



# **Situation of Refugees and Displaced Persons in Africa**

**In the face of the Covid-19 Epidemic.**

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As we face the Corona virus epidemic, we must bear before our eyes a painful fact:

There are currently approximately 68.5 million displaced people worldwide, 25.4 million of whom cross the border in search of protection. Displaced persons and refugees are more likely to be in good health, but may be at risk of disease during the transition or while remaining in receiving countries as a result of poor living conditions or adjustments in their lifestyle.

Developing regions also host three quarters of refugees around the world and many migrants, with healthcare systems suffering from overwork and poor capacity. Many live in overcrowded camps, informal camps, temporary shelters or reception centers, where they lack health services, clean water and sanitation.

This disease can only be controlled if there is a comprehensive approach that protects everyone's rights to life and health. Migrants and refugees are disproportionately excluded, stigmatized and discriminated against. To avoid disaster, Governments must do everything in their power to protect the rights and health of all. Protecting the rights and health of all people will in fact help control the spread of the virus.

It is necessary to ensure that all migrants and refugees have equal access to health services and are effectively included in national response plans for Corona virus, including prevention, screening and treatment. Their inclusion will not only help protect the rights of refugees and



migrants, but will also protect public health and eradicate the spread of the virus globally. While many states provide protection and host refugees and migrants, they are often not ready to respond to crises such as the Corona virus. To ensure that refugees and migrants have adequate access to the National Health Services, countries may need additional financial support. Here, global financial institutions can play a leading role in providing the necessary funds.

At a time when Corona poses a global threat to our collective humanity more than ever before, our primary focus must be on preserving lives, regardless of the situation of people. This crisis requires a coherent and effective international approach so that no one is overlooked. In these trying times, we all must work towards a common goal, which is to fight this deadly virus. Many refugees, displaced persons, stateless persons and migrants have skills and resources that will also be part of the solution.

We cannot allow fear or intolerance to undermine rights or undermine the effectiveness of responding to this global epidemic. We are all in the same boat and we can only defeat this virus when each of us is protected.

This is why Filippo Grandi, the United Nations High Commissioner for Refugees, stating:

"I am deeply concerned about this unprecedented epidemic and its impact on refugees and their host communities. The Corona crisis has so far had a noticeable impact on our operations, forcing us to urgently modify the way we operate. However, we spare no effort to help and protect refugees in the best possible way under these difficult circumstances."



He added: "Our top priority for the Corona crisis is to ensure that the people we serve are included in the response plans and are aware of what is going on properly, while complementing preparedness and response efforts to governments where needed."

Grandi concluded by saying: "We will continue to expand our vital activities on the ground. But in order to do so, we now need an ad hoc and timely financial support, including for ongoing humanitarian operations. Coordinated international support is in our common interest and is certainly vital."

Although the number of reported and confirmed cases of Corona infection among refugees remains low, more than 80% of refugees around the world and almost all internally displaced persons live in low- and middle-income countries, many of which have poor health, water and sanitation systems and need urgent support.

Many refugees live in densely populated camps or in poorer urban areas where health infrastructure, water, sanitation and hygiene facilities are inadequate. Grande noted that prevention in these areas is of paramount importance.

The suspension of refugees and migrants held in formal and informal detention centers, in crowded and unsanitary conditions, is of serious concern. Given the deadly consequences of the Corona virus outbreak. Migrant children, their families and those detained without adequate legal grounds should be released immediately.

As countries close their borders and limit cross-border movements, there are ways to manage border restrictions in a way that respects international human rights and international standards



for the protection of refugees, including the principle of non-refoulement, through medical examinations and quarantine.

UNHCR has announced the suspension of travel in resettlement programs to protect refugees from infection. UNHCR Spokeswoman for the Middle East and North Africa Rola Amin said that although there have been no cases of Corona among refugees, the "pandemic" has forced UNHCR to temporarily change the nature of its work with refugees in order to reduce the spread of the disease, protecting the most vulnerable communities in the Middle East and North Africa.

Any actions taken by UNHCR were in cooperation with the host country. However, we conduct awareness campaigns so that refugees are aware of the risks involved, provide the simplest prevention methods and what to do if a case arises.

