., December 12, 2020), [https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement\\_No.1\\_Final.pdf](https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement_No.1_Final.pdf).

<sup>84</sup> World Bank, "World Bank Predicts Sharpest Decline of Remittances in Recent History," April 22, 2020, <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>.

<sup>85</sup> World Bank, "COVID-19: Remittance Flows to Shrink 14% by 2021," October 29, 2020, <https://www.worldbank.org/en/news/press-release/2020/10/29/covid-19-remittance-flows-to-shrink-14-by-2021>.

they were receiving less remittances than before the pandemic. Certain economies are highly dependent on remittances and regions like Africa, where remittance flows were higher than foreign aid, will be the most impacted by that sharp drop.<sup>86</sup> Already vulnerable, displaced people find themselves without a financial support that is sometimes the only safety net preventing them from falling into extreme poverty. Nonetheless, few countries like Pakistan, Bangladesh and Jamaica have seen a growth in remittances despite the global economic crisis.<sup>87</sup> This can be explained respectively by a reduction in spending in religious pilgrimages in the summer, new means of transferring money and government support in sender countries.<sup>88</sup> Overall, the maintenance of employment - essential jobs, mostly - explains the flow of remittances from these countries.<sup>89</sup>

### 3.4 Economic impacts for women and children

In critical situations, such as conflict and displacement, women and girls are often the most vulnerable group and suffer disproportionately. The effects of the pandemic have exacerbated the unequal place of women in the labor market. As some of the most impacted industries (food service, retail, entertainment) employ more women than men, the former suffered from higher unemployment.<sup>90</sup> Similarly, 60% of women globally work in the informal sector and in low-wage jobs.<sup>91</sup> <sup>92</sup> Refugees International, using disaggregated data on gender and the informal economy, has estimated that women refugees were at a higher risk of working in informal economies and hence, being more impacted by COVID-19-caused unemployment.<sup>93</sup> Finally, as poverty rates grow and income declines, women in general find themselves bearing more of the burden in the household.<sup>94</sup> Indeed, many women have had to turn to full-time

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<sup>86</sup> Wafa Aidi Karingi Razaq Fatai, and Stephen, "COVID-19 and Migrant Remittances: Supporting This Essential Lifeline under Threat," Brookings, October 26, 2020, <https://www.brookings.edu/blog/africa-in-focus/2020/10/26/covid-19-and-migrant-remittances-supporting-this-essential-lifeline-under-threat/>.

<sup>87</sup> Tamara Mughogho, "De-Mystifying the Effects of COVID-19 on Remittances - World," ReliefWeb, December 9, 2020, <https://reliefweb.int/report/world/de-mystifying-effects-covid-19-remittances>.

<sup>88</sup> Ibid

<sup>89</sup> Ibid

<sup>90</sup> "COVID-19 and Its Economic Toll on Women: The Story behind the Numbers," UN Women, September 16, 2020, <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>.

<sup>91</sup> Ibid

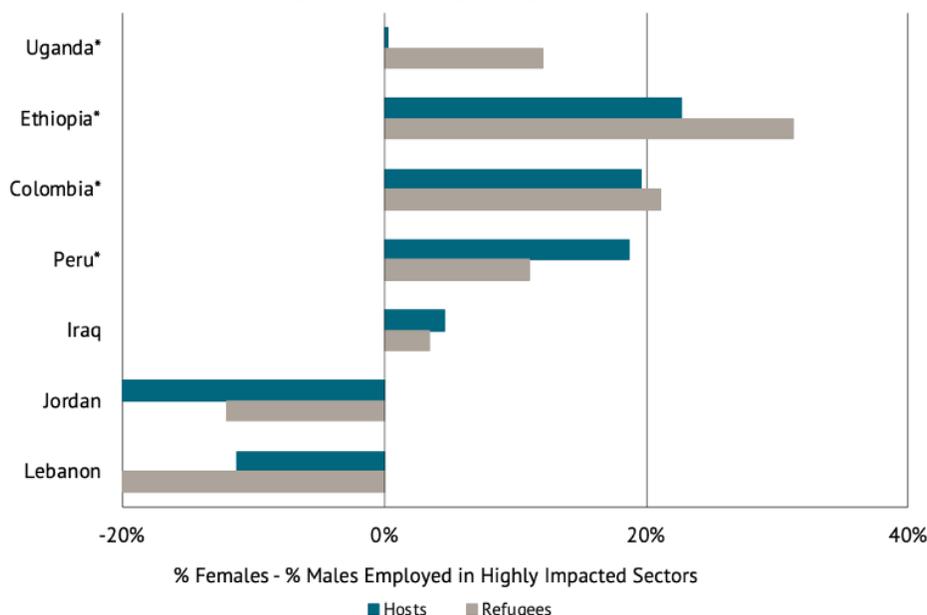
<sup>92</sup> Nicole Bateman and Martha Ross, "Why Has COVID-19 Been Especially Harmful for Working Women?," Brookings, October 14, 2020, <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>.

<sup>93</sup> Helen Dempster et al., "Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion," Refugees International, July 8, 2020, <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-covid-19-on-refugees-economic-inclusion>.

<sup>94</sup> Tal Rafaeli and Geraldine Hutchinson, "The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa," Brighton, UK: K4D Helpdesk, Institute of Development Studies, June 8, 2020, [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15408/830\\_COVID19\\_girls\\_and\\_women\\_SA.pdf?sequence=1&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15408/830_COVID19_girls_and_women_SA.pdf?sequence=1&isAllowed=y).

childcare in the face of mass closure of schools and daycare structures.<sup>95</sup> Forcibly displaced women, including refugees, are no exception to these unprecedented socio-economic pressures.<sup>96</sup>

Fig. 6 Projected impact of COVID-19 by gender among refugees and host populations



Source: *Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion* — Refugees International. (2021). Retrieved 20 January 2021, from <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-covid-19-on-refugees-economic-inclusion>

Notes: Each bar represents the difference in the proportion of employed women and men in highly impacted sectors where data is available. A positive value indicates that females are more likely to work in highly impacted sectors, while a negative value indicates that men are more likely to work in highly impacted sectors. Countries are grouped by region to highlight patterns. Asterisks indicate the difference between refugee females and males is statistically significant at the 5 percent level.

### 3.5 Gender-based violence

In times of crisis, women and children are disproportionately affected and the socio-economic impact of the pandemic has exacerbated gender inequalities and gender-based violence. High unemployment amongst male refugees has disrupted the traditional gendered organization of households. The lack of employment and income has increased frustration within families, leading to an aggravation of violence

<sup>95</sup> Bateman and Ross, "Why Has COVID-19 Been Especially Harmful for Working Women?"

<sup>96</sup> "COVID-19 Pandemic Worsening Gender Inequalities for Refugee Women and Girls," UNHCR, March 8, 2021, <https://www.unhcr.org/news/press/2021/3/604524674/covid-19-pandemic-worsening-gender-inequalities-refugee-women-girls.html>.

and abuse against women and children.<sup>97</sup> In certain countries, as in Uganda, the increased income insecurity and lack of support for refugee women has led to turning to commercial sexual exploitation of women.<sup>98</sup> Finally, access to services, such as domestic violence support, have been reduced during lockdowns.<sup>99</sup>

### 3.6 Humanitarian funding and assistance

FDPs are highly reliant on humanitarian aid and funding. The reprioritized government budgets of both hosting and donor countries expose FDPs to certain risks, including health, food security, housing, education and economic future.<sup>100</sup> Past macro-shocks have led to a reduction of aid and the COVID-19 economic crisis is not projected to be an exception.<sup>101</sup> As of September 2020, the United Nations humanitarian appeals were underfunded, and the prioritization of the health response has slowed down other humanitarian responses.<sup>102</sup> In a survey conducted on people affected by conflict and displacement, 28% reported that they received less assistance from governments and NGOs since the pandemic started and less than 7% declared receiving more.<sup>103</sup> In December 2020, UNHCR reported that there was a 36% funding gap from the 745 millions of US dollars requested for COVID-19's response.<sup>104</sup> Underfunding was an issue prior to the pandemic and was exacerbated at its inception, leading to several programs halting and underfunding in various critical situations.<sup>105</sup>

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<sup>97</sup> Sonia Bhalotra, "A Shadow Pandemic of Domestic Violence: The Potential Role of Job Loss and Unemployment Benefits," VoxEU.org, November 13, 2020, <https://voxeu.org/article/job-displacement-unemployment-benefits-and-domestic-violence>.

