

Regional COVID-19 Crisis Management Group

Humanitarian Settings and Vulnerable Populations Working Group

Health of Internally Displaced Persons, Refugees, Migrants, Returnees and COVID-19

Situation Report #3|22 April 2020

Situation Overview

As of 22 April 2020, there are an estimated 134 506 reported cases (5.6% of the global burden) in all countries of the Eastern Mediterranean Region (EMR)¹, with an estimated 6185 deaths (3.8% of the global burden).

According to IOM's Displacement Tracking Matrix (DTM), as of 15 April 2020, 67% of land, sea and air border points have been closed for entry and exit, with a further 18% partially closed, illustrating near complete cross border mobility standstill.

Burden of COVID-19 among Refugees and Migrants

- Three positive cases of COVID-19 were detected in Amir Hasan camp, Jordan, after laboratory test confirmed on 13 April 2020.
- As of 18 April, there were 630 cases of COVID-19 among migrants in Oman including 2 deaths (out of a total 6 deaths).
- A Palestinian refugee in al-Jalil camp, Lebanon, has tested positive for COVID-19 on 21 April. A Rapid Response Team (RRT) has been dispatched to the camp to conduct contact tracing and further testing. UNRWA will cover the cost of the treatment of the confirmed case and will support her family if they need to isolate themselves.

Regional Response Actions

The International Organization for Migration (IOM)

DTM launched the second version of the system, which includes data on border management and migration health information on top of the movement restrictions and points of entry (POE) measures. In all countries in the region, IOM is working closely with its Member States and WHO to ensure, among others, that all tools are adapted to the different needs of migrants and displacement populations. This is through ensuring translations in relevant languages, as well as working with community-based and migrant networks, local media, Non-Governmental Organizations (NGOs), schools, local governments and other sectors using a consistent mechanism of communication.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA)

UNRWA has developed an Agency-wide COVID-19 Strategic Preparedness and Response Plan. This plan is based on WHO guidelines. In addition, UNWRA has made a COVID-19 response flash appeal for immediate needs for March through to May 2020 for US\$ 14 million.

UN Refugee Agency (UNHCR)

UNHCR and partners continue to monitor the health situations in refugee camps and settlements and support and reinforce capacities of national health systems in all regions. With Ministries of Health all over the globe conducting measures to mitigate the risk of the spread of COVID-19 pandemic, UNHCR

¹ The Eastern Mediterranean Region of the World Health Organizations include 22 countries including Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian territory, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen.

continued to support the governments with the development of their COVID-19 contingency plans and response activities to ensure the inclusion of internally displaced persons (IDPs), refugees and returnees.

In detention centers where refugees and IDPs are held, UNHCR joins the Office of the United Nations High Commissioner for Human Rights (OHCHR) and WHO are calling on public authorities to take immediate steps to address overcrowding in prisons and detention centers, including measures to respect WHO guidance on social distancing and other health measures.

World Health Organization (WHO)

WHO developed the Interim guidance on Safe Ramadan practices in the context of the COVID-19, <https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf>.

This document highlights public health advice for social and religious practices and gatherings during Ramadan that can be applied across different national contexts.

Country Response Actions

Egypt

The Egyptian Red Crescent has translated health promotion and psychosocial support messages in languages most widely spoken by migrants and engagement of over 200 migrant volunteers in the COVID-19 response to support migrant communities and provide support in local languages.

IOM has activated its 'communication corridors' with migrant community leaders to ensure 24/7 circular exchanges and has joined forces with local start-up companies to create nation-wide campaign using Egyptian influencers on several topics related to COVID-19 preparedness and response.

UNHCR continues to lead an inter-agency/inter-sector mapping of assistance. This initiative has so far captured interventions of over ten operational partners across all sectors and governorates, https://drive.google.com/file/d/1P74pYriUIxeR3zTLrV5HSjPOS_OPSqjq/view. The Egypt Refugee and Resilience Plan (3RP) for COVID-19 is expected to be launched before end of April as part of a regional appeal of the 3RP countries. In addition, as part of this plan, UNHCR and WHO have procured 15 000 N95 medical masks for the Ministry of Health and Population.

Iraq

The Iraqi Red Crescent Society has facilitated health awareness sessions on COVID-19 for 50 000 IDPs and 6000 Syrian refugees as well as conducting sterilization activities in 50 camps around the country.

Based on the analysis of the possible scenarios (best and worst case (complete collapse of the healthcare system) developed by the Health Cluster, the Health and Shelter cluster developed the *COVID-19 Outbreak Preparedness and Response Operations in IDP Camps*, jointly with WHO and the Cluster Strategic Advisory Group, as well as the Camp Coordination and Camp Management (CCCM), Protection, WASH and Food Security clusters and Child Protection Sub-Cluster. The document is meant to serve as a guide to all humanitarian partners involved in setting up quarantine/isolation sites in IDP camps and how to establish/update isolation units in/adjacent to government-identified hospitals for COVID-19 management. WHO will use this as a guide to setting up quarantine/isolation areas in selected camps using different vulnerability criteria.