UNHCR has drawn up an urgent plan to:

- Strengthening water, sanitation and hygiene systems and services, including through soap distribution and increased access to water.
- Support governments to prevent infection and respond in health care, through the provision of medical equipment and supplies.
- Distribution of shelter and basic relief items.
- Provide guidance and fact-based information on prevention measures.
- Expanding monetary assistance to help mitigate the negative social and economic impact of corona virus.
- Promoting activities and monitoring to ensure respect for the rights of forcibly displaced persons.



- Hand washing and temperature checking facilities have also been set up in transit centers, reception centers and health facilities in camps/communities in Ethiopia and Uganda.
- In Sudan, UNHCR distributed soap to more than 260,000 refugees, internally displaced persons and members of host communities. UNHCR, other United Nations agencies and the Ministry of Health are organizing a comprehensive awareness campaign in several languages. Some 15,000 text messages have been sent to urban refugees living in Khartoum with tips on health awareness and prevention methods.
- Preventive measures have also been taken in refugee camps and IDP sites in the Democratic Republic of the Congo and Burkina Faso. This includes the establishment of hand-washing stations, the distribution of soap and cleaning products, and raising public awareness of the use of posters, publications, radio broadcasts and community networks.

### **Serious concerns for refugees and displaced persons in Africa**

It is true that the Corona epidemic is hitting Europe and the American continent sharply, with deaths rising again, but fears are moving towards Africa due to a lack of preparedness there. The UN Secretary-General warned that "the worst is yet to come".

Europeans fear the return of the Ebola with the emerging Corona in Africa, as the continent where the epidemic has not yet been spread is not equipped at all to face it, officials say.



Today, sub-Saharan Africa hosts more than 26% of the world's refugees. More than 18 million people in the region are among those cared for by the UNHCR and this number has increased in recent years, partly due to the ongoing crises in the Central African Republic, Nigeria and South Sudan, as well as the new conflicts that have erupted in Burundi and Yemen.

The European Union's High Coordinator for Foreign Policy, Josep Burrell, warned about the emerging Corona virus in Africa, which has also spread there, as memories of the Ebola outbreak remain in the minds of a number of countries in the continent. "Africa is a particular concern for us, they are our neighbors and the epidemic could get out of hand very quickly," Burrell said in Brussels.

The proportion of doctors in Europe is 37 doctors per 10,000 people, according to Burrell. In Africa, this figure is one doctor for every 10,000 people. After a video conference with the bloc's foreign ministers, the EU's top official stressed that the EU development ministers will discuss how to help Africa in their talks scheduled for next week.

UN High Commissioner for Refugees (UNHCR) spokesman Babar Baloch said that after confirming the first case of corona infection in South Sudan and Eritrea, all countries in the region are now working to address the outbreak, stressing that there are still no confirmed cases among refugees, asylum seekers or internally displaced persons in the 11-nation Eastern and Horn of Africa region.



Baloch said UNHCR is intensifying efforts to curb the potential spread of Corona among refugee communities across East Africa, the Horn of Africa and the Great Lakes, which hosts some of the world's largest refugee groups. "These refugees in the region live in crowded conditions, without adequate access to water and sanitation facilities, and under fragile conditions of food security.

Baloch said 60% of refugees are suffering from a drop in food rations due to lack of funding, noting that the situation may be deteriorating due to interruptions in the regular supply chain, measures for the Corona virus, through border restrictions.

Baloch pointed out that about one million student refugees are currently out of school, after precautionary measures to combat the virus by closing schools throughout the region, pointing out that work is under way to develop distance learning and digital learning programs, and provide online education in Kenya, South Sudan, Tanzania and Uganda, stressing that a number of new measures have been implemented to meet the humanitarian needs related to the Corona virus epidemic, including:

In Djibouti, more than 4,500 refugees and asylum seekers were provided with new shelters to facilitate physical spacing in the villages of Ali Adi and Hall Hall.

In Ethiopia, water and soap supplies are being upgraded in the camps and hand-washing stations are being installed, including 127 stations and more than 14,700 home stations in the Gambella refugee camp alone.

In Kenya, isolation lobbies have been identified and additional beds have been added in the country's two refugee camps. Personal protective equipment is provided to health workers in





clinics, while an assessment is carried out to identify possible new locations for field clinics to provide health care in refugee camps. The rules for the distribution of food, soap and other substances have been amended to adhere to social spacing standards.