<sup>98</sup> Paul Bukuluki et al., "The Socio-Economic and Psychosocial Impact of Covid-19 Pandemic on Urban Refugees in Uganda," *Social Sciences & Humanities Open* 2, no. 1 (July 10, 2020): 5, <https://doi.org/10.1016/j.ssaho.2020.100045>.

<sup>99</sup> Guy Ryder, "Protecting the Rights at Work of Refugees and Other Forcibly Displaced Persons during the COVID-19 Pandemic Recommendations for Policy-Makers and Constituents," Policy Brief, June 2020, [https://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@migrant/documents/publication/wcms\\_748485.pdf](https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@migrant/documents/publication/wcms_748485.pdf).

<sup>100</sup> UNHCR, "Consequences of Underfunding in 2020" (Geneva: UNHCR), accessed June 10, 2021, <https://www.unhcr.org/underfunding-2020/wp-content/uploads/sites/107/2020/09/Underfunding-2020-Full-Report.pdf>.

<sup>101</sup> Tara Vishwanath, Arthur Alik-Lagrange, and Leila Aghabarari, "Highly Vulnerable yet Largely Invisible: Forcibly Displaced in the COVID-19-Induced Recession" (JDC Paper Series On Forced Displacement, No. 1. Joint Data Center on Forced Displacement., December 12, 2020), [https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement\\_No.1\\_Final.pdf](https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement_No.1_Final.pdf).

<sup>102</sup> NRC Norwegian Refugee Council and Daniel Gorevan, "Downward Spiral: The Economic Impact of Covid-19 on Refugees and Displaced People," September 21, 2020, [https://www.nrc.no/globalassets/pdf/reports/nrc\\_downward-spiral\\_covid-19\\_report.pdf](https://www.nrc.no/globalassets/pdf/reports/nrc_downward-spiral_covid-19_report.pdf).

<sup>103</sup> Ibid

<sup>104</sup> UNHCR, "UNHCR Global COVID-19 Emergency Response" (UNHCR, December 22, 2020), <https://reporting.unhcr.org/sites/default/files/UNHCR%20Global%20COVID-19%20Emergency%20Response%2022%20December%202020.pdf>.

<sup>105</sup> UNHCR, "Critical Underfunding Exacerbated by COVID-19 Pushing Displaced People to the Edge," UNHCR, September 18, 2020, <https://www.unhcr.org/news/press/2020/9/5f6368d04/critical-underfunding-exacerbated-covid-19-pushing-displaced-people-edge.html>.

## 4 Access to Education

The impact of COVID-19 on education was felt globally, as schools worldwide had to shut down and turn to remote learning with difficulty. For FDPs, access to the internet or material is not always possible, and millions of students will not be going back to school in 2021. According to UNICEF, one billion children are at risk of falling behind because of the pandemic.<sup>106</sup>

Refugee children's access to school was constrained prior to the pandemic, and it is fair to envision a decline in enrollment rates in the near future, despite the scarcity of data regarding FDPs' education. The lack of financial resources prevented children from attending school, and the shifts in budgets understandably prioritizing public health responses, might prevent further access to education.<sup>107</sup>

### 4.1 Access to technology

Low and middle-income countries often have a limited access to now necessary technologies and these countries are for the most the biggest refugee-hosting states (refer to the economic impact of COVID-19 section). Moreover, a study conducted by UNICEF and the International Telecommunication Union found that 2.2 billion people aged below 25 did not have internet access at home.<sup>108</sup> Data from another report finds that 463 million students around the world cannot be reached by remote learning.<sup>109</sup>

*Fig. 8 Percentage of households with a computer.*

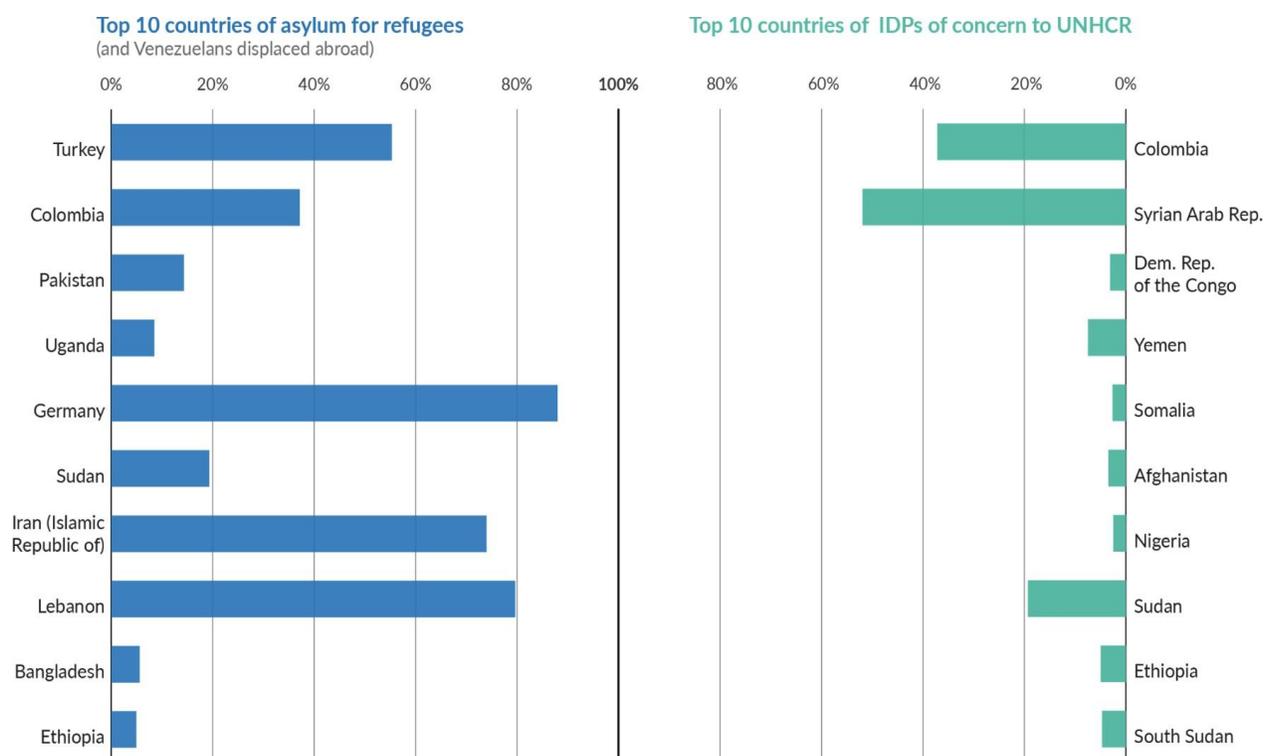
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<sup>106</sup> "Education and COVID-19," UNICEF DATA, September 2020, <https://data.unicef.org/topic/education/covid-19/>.