IOM has translated WHO awareness material on COVID-19 into Kurdish Sorani and Kurdish Badini and provided amendments of visual illustrations. Furthermore, IOM has also developed key messages on COVID-19 related to gender-based violence (GBV) and domestic violence, mental health and psychosocial support (MHPSS) and stigma of infected persons and their families.

Jordan

Three positive cases of COVID-19 were detected in Amir Hasan camp after laboratory test confirmed on 13 April 2020 and as a result most of the area is now on locked down. One person from UNWRA, with an e-permit, is allowed per vehicle to enter the camp except for emergency cases. The Ministry of Health launched the Hakeem e-services platform, which facilitates the delivery of medicines to NCD patients. Ministry of Health has confirmed that Palestine refugees are in the National Strategy. UNWRA's environmental health operations and medicine delivery stopped during last week's 48-hour curfew. UNWRA health staff who worked in high-risk areas and/or contacted with the high-risk people were tested for COVID-19 by MedLab (private lab) 16 April 2020.

The Ministry of Health has conducted 150 tests inside Zaatari camp which came back negative and the same will be conducted in the Azraq camp. The methodology used for the testing was based on the 12 districts within Zaatari camp that houses close to 80 000 Syrian refugees. Random sampling of 10 people per district were tested for COVID-19, in addition to 30 random sampling done among workers from camp bakery, markets etc. In addition, the Ministry of Health will set up a field hospital near camps for isolation of cases, in case of positive results in any camp. Meantime, the International Medical Corps established isolation areas in Zaatari and Azraq camps to receive any positive cases with mild symptoms while they await transfer to Ministry of Health designated COVID-19 hospitals isolation and treatment. International Rescue Committee (IRC) conducted an assessment on tertiary facilities to establish a hospital COVID-19 case management guideline.

Kuwait

IOM inspected the Government-led facilities for expatriates who returned to Kuwait after 27 February 2020, and reviewed the public health measurements and procedures, to ensure migrant access to health screening services. IOM also visited the shelters designated for housing the irregular Temporary Contractual Workers (TCWs) (with expired residence permits) as well as the Receiving Centers (which process and complete all required papers of the TCW's) by identifying gaps and making recommendations.

Lebanon

Hospital cost for confirmed COVID-19 cases among Palestinian refugee will be covered 90% by UNWRA and 10% by the Palestinian Embassy in Lebanon. In coordination with Médecins Sans Frontières, UNWRA is preparing Sibling Training Centre's (STC) dormitories for use as possible isolation units for mild confirmed COVID-19 cases. All health centres are thoroughly disinfected by sanitation teams daily.

The Lebanese Red Cross is providing shelter management for refugees requiring quarantine and basic assistance for refugees and host communities who remain in quarantine.

A large number of confirmed COVID-19 cases were detected in Bcharre, which is now on lock-down for mass testing to determine the size of the local outbreak. The town is also home to Syrian refugees living urban settings.

Libya

IOM in Libya collaborated with the Disease Surveillance Directorate of the National Centre for Disease Control (NCDC) to train 49 RRT members, for active case finding and contact tracing. In addition, NCDC and Emergency Directorate of the Ministry of Health were provided with 300 personal protective equipment (PPE) including polyvinyl chloride suits, goggles, face shields, N95 masks, and protective isolation suits. Furthermore, 24 sets of medical equipment and supplies were provided to the NCDC to strengthen infection prevention and control (IPC) at POEs and establish two health posts.

IOM has provided information on prevention of COVID-19 as well as awareness sessions to detention centers for migrants, management and staff as well as the Libyan Coast Guards at the disembarkation points. Healthcare providers were trained on fumigation, disinfection, cleaning and sterilization at four detention centers and three disembarkation points. Migrants were also provided with hygiene kits and with COVID-19 pamphlets. In addition, hygiene promotion and COVID-19 awareness sessions were conducted at 12 POEs.

[Palestine](#)

Gaza: UNWRA continues to provide home delivery of essential medicines to the patients aged over 70 and/or with diabetes, 7 195 patients were reached up to 16 April 2020.

West Bank: Israel Defense Forces have closed all camps in the West Bank with special permission required to enter or leave the camps. UNWRA continued the sterilizing campaign in all camps. Health hotlines remain active in the three areas, medical officers responding to health related inquiries and referring psychosocial conditions to counsellors, with a psychosocial hotline launched on 16 April 2020. Door to door essential medicines distribution were carried out at Biddu and surrounding villages in cooperation with Local council.

COVID-19 testing points were announced by the Israeli Ministry of Health and opened 17 April 2020 at Al-Zughair Medical Centre, Shufat and the checkpoint. Palestinian Ministry of Health will carry out testing for the residents of the Shufat camp.