In Somalia, shelters are being improved and a scheme has been drawn up to support 27,600 displaced people living in high-density displaced persons' sites

In Sudan, more than 320,000 refugees and displaced persons across the country have received soap and other relief hygiene items. A 1,000-litre water tank has been installed at the Beilel registration center, South Darfur. The temperature of refugees arriving in eastern Sudan is measured upon arrival and monitored for two weeks to monitor symptoms.

In Tanzania, monthly supplies of soap have been doubled and large water containers have been distributed to help wash hands in all three refugee camps. Additional hand washing stations have also been installed, including new equipment at reception centers, distribution points, markets and schools.

In Uganda, a number of measures have so far been taken as a result of measures to address the threat of Ebola, including health screening, temperature measurement and increased hand-washing facilities in transit and reception centers as well as in refugee camps. In addition, the distribution of soap has been increased and health workers are particularly trained in Corona.

As part of the broader global humanitarian response plan, UNHCR issued an emergency appeal calling for \$255 million to implement life-saving activities and make preparations for the response to the Corona virus, \$15 million of which has been requested specifically for countries



in the East and the Horn of Africa. To ensure the health and safety of refugees, displaced persons and host communities during this crisis.

### **West and Central Africa**

The spread of the emerging COVID-19 virus has exacerbated the challenges facing West and Central Africa, which is dealing with one of the world's largest humanitarian crises and threatening millions of its population, UNHCR has warned.

In a statement in Geneva, UNHCR noted that the region has more than 9 million displaced persons, while the Corona epidemic has closed borders and increased pressure on fragile health systems and vulnerable economies.

"All 21 countries in the region have reported a total of more than 5,000 infections since the first detection on February 28th, indicating that the cases are among the displaced, while the host population has not yet been affected by the virus," UNHCR said. "Failure to make concerted and concerted efforts to prevent the outbreak of the epidemic could lead to a severe humanitarian disaster in the number of people affected."

Armed conflict and attacks on civilians in West Africa's Sahel region have displaced nearly 3 million people, including nearly 1 million since January 2019, and more than 5 million people are currently facing food shortages.

It was likely that restricting movement, slowing down or even halting economic activity would have a greater impact on refugees and internally displaced persons, expressing concern that



persons seeking safety could be returned to danger, as potential movements of Malians, Nigerians, Cameroonians and Sudanese seeking international protection might be hampered by such restrictions, as well as the disability caused by the restrictions imposed by the Corona virus for humanitarian efforts to support and assist those in need.

## **Egypt**

According to UNHCR statistics for February 2020, refugees from more than 50 countries live in Egypt, including 258,433 refugees and asylum seekers, including nearly 130,000 Syrians in the Cairo office. In a statement, UNHCR announced the extension of the period of reduction of its activities and the postponement of interviews until April 11, 2020, with financial assistance continuing during the period of reduction of activities, as well as the provision of basic services related to gender-based violence and child protection but with a limited capacity, priority for emergencies, provided that the consultation is by telephone or e-mail.

UNHCR advised refugees and asylum seekers to follow the recommendations made by the Egyptian authorities, particularly the Ministries of Health and Interior, to deal with the coronavirus. The World Health Organization explained in a conference, Monday, that the health service for refugees and asylum seekers will be provided by the Egyptian Ministry of Health, like the Egyptians, as it provides them with health support during the Corona pandemic period, in coordination with the UNHCR and the Organization for Migration, whether in cases of suspected fever hospitals, or transferring them to hospitals for treatment and isolation.

Since the beginning of the spread of the virus in Egypt, the Council of Ministers has taken a number of precautionary measures to reduce the spread of the virus, including the imposition



of curfews from 7 p.m. to 6 a.m., and the obligation of restaurants, cafes and shops to close, especially on Fridays and Saturdays, in addition to suspending schools, which had a clear impact on the refugee sector and asylum seekers like the rest of Egyptian society, where it suspended Community schools for refugees, a number of their own projects and factories have been discontinued, many irregular employers of refugees and asylum seekers have lost their jobs, while aid to refugee associations and UNHCR has ceased, worsening the situation of many of their families, some of whom have been unable to purchase the most basic personal prevention requirements because of their high prices.