<sup>107</sup> Tara Vishwanath, Arthur Alik-Lagrange, and Leila Aghabarari, "Highly Vulnerable yet Largely Invisible: Forcibly Displaced in the COVID-19-Induced Recession" (JDC Paper Series On Forced Displacement, No. 1. Joint Data Center on Forced Displacement., December 12, 2020), [https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement\\_No.1\\_Final.pdf](https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement_No.1_Final.pdf).

<sup>108</sup> "How Many Children and Young People Have Internet Access at Home?," UNICEF DATA, December 2020, <https://data.unicef.org/resources/children-and-young-people-internet-access-at-home-during-covid19/>.

<sup>109</sup> "COVID-19 and School Closures: Are Children Able to Continue Learning during Schools Closures?," UNICEF DATA, August 2020, <https://data.unicef.org/resources/remote-learning-reachability-factsheet/>.



Source: International Telecommunication Union

## 4.2 Child exploitation<sup>110</sup>

Refugee children are extremely vulnerable to child labor, and households who lack social and financial support may resort to that to cope with financial hardships. Additionally, children and particularly girls are at risk of child marriage in families burdened financially.<sup>111</sup> Evidence from the Ebola outbreak showed that children pushed in poverty due to the crisis were often pushed into child labor.<sup>112</sup> In other crises, the same phenomenon has been documented and households in financial hardship have had to turn to their children for labor in the informal market, even sending them away, increasing the risk of exploitation.<sup>113</sup>

<sup>110</sup> UNICEF and ILO, “COVID-19 and Child Labour: A Time of Crisis, a Time to Act” (New York, 2020), <https://www.unicef.org/sites/default/files/2020-06/COVID-19-and-Child-labour-2020.pdf>.

<sup>111</sup> Ibid

<sup>112</sup> Tal Rafaeli and Geraldine Hutchinson, “The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa,” Helpdesk Report (Brighton, UK: K4D Helpdesk, Institute of Development Studies, June 8, 2020), [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15408/830\\_COVID19\\_girls\\_and\\_women\\_SA.pdf?sequence=1&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15408/830_COVID19_girls_and_women_SA.pdf?sequence=1&isAllowed=y).

<sup>113</sup> UNICEF and ILO, “COVID-19 and Child Labour: A Time of Crisis, a Time to Act” (New York, 2020), <https://www.unicef.org/sites/default/files/2020-06/COVID-19-and-Child-labour-2020.pdf>.

It has been estimated that 1% rise in poverty led to 0.7% increase in child labor.<sup>114</sup> Additionally, it has been estimated that family income had an impact on child marriage.<sup>115</sup> Economic and financial hardship have a negative impact on child well-being and policymakers must thoughtfully take these factors into account. Given the disproportionate impact of the pandemic on FDPs, their households are the most vulnerable to exploitation, including child labor.<sup>116</sup>

The impact of COVID-19 on the economy and education are closely linked for displaced families, and the loss of employment has had consequences on school attendance for children. Families may rely on children of legal working age to take on work to mitigate the financial hardship caused by loss of jobs and income during the pandemic. Children below the legal age may also take on informal work and consequently be exposed to exploitation or dangerous situations. Having to work to cope with the financial burden on their households, children might never return to school post-pandemic. It is crucial that education and economic policies take into account the cross-sector impact of COVID-19.

#### 4.3 Impact on girls<sup>117</sup>

Forcibly displaced girls face the double burden of being girls and displaced, in contexts where both factors can prevent access to education. Despite significant progress in terms of gender parity and access to education, the COVID-19 pandemic has disrupted these improvements. It means that 20 million refugee girls might never return to school post-pandemic, setting back decades of progress. Gender-norms and discriminatory stereotypes have been exacerbated by the pandemic. With the health and economic impact of COVID-19, girls are burdened with taking on certain responsibilities such as finding employment, taking care of the household duties, and childcare. Girls out of school face a higher risk of gender-based violence (GBV), which is exacerbated for refugee girls who oftentimes live in marginalized or isolated areas.

Lack of access to education for girls, also means lack of information regarding sexual health, which can lead to health issues or pregnancies, essentially barring girls from getting an education. Access to education for girls, especially displaced girls, is crucial for a multitude of reasons and much progress is at stake whether it be financial independence, sexual health, or reduction of GBV. Finally, as explored in the “economic impact” section of this paper, girls are at a higher risk of forced marriage and sexual exploitation in times of financial hardship. Displaced communities felt the economic impact of COVID-19

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<sup>114</sup> Ibid

<sup>115</sup> Ibid

<sup>116</sup> Guy Ryder, “Protecting the Rights at Work of Refugees and Other Forcibly Displaced Persons during the COVID-19 Pandemic Recommendations for Policy-Makers and Constituents,” Policy Brief, June 2020, [https://www.ilo.org/wcmsp5/groups/public/@ed\\_protect/@protrav/@migrant/documents/publication/wcms\\_748485.pdf](https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@migrant/documents/publication/wcms_748485.pdf).

<sup>117</sup> This section largely draws from Chloe Canetti, “Long-Term Effects of COVID-19 on Refugee Girls’ Education Part I of II: Barriers to Equal Access,” Policy Brief (Arlington, VA: U.S. Committee for Refugees and Immigrants, November 2020), <https://refugees.org/wp-content/uploads/2020/11/Brief-Part-I-Reformatted.pdf>; and Sara Schafer, “Don’t Let COVID-19 Pandemic Derail Refugee Education - World,” ReliefWeb, September 23, 2020, <https://reliefweb.int/report/world/don-t-let-covid-19-pandemic-derail-refugee-education>.

disproportionately, consequently leading to a higher risk of forced marriage or exploitation for displaced girls.

#### 4.4 Mitigation Solutions

The Jordanian government set up an online learning platform called Darsak, allowing children to follow an education during lockdowns. A recent UNHCR report detailed the lives of Syrian refugees who struggled to keep up with their schoolwork due to a difficult access to the internet. The report indeed stated that: “An estimated 23 percent of Syrian refugees in Jordan have no internet access at home, while two-thirds have limited phone data packages.” Additionally, “46 per cent of those surveyed said their children were not accessing the Darsak platform.”<sup>118</sup> UNHCR has been promoting learning during school closures in various ways, such as supporting parents facing school closures in Bangladesh, keeping teachers informed about remote-learning in Kenya, and helping them adapt to remote-learning in Malawi.<sup>119</sup> Several other initiatives were taken by UNHCR in the attempt to mitigate the impact of school closures globally.<sup>120</sup> More recently in March 2021, Education Cannot Wait granted \$1 million dollars to UNHCR to support the education of forcibly displaced children in Niger.<sup>121</sup>

## 5 Disruptions in access to food, shelter, and services

FDPs usually live in high-density low-income neighborhoods of cities where access to housing and basic services is often inadequate. 60% of refugees and 80% of IDPs live in urban areas, and a significant share of them in low-income informal settlements, where approximately 1 billion urbanites reside. The poor conditions in these urban settings increase the risks and impacts of the pandemic for FDPs particularly in regard to food security, housing, and services.<sup>122</sup> <sup>123</sup> Several reports have shown how inadequate conditions in informal urban settings have made it impossible to practice isolation and stop the spread of the virus. The most frequent observation highlights the lack of space, overcrowding, inadequate housing arrangements and lack of access to essential services, but also growing food insecurity<sup>124</sup>.

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<sup>118</sup> “Education and COVID-19,” UNICEF DATA, September 2020, <https://data.unicef.org/topic/education/covid-19/>.

<sup>119</sup> UNHCR, “Supporting Continued Access to Education During COVID-19: Emerging Promising Practices” (Copenhagen, July 2020), <https://www.unhcr.org/5f06d92e4.pdf>.