[Morocco](#)

IOM worked closely with its partners in disseminating the information developed by the Ministry of Health to migrant communities for handwashing and hygiene practices to prevent COVID19 and delivered hygiene kits and food baskets to vulnerable migrants.

[Sudan](#)

IOM provided IPC guidance and messages for home and community care providers in local languages (migrants are mostly from Ethiopia, Nigeria and Somalia) and used relevant communication channels in Khartoum, Gadaref, North Darfur, West Kordofan, and Abyei as well as access to WASH services in public places. Quarantine sites within two IDP sites are being constructed in Marib well as the rollout of community management and surveillance measures to empower and equip communities to cope with a potential COVID-19 outbreak. IOM has also led a series of initiatives to deliver risk communication on IPC.

WHO trained 38 healthcare workers, serving refugees, on case management and IPC in addition to training 60 RRT members in White Nile, South Kordofan and East Darfur. WHO, State Ministry of Health, Care International and United Nations–African Union Mission in Darfur supported the establishment of three COVID-19 isolation centers in Abu Matrik for refugees in East Darfur, Nyala serving IDPs, refugees and host communities, and Daien for IDPs, refugees and host communities in East Darfur. The COVID-19 case management and surveillance strategies are system resilience based on needs assessment, the exception has been in East Darfur, where an isolation center with six bed capacity to ensure access of refugees to stabilization and treatment. UNHCR, CARE International Switzerland and Oxfam International continue supporting hand washing facilities in East Darfur. UNHCR donated two ambulances to support State Ministry of Health in White Nile for refugees in Jouri and Aljameya camps and the Sudanese population.

UNHCR has initiated the development of a contingency plan for an outbreak in refugee camps and discussed it at the national level with the Refugee Consultation Forum. UNHCR has agreed with the authorities to adapt one room in every refugee reception center an isolation area. Several will need to be

upgraded to meet minimum standards and require furniture and personal protective equipment. New arrivals that keep on reaching Sudan despite officially closed borders are screened for temperature by the authorities in Al Leri locality, Kordofan, and currently, there are about 90 asylum-seekers in temporary quarantine in the East. There was zero reporting from 80% of the health facilities serving the refugees in Sudan.

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Syria

IOM and WHO are providing tents to set up triage centers in the North West of the country.

The Syrian Arab Red Crescent (SARC) continues to be the main humanitarian actor in Syria through its network of staff and volunteers. SARC priorities include: providing training to first responders on IPC while delivering first aid, health and sterilization services to the vulnerable people, raising awareness about COVID-19 in the media and using community engagement, providing WASH and sterilizing public facilities, ensuring the continuity of providing health services to the people in need and finally monitoring the food security challenges.

Tunisia

IOM has successfully advocated that all migrants can access COVID-19 related services without fear. In addition, IOM is scaling up its response by providing migrants with food aid or vouchers (hygiene kit, food, cleaning products), medicines, information and orientation, and infants essentials. The Tunisian Red Crescent Society continues to provide awareness campaigns at in the IOM migration centers.

Yemen

UNHCR In Yemen, where more than 900 000 IDPs are living in some 1650 IDP hosting sites, CCCM cluster trained six newly recruited community-based health workers and a medical assistant, in supporting the screening of new arrivals, their referral, and awareness-raising activities.

IOM and WHO are working to develop national response plans and advocate to ensure that migrants and displaced populations are well represented in the national planning. In addition, IOM and WHO are equipping and supporting migrant clinics and mobile medical teams through all phases of a potential COVID-19 pandemic. In addition, IOM is conducting trainings for IDP site focal points and community committees in the sites on COVID-19 preparedness, ensuring distributions are being carried out in line with COVID-19 prevention guidelines (including social distancing and crowd control).

Way Forward

- Ensuring that Universal Health Coverage (UHC) is utilized during the outbreak response for COVID-19 among all partners.
- Ensure continuity of care for non-COVID-19 essential health services in camps and camp-like settings.
- Recommend to all countries to support the duty of care to all refugees and migrants in their country and avoid any type of drastic action such as deportation.
- Activate the Taskforce on COVID-19 and Mobility/Migration under the the United Nations Inter-Agency Issue-Based Coalition (IPC)
- Provide guidance to country offices on desegregated COVID-19 data where possible to identify reported cases among IDPs, refugees, migrants and returnees.
- Provide collective and timely information to our respective organizations on the situation of IDPs, refugees, migrants and returnees.
- Support Country Offices to develop guidance notes/briefs for their respective governments on COVID-19 as a whole-of government and whole-of-society approach toward IDPs, refugees, migrants and returnees.

- Ensure all UN strategic and policy level documents incorporate IDPs, refugees, migrants and returnees, using a whole of government and society approach.
- Promote the inclusion of refugees and migrants in all country level policies and strategies in line with the Sustainable Development Goals.
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