### **Difficulties faced by internally displaced persons due to the threat of COV**

The vast majority of internally displaced persons live in developing countries with very fragile health systems that can be rapidly exhausted if the virus puts a foothold. In addition, many internally displaced persons live in camps or informal locations where overcrowding, malnutrition and inadequate availability of water, sanitation and hygiene pose enormous challenges to prevention. Many are now facing extreme poverty in urban areas as temporary and other income opportunities disappear overnight. Interruptions in or reduction in humanitarian or government assistance will make displaced persons more vulnerable to HIV and other risks.

International support for national governments needs to be strengthened urgently to meet enormous needs. This must include funding measures to prevent the spread of HIV and to encourage the inclusion of displaced persons in national preparedness and response efforts. UNHCR is working with governments, sister UN agencies and NGOs to implement various measures, including communicating with internally displaced persons in camps and informal



locations about hygiene and physical spacing. We also adapt our programs so that they can be carried out safely, providing emergency cash to the most vulnerable and supporting the development of health facilities.

### **Guidelines on internal displacement**

Adopted 22 years ago on April 17, the "Internal Displacement Guidelines" are the first international standards set for internally displaced persons. It defines their rights and the obligations of governments towards them and is widely recognized as a key international framework for responding to internal displacement. These Guiding Principles are a set of 30 standards - based on international human rights and international humanitarian law - that define the rights of internally displaced persons, and how they should be protected and assisted during displacement until a durable solution is found for them.

The need for such standards became evident in the 1990s when the number of people displaced within their own countries due to violence, armed conflict and human rights violations increased dramatically. In the absence of an existing international legal framework to protect them, Francis Deng, who served as the UN Secretary-General's representative on internally displaced persons, presented the guidelines to the United Nations Commission on Human Rights to address the gap. Since its adoption in 1998, the principles have been widely used by countries, United Nations agencies and non-governmental organizations as a basis for the protection of displaced persons. The guidelines remain very relevant to our world today. As part of a global initiative called GP20 (20 years since the guidelines), UNHCR supports states to incorporate the guidelines into their national legislation.



## **Refugee women and the dangers of Corona**

Corona Virus has caused many lives to be lost and changes in communities, but the virus also poses enormous risks to women and girls who are forced to flee their homes.

We need urgent attention to protect women and girls from refugees, displaced persons and stateless people during the epidemic, as they are among the most vulnerable groups. Doors should not be left open to abusers at a time when female survivors of abuse and violence do not receive help.

Worldwide closure and quarantine policies aimed at addressing the epidemic have restricted movement, reduced community interaction, closed services and deteriorated social and economic conditions. These factors significantly exacerbate the risk of partner-related violence.

"Some of them may end up trapped in their shelters and homes, and in contact with their abusers without being able to get away or seek personal support."

"There are others, including those who do not have personal documents or who have lost volatile means of income as a result of the economic deterioration caused by the Corona virus, who may be forced to have sex or marry children by their families for a living, while many women within the family also bear increasing burdens in terms of care."

For survivors of violence and those at risk, the consequences of Corona also mean limited access to life-saving support, such as psychological, social, health and security services. Mobility restrictions and quarantine measures also make it difficult for women to obtain assistance, while some services, including safe shelters, have been temporarily suspended, closed or diverted for other purposes.



## **Poor health capabilities**

Developing countries host most of the 25.9 million refugees around the world, with intensive care units often with fewer beds and ventilation devices

Corona prevention is therefore a priority, and it is true that many refugees live in host countries with some of the weakest health systems in the world. The outbreak would put extraordinary pressure on fragile local health-care services and could cause suffering and avoidable deaths.

Avoiding or delaying an outbreak, especially among the most vulnerable, is the most important thing we can do now. Even if there are only a few cases of acute Corona, there is limited access to high level of care for more severe cases.

Prevention is the best way to protect refugees and host communities.

Ensuring that refugees, asylum-seekers, stateless people and migrants have access to health facilities and services without discrimination

The Corona virus has clearly proven that we are all the same -- no matter where we live, no matter who we are. It does not distinguish between religions, races or borders. All persons, particularly the most vulnerable -- including refugees, asylum-seekers and stateless persons -  
- must have access to health services.



In fact, everyone will benefit when these groups have access to health services. This is in everyone's interest as it would help stop the spread of the virus. This must always be a priority for us.

Comprehensive and non-discriminatory policies are needed to combat Corona, otherwise barriers to health care and discrimination will lead to an environment in which patients are not treated and cases are not detected, which will help the virus spread.

serious consequences for public health if people turn this fear against refugees and other marginalized groups

Fear and anxiety are a natural reaction, but we must avoid people who turn this fear and anxiety into xenophobia.