<sup>120</sup> Ibid

<sup>121</sup> “Education Cannot Wait Announces US\$1 Million Grant to UNHCR in Support of Forcibly Displaced and Host-Community Children in Niger,” Education Cannot Wait, March 9, 2021, <https://www.educationcannotwait.org/education-cannot-wait-announces-us1-million-grant-to-unhcr-in-support-of-forcibly-displaced-and-host-community-children-in-niger/>.

<sup>122</sup> Cristiano d’Orsi, “Refugee Camps versus Urban Refugees: What’s Been Said -and Done,” The Conversation, November 3, 2020, <http://theconversation.com/refugee-camps-versus-urban-refugees-whats-been-said-and-done-126069>.

<sup>123</sup> Ibid

<sup>124</sup> Christelle Cazabat, “The Ripple Effect: Economic Impacts of Internal Displacement” (Internal Displacement Monitoring Center, October 2018), [https://doi.org/10.1163/2210-7975\\_HRD-9806-20180010](https://doi.org/10.1163/2210-7975_HRD-9806-20180010).

## 5.1 Food security

In December 2020 The World Food Programme (WFP), warned of alarming global hunger and food insecurity, with the number of people “marching towards starvation” spiking from 135 million to 270 million as the pandemic unfolded.<sup>125</sup> It was stressed that 2021 will be catastrophic: “Famine is literally on the horizon and we are talking about the next few months.” The inflating cost of certain necessities such as food is putting pressure on the most vulnerable, including FDPs.<sup>126</sup> Though forecasts cautiously predict an economic recovery in the last trimesters of 2021, for FDPs living in marginalized urban areas, the negative economic effects could last longer exacerbating food insecurity.<sup>127</sup> Recent field assessments from UNHCR revealed that FDPs highly concentrated in low-skilled jobs in the informal sector have had to reduce food intake.

According to the Joint Data Center on Forced Displacement the humanitarian supply chain that ensured food supply to the FDPs has been disrupted by the pandemic’s mitigation efforts. Relief workers have been reducing their contact with the communities to prevent the spread of the virus<sup>128</sup>. Such mobility restrictions on humanitarian aid have important consequences for FDPs population since their food consumption often relies on aid<sup>129</sup>.

A result of disruptions in food aid logistics, has been that FDPs in low and middle-income countries “often need to reduce food consumption in times of economic stress.”<sup>130</sup> In a survey collected in April 2020 in Bangladesh, respondents affirm that they have resorted to buying lower quality or cheaper food items, skipped meals, or reduced food portions. Prices have also increased, although in Jordan, for instance, the government has set price ceilings for essential goods like groceries and announced penalties for noncompliance<sup>131</sup>. Following Jordan's case, the World Food Programme issued a report in September 2020 showing how the constraints in food access during the pandemic are still dependent on gender. In Jordan, there are 500,000 refugees who receive food assistance<sup>132</sup>, from which all the female-headed households

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<sup>125</sup> “Amid Threat of Catastrophic Global Famine, COVID-19 Response Must Prioritize Food Security, Humanitarian Needs, Experts Tell General Assembly,” December 4, 2020, <https://www.un.org/press/en/2020/ga12294.doc.htm>.

<sup>126</sup> Ibid

<sup>127</sup> Tara Vishwanath, Arthur Alik-Lagrange, and Leila Aghabarari, “Highly Vulnerable yet Largely Invisible: Forcibly Displaced in the COVID-19-Induced Recession” (JDC Paper Series On Forced Displacement, No. 1. Joint Data Center on Forced Displacement., December 12, 2020), [https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement\\_No.1\\_Final.pdf](https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement_No.1_Final.pdf).

<sup>128</sup> Ibid.

<sup>129</sup> Ibid.

<sup>130</sup> Ibid.

<sup>131</sup> Charles Simpson and Karen Jacobsen, “Refugees Tell Stories of Problems – and Unity – in Facing the Coronavirus,” The Conversation, April 30, 2020, <http://theconversation.com/refugees-tell-stories-of-problems-and-unity-in-facing-the-coronavirus-136925>.

<sup>132</sup> “Overview of Refugee Food Security in Jordan. COVID-19 Update” (World Food Programme, 2020), [https://docs.wfp.org/api/documents/WFP-0000120505/download/?\\_ga=2.26044349.120688147.1605087474-1646278094.1582720916](https://docs.wfp.org/api/documents/WFP-0000120505/download/?_ga=2.26044349.120688147.1605087474-1646278094.1582720916).

“showed disproportionately high losses in food consumption as they have less access to informal labor opportunities and loans than their male counterparts.”<sup>133</sup>

UNHCR for Colombia recommends including Venezuelan migrants in the emergency food and housing provisions<sup>134</sup>, and the Colombian Migration Office said in 2020 that the 2 million Venezuelans need to regularize their status in order to be counted and get humanitarian help. However, early in February 2021, President Ivan Duque issued a decree that allows Venezuelans in an irregular migratory status to apply to be categorized under a Temporary Protection Status (TPS)<sup>135</sup>. Although the process that will lead Venezuelans to be formally regularized is still in construction, the decree was received with optimism by social organizations working with Venezuelans migrants in Colombia. They expect food insecurity and poor living conditions for Venezuelans to decrease significantly once they are allowed to have regular jobs<sup>136</sup>. The announcement was given in a joint press briefing with the UN High Commissioner for Refugees Filippo Grandi, who stated the TPS measure as a historical and “generous act” which constituted “a humanitarian gesture of an unprecedented scale in the region.”<sup>137</sup> Noteworthy, as the irregular entry of Venezuelans into Colombian soil “has largely continued during the [COVID-19] pandemic” taking scarce resources from local healthcare systems<sup>138</sup>, the temporary legal status seems as a crucial opportunity to get to know who *are* the Venezuelans crossing the borders, what are *their needs*, and subsequently, how that information can serve as a basis for policies design in public health, education, and formal jobs.

## 5.2 Housing

The Internal Displacement Monitoring Centre published a report in 2018 on the Multidimensional Impacts of Internal Displacement, in which housing (decent shelter, access to water, sanitation and electricity, start building a sense of community) was considered the first need that FDPs seek to secure.<sup>139</sup> Similarly, in an issue published very early in on the pandemic, in March 2020, by Refugees International, many FDPs (and their families, if that is the case) were often forced to share the same tent, cooking, and bathing facilities -- if they have access to such services.

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<sup>133</sup> Ibid.

<sup>134</sup> Ibid.

<sup>135</sup> “ESPECIAL | Venezolanos en Colombia: la gran apuesta humanitaria,” Proyecto Migración Venezuela, 2020, <https://migravenezuela.com/web/articulo/especial--venezolanos-en-colombia-la-gran-apuesta-humanitaria/2465>.<sup>136</sup> Rafael David Sulbarán, “Los migrantes vamos a hacer crecer a Colombia’: Toni Vitola,” Proyecto Migración Venezuela, February 13, 2021, <https://migravenezuela.com/web/articulo/los-migrantes-vamos-a-hacer-crecer-a-colombia-toni-vitola/2469>.

<sup>137</sup> Rachel Treisman, “Colombia Offers Temporary Legal Status To Nearly 1 Million Venezuelan Migrants,” *NPR.Org*, February 9, 2021, <https://www.npr.org/2021/02/09/965853031/colombia-offers-temporary-legal-status-to-nearly-1-million-venezuelan-migrants>.

<sup>138</sup> Luisa Torres, “Colombia Kindly Offers Free Health Care To Venezuelans — Up To A Point,” *NPR.Org*, August 20, 2019, <https://www.npr.org/sections/goatsandsoda/2019/08/20/751192495/free-health-care-for-venezuelans-in-colombia-isn-t-always-free>.

<sup>139</sup> Ibid.

Housing security for FDPs has been equally affected by the pandemic, with an increased risk of eviction due to the inability of paying for rent further exacerbated by the fact that FDPs are often illegal occupants and the areas they occupy along urban poor households are informal.<sup>140</sup> Although efforts to protect FDPs and the urban poor from unjust evictions amidst the pandemic have been put in place, implementation has been often lagging. For instance, in Uganda, the Minister of Lands, Housing and Urban Departments ordered a moratorium on evictions for the duration of the lockdown. However, the Norwegian Refugee Council (NRC) reported over 400 cases on rent-related evictions among FDPs in urban areas,<sup>141</sup> revealing that the moratorium was not always implemented.

According to the Venezuelan Migrants Association in Cali, Colombia, FDPs and refugees are more vulnerable during the COVID-19 pandemic than local Colombians because “they live in overcrowded households and have informal jobs that have been affected by the quarantines and lockdowns”.<sup>142</sup>

Unfortunately, cases of poor housing conditions abound in refugee camps in closed settings. For instance, at the Moria Reception Center in Greece, while Syrian citizens were waiting for their refugee status, Human Rights Watch documented that Greek authorities did little to mitigate the risk of COVID-19 contagion inside the camps or improve overcrowding. According to the report (written prior to a fire that destroyed the camp), the governmental authorities “haven’t addressed the overcrowding that makes social distancing impossible, the lack of health care, or the lack of access to adequate water, sanitation and hygiene products.”<sup>143</sup> As demands remained unanswered, FDP’s started a series of protests against the quarantine measures and the positive COVID-19 cases inside Moria Reception Center. On September 8, 2020, a fire badly damaged the camp of more than 12,000 asylum seekers,<sup>144</sup> which two days later was almost completely destroyed. In December 2020, Moria reception center was closed and the Displaced Persons were relocated into three Greek Navy ships, until the construction of a new refugee camp in Lesvos Island finished in September 2021.<sup>145</sup> Currently, it is estimated that around 7,000 people from Moria are living in the new site Kara Tepe II. However, recent reports underline that the new site is even more poorly organized than Moria. Additionally, the Greek government confirmed that the new makeshift camp is sitting on a lead-contaminated, flood-prone area, putting refugees at further risk.

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<sup>140</sup> Ibid; NRC Norwegian Refugee Council and Daniel Gorevan, “Downward Spiral: The Economic Impact of Covid-19 on Refugees and Displaced People.”

<sup>141</sup> NRC Norwegian Refugee Council and Daniel Gorevan, “Downward Spiral: The Economic Impact of Covid-19 on Refugees and Displaced People.”

<sup>142</sup> Daniel Pardo, “‘Vamos a terminar en la calle y con hambre’: cómo cambió la vida de los migrantes venezolanos en Colombia por la pandemia del coronavirus,” *BBC News Mundo*, March 25, 2020, <https://www.bbc.com/mundo/noticias-america-latina-52029659>.

<sup>143</sup> “Greece: Island Camps Not Prepared for Covid-19,” Human Rights Watch, April 22, 2020, <https://www.hrw.org/news/2020/04/22/greece-island-camps-not-prepared-covid-19>.

<sup>144</sup> “Thousands Flee Fire at Greece’s Largest Migrant Camp,” *Deutsche Welle*, September 9, 2020, <https://www.dw.com/en/greece-refugee-camp-fire/a-54861061>.

<sup>145</sup> “Commission and Greece Agree Joint Plan for a New Reception Centre in Lesvos,” European Commission, December 3, 2020, [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_20\\_2287](https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2287).

Although the reasons for the fire remain unclear, the case at the Moria Reception Center highlights the necessity of addressing inadequate and overcrowded housing which has been characteristic of informal settlements and refugee camps before the pandemic. As Time magazine points out, “It’s not just a question of lockdowns and pushing people into more segregated positions, it’s about decongesting these centers.” That will require more infrastructure as well as more rapid and streamlined processing of asylum requests to help reduce camps’ overall population.<sup>146</sup>

### 5.3 Access to water and sanitation

Ensuring the most basic needs for FDPs was a challenge before the pandemic -but now with the sanitary requirements for avoiding contagion, the assurance of adequate access to safe water, sanitation and hygiene services (WASH) becomes critical. UN Water and the UN Network on Migration reminds of the importance of ensuring inclusive access to public health and basic services policies for all people and recommends to member States to improve the “understanding of safe and inclusive access to services for migrants.”<sup>147</sup> As many FDPs live in precarious housing in the receiving societies, risk of contagion is higher, as the difficulties in accessing water, basic sanitation and waste removal are present in informal neighborhoods.<sup>[148]</sup> This view is also shared for FDPs in urban contexts where “governments have already begun to impose draconian quarantine and physical distancing measures for the urban poor without also ensuring that those residing in urban slums can meet their everyday needs, such as food and clean water.”<sup>148</sup>

[148]

In Lebanon, where an estimated 1.5 million Syrian refugees are living, the implementation of hygiene practices such as washing hands in settings “where water is scarce and people depend on humanitarian organizations for water supplies”<sup>149</sup> has become a real challenge. Similarly, in Dharavi, Mumbai - considered one of the largest Asian slums- World Vision has gathered information on the criticality of the situation: “Another challenge is accessing the public toilets. Earlier we could go at least three to four times in a day, but now we go just once to the toilet. When we go there it is very crowded and there is always a

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<sup>146</sup> Melissa Godin, “How COVID-19 Has Hit Refugee Camps,” October 9, 2020, <https://time.com/5893135/covid-19-refugee-camps/>.

<sup>147</sup> “Policy Brief on Enhancing Access to Services for Migrants in the Context of COVID-19” (United Nations | UN Water, June 25, 2020), <https://www.unwater.org/new-policy-brief-on-enhancing-access-to-services-for-migrants-in-the-context-of-covid-19/>

<sup>148</sup> Jason Corburn et al., “Slum Health: Arresting COVID-19 and Improving Well-Being in Urban Informal Settlements,” *Journal of Urban Health* 97, no. 3 (June 1, 2020): 348–57, <https://doi.org/10.1007/s11524-020-00438-6>.

<sup>149</sup> Joelle Assaf, “Lebanon: COVID-19 Exacerbates Already-Impossible Living Situation for Syrian Refugees,” Action Against Hunger, June 19, 2020, <https://www.actionagainsthunger.org/story/lebanon-covid-19-exacerbates-already-impossible-living-situation-syrian-refugees>.

police van nearby. If people are not wearing masks, then they get whacked by them.”<sup>150</sup> Both reports show evidence that the pandemic has shed light on longstanding service gaps that had not yet been prioritized.

In conclusion, the pandemic has deepened the pre-existing vulnerabilities of FDPs in accessing food, shelter and services.<sup>151</sup> The extent of the lack of access is difficult to estimate as FDPs, migrants are often unaccounted for policy provisions by receiving local and national governments. Local decision makers must census data to define policies, but “basic population data about urban slum dwellers is practically non-existent” with “Residents of informal settlements are not counted, and therefore unaccounted for, by local and national policymakers and duty bearers.”<sup>152</sup> World Vision proposes to include FDPs in proper quantification despite the ethnic or national origin, and citizenship status. Their stance is clear: “Responding to COVID-19 *alone* will not help the urban poor graduate to better living conditions, nor will it help in creating inclusive and sustainable cities.” A step in the right direction of recognizing the enormous challenge that FDPs face when searching for dignified locations to establish a new home with their families is the acknowledgment of their vulnerability and the necessary visibility and recognition in the receiving countries.