Above all, blaming refugees for the Corona outbreak will lead to refugees not feeling safe when seeking health advice or even the refusal of medical care to refugees. This will not be in anyone's interest at all.

We have never lived in such a situation collectively, where borders are closed and quarantines imposed on a global scale. As this situation continues, we must take precautions to support our mental health and that of those around us.

**The importance of avoiding or delaying outbreaks, especially among the most vulnerable**





Previous epidemics have shown how important it is to involve refugees themselves from day one, to address their concerns about addressing the epidemic on the one hand, and to ensure that sensitive social and cultural aspects are taken into account on the other.

The importance of ensuring the continuity of priority health services to ensure that there is no increase in deaths from other cases.

Another vital consideration is protection monitoring, which helps to ensure that refugees and other persons concerned are not exposed to greater risks through measures that are not based on public health as a result of misinformation, xenophobia or other stigmatization behaviors.

Last but not least, the inclusion of refugees in national response processes is essential, as infectious diseases can only be controlled by an integrated and comprehensive approach. The National Health Services often needs support, especially when refugees are hosted in isolated and remote areas in countries where health services are weaker.

### **Recommendations**

- Each person's health is linked to that of the most marginalized members of society. Reducing the spread of HIV requires universal access and ensuring equitable access to treatment. This means overcoming barriers to affordable and accessible health care and addressing inherent preferential treatment based on income, sex, geography, race, race, religion or social status.



- Overcoming systematic bias that ignores the rights and needs of women, for example, limits on the access and participation of minority groups, will be critical to effective prevention and treatment of Corona. People living in facilities - such as the elderly or those detained - are likely to be more vulnerable and must be specifically dealt with in crisis planning and response.
- Migrants and refugees, regardless of their official status, must be an integral part of national Corona response systems and plans. Many of these women, men and children find themselves in places where health services are under pressure or inaccessible. They may be confined to camps and communities, or live in urban slums where overcrowding and poor public health exacerbate the risk of disease. International support is urgently needed to help host countries upgrade services - for migrants and communities alike - and include them in national monitoring, prevention and response arrangements. Failure to do so will endanger everyone's health and may lead to an increase in hostility and stigma. It is also important that any tightening of border controls, travel restrictions or restrictions on freedom of movement prevent people fleeing war or persecution from reaching safety and protection.
- Political leaders must take the lead, gain confidence through transparent and timely information, work together for the common good, and enable people to participate in health protection. Making room for rumors and spreading fear and hysteria will not only hinder the response, but may have wider implications for human rights and the work of democratic and responsible institutions.
- No country today can build a wall to fortify the impact of the virus -- literally -- as evidenced by the decline in stock markets and the closure of schools — nor economically and socially



as well. An international response that ensures that developing countries are ready to diagnose, treat and prevent the disease will be necessary to protect the health of billions of people. WHO provides expertise, monitoring, systems, case verification, impact tracking, research and vaccine development. This is a lesson that international solidarity and multilateral regimes are more important than ever.

- In the long run, we must continue to work slowly to build equitable and accessible public health care systems. There is no doubt that how we respond to this crisis will shape those efforts for decades to come. When our response to Corona is based on the principles of public trust, transparency, respect and compassion for the most vulnerable, we will not only support the fundamental rights of every human being. We will use and build the most effective tools to ensure that we can emerge from this crisis and learn lessons for the future.
- "In order to preserve lives and safeguard rights, governments, along with humanitarian actors, must ensure that the increased risk of violence against displaced and stateless women is taken into account during the preparation, response and recovery of national plans for prevention, response and recovery from Corona."
- Ensuring vital services for survivors of gender-based violence is essential and accessible to forcibly displaced persons. This includes health and security services for survivors, psychosocial support services and safe shelters. Survivors' access to justice must not be reduced.
- Given the deteriorating social and economic conditions currently facing many refugee-hosting countries, donor support is urgently needed to maintain and respond to gender-



based violence prevention and response services, including those provided by local women-led organizations.

- The measures taken by some countries in this regard should not impede the right to seek asylum in full.
- All States have the right to manage their borders, as they see fit, in the context of this unique crisis, but such actions should not lead to the closure of asylum applications or force people to return to dangerous situations.