## 6 Discrimination and xenophobia

On May 8, 2020, UN Secretary-General António Guterres stated that “the pandemic continues to unleash a tsunami of hate and xenophobia, scapegoating and scare-mongering” and urged governments to “act now to strengthen the immunity of our societies against the virus of hate.”<sup>153</sup> COVID-19 has unleashed a series of explicit manifestations of hate, discrimination, and racism, especially against people of Asian descent that were generalized as “Chinese.” However, stigmatization and discrimination has not only been directed to the Asian population. Increased xenophobia towards FDPs population have been reported in host countries.

The International Organization for Migration (IOM) have declared that the constant stigmatization that FDPs experience in times of crisis in host countries: “From terrorism to disease outbreaks, migrants have often been *scapegoated* for endangering native populations.”<sup>154</sup> As a result, migrants and FDPs are easily marked as the cause for *any* wrongdoings in some recipient societies including the spreading of the

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<sup>150</sup> Aline Rahbany, “Left out & Unaccounted for: How COVID-19 Is Exposing Inequalities in Cities,” World Vision, June 29, 2020, <https://www.wvi.org/stories/world-vision-view/left-out-unaccounted-how-covid-19-exposing-inequalities-cities>.

<sup>151</sup> “The Impact of Coronavirus (COVID-19) on Forcibly Displaced Persons in Developing Countries” (OECD, June 15, 2020)

<sup>152</sup> Aline Rahbany. “Left out & Unaccounted for: How COVID-19 Is Exposing Inequalities in Cities”

<sup>153</sup> “COVID-19: UN Counters Pandemic-Related Hate and Xenophobia,” United Nations | COVID-19 Response (United Nations, May 11, 2020), <https://www.un.org/en/coronavirus/covid-19-un-counters-pandemic-related-hate-and-xenophobia>.; “Covid-19 Fueling Anti-Asian Racism and Xenophobia Worldwide,” Human Rights Watch, May 12, 2020, <https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobia-worldwide>.

<sup>154</sup> “Xenophobia,” International Organization for Migration, June 10, 2020, <https://www.iom.int/xenophobia>.

pandemic. IOM emphasizes that receiving countries find in the current crisis a “pretext to scapegoat foreign people and the most vulnerable, blaming them for the virus’ spread.”<sup>155</sup> In the entanglement between low income and the surge of contagious diseases, we must take in account that displacement, whether internal or transnational, affects the lives of the displaced persons, as well as the lives in the receiving communities.

According to the Internal Displacement Monitoring Center, IDMC, internal displacement has significant effects on the socioeconomic development of persons in condition of displacement. Stigmatization and discrimination affect negatively the capability of migrants to integrate into recipient society as a form of self-preservation from the attacks received. Those effects are long-lasting and the “harm it causes to people’s physical health, psychological wellbeing and environment, their ability to secure a livelihood and their access to security, education, housing, basic infrastructure and a social life, internal displacement can weigh heavy on the economy at the individual, community and even national level.”<sup>156</sup>

The case of Greece described earlier sheds light into the inefficient measures that have been taken to control the pandemic in the context of European countries. Exceptional procedures to contain COVID-19 contagion are more restrictive in refugee camps. Human Rights Watch have documented that the public health criteria for Greek locals are not the same as for asylum seeking persons, thus applying more arbitrary and discriminatory lockdowns measures. However, the same report argues that there is “insufficient evidence to justify stronger restrictions in the camps than elsewhere in Greece, these discriminatory lockdowns continue for all of them.”<sup>157</sup>

Colombia, another country that has witnessed large influxes of Venezuelans following the pandemic has reported increased xenophobia. Since the beginning of the humanitarian crisis, an estimated two million Venezuelans crossed the border to Colombia. Reactions from the host population resulted in acts of discrimination and increased blame of Venezuelans for wrongdoings such as rising crime rates and unemployment. However, while rigorous research does find increases in violent crimes, analyses find that this increase was driven by homicides involving Venezuelan victims, with no evidence of an increase in homicides in which Colombians were victimized. These findings contrast xenophobic narratives and together with a close inspection of arrest records suggest that the increase in homicides close to the border were driven by crimes against migrants.<sup>158</sup>

Equally, the case of India is example of how a long history of discrimination against displaced people, internally or externally, by religion, origin, caste or nation is exacerbated after the COVID-19 outburst. India is home to a large population of migrant laborers from bordering and South East Asian countries. According to the Migration Policy Institute, millions of economic migrants find in India a place to improve

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<sup>155</sup> Ibid.

<sup>156</sup> Christelle Cazabat “The Ripple Effect: Economic Impacts of Internal Displacement”

<sup>157</sup> “Greece Again Extends Covid-19 Lockdown at Refugee Camps,” Human Rights Watch, June 12, 2020, <https://www.hrw.org/news/2020/06/12/greece-again-extends-covid-19-lockdown-refugee-camps>.

<sup>158</sup> Brian Knight and Ana María Tribín-Urbe, “Immigration and Violent Crime: Evidence from the Colombia-Venezuela Border,” Borradores de Economía (Banco de la República de Colombia, July 2020), <https://ideas.repec.org/p/bdr/borrec/1121.html>.

their livelihood conditions, of which an estimate of at least ten million are in irregular migratory situations. The Indian laws on migration were set during the British colonial rule in the 1920s of the 20<sup>th</sup> Century and are still enforced in independent India.<sup>159</sup> The outdated norms permitted that in some cases internally displaced people be equalized to migrants from other states. India is a case where scarce resources to the population in general do not cope to the magnitude of the country's population growth. In that volatile context, where religious minorities were the excuse for many tragedies, the COVID-19 pandemic found in Muslim population, whether foreign or local, the scapegoat for the contagion. The public discourses reflect a previous discrimination against Muslims "under the guise of more positive Indian/Hindu citizenship imaginaries" such as protecting one's community, national security, promoting good health and hygiene. According to professors Shakuntala Banaji and Ram Bhat, India has a political history of "sophisticated and systematic sharing of mediated and community-transmitted disinformation against Indian Muslims" serving political interests of the Hindu elites.<sup>160</sup>

## 7 Prospects and Recommendations

As discussed in the previous sections, COVID-19 has affected almost all aspects of life for FDPs, who have been particularly impacted by the secondary effects of the pandemic. Limited access to territory and mobility, reduced access to health services, economic activities, financial aid, and education, have resulted in increasing vulnerability for FDPs. And even if thus far the initial fears of widespread contagion in the crowded and unsanitary settings that FDPs live under has yet to materialize, the ongoing pandemic continues to pose significant risks. Indeed, the emergence of new highly contagious variants along with the recent rise of cases in countries of the Global South, where the majority of FDPs live, indicates that the end to the pandemic is not imminent. Therefore, the adjustment of existing frameworks for the protection of FDPs and the integration of responses that acknowledge not only the risks associated with contagion but equally, the collateral effects from the efforts to control contagion are crucial for mitigating the negative repercussions for FDPs.

Furthermore, the pandemic comes to emphasize the need for a protection regime that is prepared for, and remains resilient to, large-scale systemic shocks. Approaches that rely on incremental reforms and changes at the margin, are inadequate for responding to the uncertainties of current and future crises. Indeed, the pandemic underlines the need for a paradigm shift in rethinking protection. This shift would require significant changes in the systemic architecture of humanitarian and development aid and financing, in order to better anticipate forthcoming crises and prevent against future shocks. It will also necessitate the collective engagement and cooperation of humanitarian, peacebuilding, and development actors across different scales and governance levels (international, national and local).

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<sup>159</sup> Hamsa Vijayaraghavan, "Gaps in India's Treatment of Refugees and Vulnerable Internal Migrants Are Exposed by the Pandemic," migrationpolicy.org, September 8, 2020, <https://www.migrationpolicy.org/article/gaps-india-refugees-vulnerable-internal-migrants-pandemic>.

<sup>160</sup> Shakuntala Banaji and Ram Bhat, "Disinformation against Indian Muslims during the COVID-19 Pandemic," *Media@LSE* (blog), September 24, 2020, <https://blogs.lse.ac.uk/medialse/2020/09/24/disinformation-against-indian-muslims-during-the-covid-19-pandemic/>.

In this final section, we outline the shorter-term prospects on mobility resettlement and asylum, we provide recommendations on the vaccine rollout for FDPs, and we offer a set of long-term recommendations that can help guide future actions in the protection of FDPs. These recommendations are based on a series of in-depth interviews undertaken for the purposes of the project, and summarize views from international experts and professionals, including UNHCR staff, as well as scholars focusing on this area of research.

## 7.1 Future Prospects on Mobility, Resettlement and Asylum

Given the current trajectory of the virus and the different country experiences and progress with vaccination campaigns we estimate that travel restrictions and entry denials will continue to hamper mobility across international borders until well into 2022. Passenger air travel will not recuperate its pre-pandemic levels until 2024-2025;<sup>161</sup> and seasonal migrant worker movements will have to be subject to stricter screening measures that will require testing, quarantine, and in some cases mandatory vaccination. Regardless, mobility is not expected to reach its pre-pandemic levels until at least mid 2023. Within this context and regarding forcibly displaced populations, whether they are asylum-seekers, refugees, or IDPs, we anticipate three main challenges:

1. Resettlements into third countries will slowly grow but it might be capped at between 30,000 to 50,000 until 2023 and it might not reach 2016 levels until 2030. The goals set by the UNHCR of expanding third country solutions so that by the end of 2028, 3 million refugees benefit from effective protection and solutions through, resettlement (1 million) in 50 resettlement countries and complementary pathways (2 million) remain in place with strong support from the United States, Canada, UK, EU, and Australia<sup>162</sup>. Two factors will drive this trend: first, countries of resettlement will be pressured to remain COVID-19-free and might lower their resettlement quotas<sup>163</sup>; more as a political instrument than an effective health policy (similar considerations were brought up during the first and half decade of the HIV pandemic regarding Haitians refugees); and second, they will mandate refugees to get vaccinated in the transit country, in order to be cleared for resettlement<sup>164</sup>.

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<sup>161</sup> Based on IATA press release No 63: “Recovery Delayed as International Travel Remains Locked Down,” IATA, July 28, 2020, <https://www.iata.org/en/pressroom/pr/2020-07-28-02/>.

<sup>162</sup> “UNHCR PROJECTED. GLOBAL RESETTLEMENT NEEDS 2020” (UNHCR, July 1, 2019), <https://www.unhcr.org/5d1384047.pdf?;> “Three-Year Strategy (2019-2021) on Resettlement and Complementary Pathways,” UNHCR, June 2019, <https://www.unhcr.org/protection/resettlement/5d15db254/three-year-strategy-resettlement-complementary-pathways.html>.

<sup>163</sup> Evan Jones and Najeeba Wazefadost, “Opinion: COVID-19 Is Not an Excuse to Shrink Refugee Settlement,” The New Humanitarian, January 25, 2021, <https://www.thenewhumanitarian.org/opinion/2021/01/25/afghanistan-refugee-resettlement-coronavirus-conflict-australia-canada>.

<sup>164</sup> Claire Loughnan and Sara Dehm, “A COVID ‘vaccine Passport’ May Further Disadvantage Refugees and Asylum Seekers,” The Conversation, accessed June 10, 2021, <http://theconversation.com/a-covid-vaccine-passport-may-further-disadvantage-refugees-and-asylum-seekers-155287>.

2. It is to be expected that resettlement countries will outsource securing their public health by putting UNHCR and other humanitarian agencies in charge of managing the vaccination, testing, and screening of refugees that are to be resettled. This will potentially require UNHCR and other humanitarian actors to necessitate further financial assistance, and international support which is expected to be harder to obtain in the years ahead. Vaccine procurement for refugees in asylum and transit countries must be a priority. Those resettlement countries that have digitized their procedures will be able to speed up their screening, interviews, and other procedures. Developing nations trying to reach eradication and suffering severe economic hardships until at least 2025, might not have the necessary resources to manage resettlements and might have to deny entry to forcibly displaced persons.
3. Asylum and transit countries might have recourse to draconian measures if FDPs are not quickly vaccinated against COVID-19. The reemergence of COVID-19 might be blamed on refugees, putting them further at risk. In this sense, asylum countries might relocate all forcibly displaced populations into camps or enclosed neighborhoods and strictly limit and monitor their movements. Since the majority of first asylum countries, and some of the resettlement destinations, are low and middle level income nations, we anticipate that the socio-economic impacts of the pandemic have severely affected their GDP growth, employment, and public deficit. Many of them are already facing steep recessions and possible sovereign defaults<sup>165</sup>. Countries such as Mexico, Colombia, Lebanon, Turkey, Ethiopia, Bangladesh, and especially Iran will be mostly at risk, and might have to reduce resources allocated to refugees<sup>166</sup>. International financial assistance should not recommend any cuts on those programs and should, instead, include aid specifically addressing them.

## 7.2 COVID-19 Vaccination Campaigns for FDPs

To successfully overcome the challenges concerning vaccination efforts, we recommend humanitarian agencies apply the following guiding principles:

1) Securing the allocation of a percentage of vaccines, through the WHO coordinated COVAX global initiative, to refugee populations in coordination with national health authorities in host countries.

2) Designing and implementing a fair and equitable distribution plan according to the proportion of refugee population size and highest-priority category groups, followed by coordination with UNICEF, WHO, the International Red Cross, and humanitarian NGOs, like MSF, to manage the logistical and technical infrastructure capacities for immunization administration; include as priority category for

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<sup>165</sup> Colby Smith and Robin Wigglesworth, "Why the Coming Emerging Markets Debt Crisis Will Be Messy," *Financial Times*, May 12, 2020, <https://www.ft.com/content/f7157356-e773-47c4-b05d-8624a5ccfd03>.; Michael Stott, "Latin America Faces a Second 'Lost Decade,'" *Financial Times*, November 15, 2019, <https://www.ft.com/content/07f0e09e-0795-11ea-9afa-d9e2401fa7ca>.; Jonathan Wheatley and Andres Schipani, "Ethiopia Asks for Debt Relief as Covid Takes Toll," *Financial Times*, February 1, 2021, <https://www.ft.com/content/4992e00e-557a-4c06-858b-e7e15bbf10ac>.

<sup>166</sup> "Global Economic Prospects," World Bank, accessed June 10, 2021, <https://www.worldbank.org/en/publication/global-economic-prospects>.

vaccination all UNHCR staff and employees that are either on the field or that will be involved in frequent international travel.

3) Overcoming possible resistance to vaccination among vulnerable populations with previous history of medical abuse, such as in Pakistan during Polio inoculation campaigns,<sup>167</sup> or susceptible to disinformation and misinformation, by clearly communicating, informing, and educating about the safety, importance, and benefits of being vaccinated.

4) Include humanitarian workers in the vaccination process. Virus eradication by vaccination can only be effective if a majority of people receive vaccine doses. It is crucial that those who work closely with FDPs be vaccinated along with them.

5) Ensure that low- and middle-income countries, a lot of which are refugee-hosting countries, are not left out of the vaccine distribution process. High-income countries have made direct deals with vaccine manufacturers, whilst low- and middle-income countries will receive a percentage of vaccine doses through the COVAX initiative.

### 7.3 Long-term Recommendations

#### **a) Recommendations - Humanitarian financing**

Beyond its serious negative impacts discussed earlier, the pandemic can act as an accelerator for the recognized need for systemic change in humanitarian financing. The uncertainty experienced during the past year, provides a strong signal on the need for better preparedness. The main question is not whether another shock will occur, but how well-prepared we will be for it. Many expected future shocks resulting from diverse and often overlapping stressors (environmental, political, socioeconomic), while not entirely predictable, can benefit from improved forecasts that can guide policy directions and preparatory. This approach aims to smoothen the impacts of future crises, by increasing the resilience of FDPs to future shocks, rather than responding, often at inadequate levels, to the needs once the crisis has occurred. Based on discussions with experts in the field of humanitarian financing two major shifts are considered for improving responses to future shocks.

- 1) Improve financial preparedness for crisis response. The current structure of humanitarian funding for responding to crises only allows mobilizing resources after the fact. However, preemptive measures to avoid the extent and depth of crises and establishing rapid financial responses can alleviate the long-term socio-economic consequences. The need for greater flexibility in funding has been underlined recently by the UN Secretary General. It is crucial that relevant humanitarian organizations improve financial flexibility, to allow for funds to quickly reach places and people and invest in the preemption of foreseeable crises. This approach can reduce overall costs and improve the effectiveness and speed of reaction to future shocks. In practice, it can translate into

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<sup>167</sup> "The Spies Who Sabotaged Global Health," *Scientific American* 308, no. 5 (May 2013): 12, <https://doi.org/10.1038/scientificamerican0513-12>.; Alexander Mullaney and Syeda Amna Hassan, "He Led the CIA to Bin Laden—and Unwittingly Fueled a Vaccine Backlash," *Science*, February 27, 2015, <https://www.nationalgeographic.com/science/article/150227-polio-pakistan-vaccination-taliban-osama-bin-laden>.

scaled-up investments in assessing and monitoring vulnerability and risk, while simultaneously, expanding social and health protection systems by making them accessible to FDPs.

- 2) Improve and expand the localization agenda.<sup>168</sup> The most immediate impact of the pandemic was restricted mobility which among other consequences, made it more difficult to access populations and areas in need. In this context of immobility, local humanitarian organizations were crucial in assisting vulnerable populations such as FDPs. In the immediate future, it is important that local actors continue to be involved in the COVID-19 response. In the longer term, more efforts are needed to increase local participation in preparation of, and responses to future crises. Better cooperation with local organizations will produce more accurate information of what is happening at the ground. Subsequently, a better assessment of local needs can increase efficiency through a more precise and quicker redirection of humanitarian funding.

#### **b) Recommendations - Access to services**

Given that a significant number of FDPs live in urban contexts in cities of the Global South characterized by extensive poverty and the lack of adequate housing and services, approaches that address the growing urban poverty, rather than simply efforts in managing the consequences of specific shocks may prove to be more effective for achieving better outcomes for FDPs. These approaches can respond in short- and long-term scales.

- 1) Establish an immediate emergency risk plan in informal urban settings.<sup>169</sup> A majority of FDPs establish themselves in informal urban settings, where overcrowding is common and adequate housing and services are lacking. Cities and governments must ensure that a fast emergency plan is implemented to reach these communities and provide crucial services in a timely manner. Similar plans have been developed during recurrent epidemics, as in the recent Ebola outbreaks in the context of informal settlements in Africa. According to some assessments, overcrowded areas in cities which have been initially the hardest hit by the pandemic, did manage to implement local level plans that slowed the spread of the virus under adverse contexts. The effectiveness of this plan necessitates the better inclusion of affected populations and the use of multiple knowledge systems, including the knowledge of FDPs and host communities, in building a stronger response that recognizes the idiosyncratic living conditions and constraints that FDPs experience.

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<sup>168</sup> ““Localizing” is the process of taking into account subnational contexts in the achievement of the 2030 Agenda, from the setting of goals and targets, to determining the means of implementation and using indicators to measure and monitor progress.” from “Roadmap for Localizing the SDGs: Implementation and Monitoring at Subnational Level” (Global Taskforce of Local and Regional Governments, UNDP and UN Habitat, 2016), [https://sustainabledevelopment.un.org/content/documents/commitments/818\\_11195\\_commitment\\_ROADMAP%20LOCALIZING%20SDGS.pdf](https://sustainabledevelopment.un.org/content/documents/commitments/818_11195_commitment_ROADMAP%20LOCALIZING%20SDGS.pdf), page 6.

<sup>169</sup> Jason Corburn et al., “Correction to: Slum Health: Arresting COVID-19 and Improving Well-Being in Urban Informal Settlements,” *Journal of Urban Health* 98, no. 2 (April 1, 2021): 309–10, <https://doi.org/10.1007/s11524-020-00491-1>.

- 2) Establish a long-term strategy that aims to address the backlog in adequate housing and access to services in urban and camp settings. These neighborhoods often offer the only affordable options for settlement for FDPs. Given that a significant share of urban growth occurs in these neighborhoods, the targeted assistance in existing low-income areas is necessary to overcome the risks that FDPs and host communities face. Improving access to water and sanitation and reducing extremely high residential densities due to overcrowding is crucial in order to prevent future public health threats. Such public health concerns are not solely related to the current pandemic. In informal settlements and refugee camps the disease burden is often endemic and requires sustained efforts in order to lead to improvements. This approach requires significant investments in host areas that address the poor living conditions in cities. The resilience of FDPs depends largely on the capacity of governments to provide basic infrastructure and services, to residents but equally plan for future population increases by making sure that there is enough land available for housing and services.

## **Conclusion**

The paper reviewed the recent evidence on the impact of COVID-19 on FDPs. More than a year into the pandemic, FDPs have witnessed mounting restrictions in freedom of movement and access to territory, economic losses due to the substantial decline of economic activities, and serious disruptions in access to social protections, health and education. While the disease burden from the pandemic has so far been less significant than initially expected, xenophobic acts and negative sentiments against FDPs and migrants more generally have been on the rise.

The vaccine rollout in high income countries has invigorated hopes for a rapid return to a new normal. However, the unequal distribution of vaccines in conjunction with the rapid rise in cases witnessed in many countries of the Global South should give pause to overly enthusiastic assessments of the trajectory of the pandemic. Recovery from the virus is and will continue to be uneven within and between countries. Indeed, the pandemic brought to surface and amplified pre-existing inequities between rich and poor, hosts and migrants, the mobile and the immobile. It has revealed the fragility and limits of current protection systems for FDPs.

At the same time, the pandemic offered a warning call to an interconnected world that will face growing threats from potential future shocks. In this context, addressing the needs of FDPs, is not simply a moral imperative. It constitutes a necessary condition for transcending crises and eradicating threats. Under this lens, the pandemic represents an opportunity to rethink protection regimes, and prepare for future, and in many cases, inevitable shocks. Addressing the growing future uncertainty requires a significant shift in humanitarian, development and peacebuilding agendas. Rather than responding to crises, the focus

should be in preempting their development, and mitigating their impacts through preparatory action. In this context, increasing the resilience of FDPs to future shocks is not solely the domain of humanitarian actors. On the contrary, numerous policies and actions that aim to ameliorate overall conditions through improvements in access to health, housing, services, and social protection systems can reduce the vulnerabilities and the capacity of protection systems and FDPs themselves to respond to future shocks. However, this requires strong collective action, intense cooperation and the involvement of multiple stakeholders, including FDPs themselves in assessing, preparing and responding to future risks.

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