

THE IMPACT OF COVID-19 **ON REFUGEES**

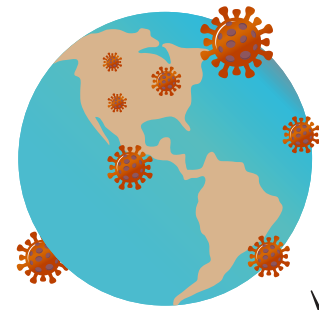
BY KIRSTEN MOSEY

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CCOVID-19 has exposed global vulnerabilities and inequalities. But the plight of refugees has not received its due.

When the pandemic hit, the vast majority of refugees found themselves in countries that were experiencing instability, conflict, and economic hardship. Shut away in camps or subsisting in crowded urban areas, refugees were underserved and often ignored. With no stable income or employment status, they risked deportation or retribution if they sought medical services.

Refugees are not able to protect themselves in the current health crisis. And they face additional economic and legal restrictions, because COVID-19 has resulted in stringent lockdowns, economic exclusion, and stalled resettlement. The pandemic has made international action on refugee assistance even more urgent.



The United Nations [Global Compact on Refugees](#) provides a framework within which nations can share responsibility for the world's refugees. Already a [world leader](#) in refugee resettlement, Canada needs to work within this framework and with likeminded states to develop refugee-focused standards that include a minimum standard of care in camps and settlements, an increased role for humanitarian actors, improved economic inclusion, and resettlement processes that prioritize health and safety.

By so doing, Canada can bring about an important shift in how developed countries respond to the largely unseen conditions of refugees in the time of COVID-19.

A NEAR-INVISIBLE PUBLIC HEALTH CRISIS

Today, there are more than [79 million](#) people who have been forcibly displaced from their homes; they include 26 million refugees and 4.2 million asylum seekers. Approximately [2.6 million](#) refugees reside in camps that experience overcrowding and lack hygienic facilities, clean water, and adequate medical care.

When the pandemic began, governments and experts feared that it would spread rapidly in the camps and among other refugee populations. However, recent [data](#) suggests the opposite. As of December 17, 2020, the UN Refugee Agency had reported only [38,500](#) positive COVID-19 cases among refugees.

But what does this number represent? Few refugees are being tested. Of the nearly one million refugees in Cox's Bazaar in Bangladesh, less than [1%](#) had been tested as of August 2020. According to the World Health Organization's [ApartTogether](#) survey, published last December, almost 20% of refugees indicated that the higher levels of discrimination they had experienced since the pandemic began impacted their willingness and ability to seek medical care. As well, they feared that if they tested positive, they would be deported or further stigmatized. (Similar concerns and barriers could affect the ability of refugees to be [vaccinated](#).) With most refugees untested and untended by healthcare providers, it is pretty certain that many cases of COVID-19 have gone unreported.

LOCKED IN, LOCKED DOWN, LOCKED OUT

Since COVID-19 struck, lockdowns have become common in refugee camps. The intent is to keep the virus out, but the effect is to create prisons in which refugees subsist without the many essential services provided by aid workers and volunteers, and with few if any links to the outside world.

Last year, Camp Moria, a large refugee camp on the island of Lesbos, Greece, was under lockdown for months after the rest of the island had resumed some semblance of normal life. Tension and fear built up in the camp. Then, in September, Moria was completely destroyed by fire. Twenty-thousand refugees were left without shelter and in need of immediate care.

For several weeks after the fires, refugees lost access to the essential services provided by humanitarian workers. Without access to services and food, refugees had no option but to go to a new camp on the island, even though they [feared](#) that conditions would be more restrictive.





These photographs show Camp Moria in Lesvos, Greece, before devastating fires in September 2020 (left) and after. *Amy Randell*

The new camp was dismal. And in December, things got worse. The Greek government enacted a [law](#) that prohibits aid workers and volunteers from publicly sharing any information about the camp or its residents.

This form of censorship is not restricted to Greece and is dangerous wherever it appears, because it could hide the mistreatment of vulnerable populations.

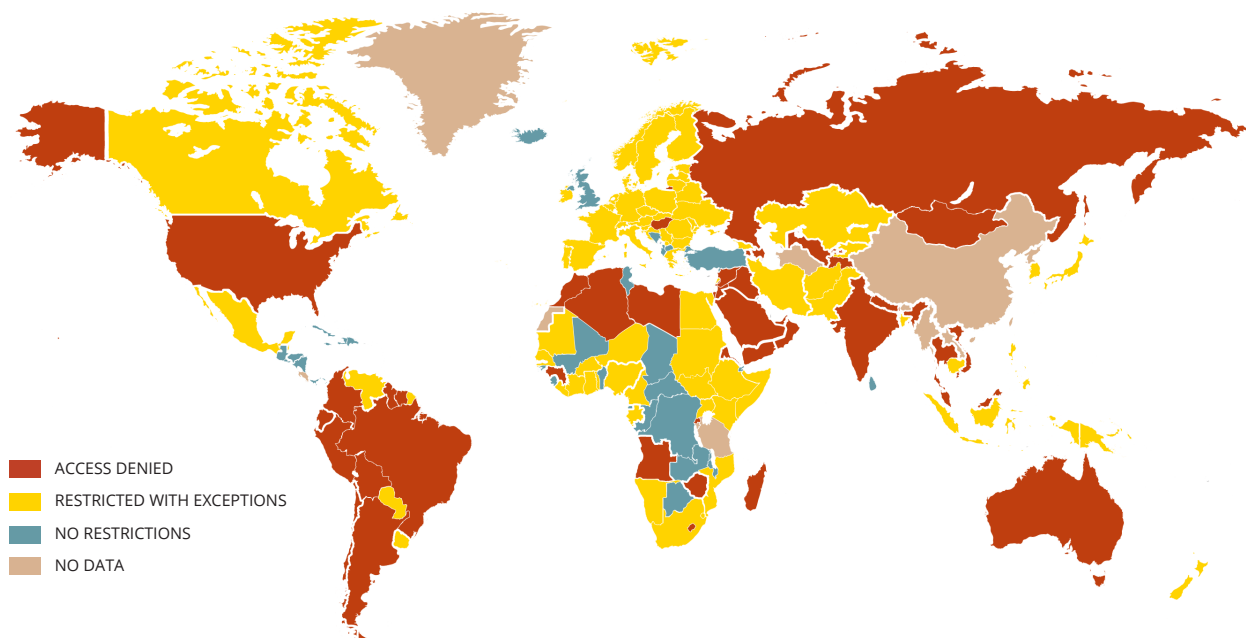
LOST JOB OPPORTUNITIES

Because of legal and visa restrictions, many refugees have only been able to work in job sectors that are highly susceptible to [disruption](#), such as transportation, hospitality, and manufacturing. All these sectors have experienced high job loss. Xenophobic claims that refugees take jobs from locals and destroy the economy have raised additional barriers.

Some camp dwellers used to work in nearby cities. When they lost jobs or access to transportation, they still had a place to live and access to aid organizations for food and some services.

But approximately [60%](#) of all refugees and asylum seekers live in urban areas. Before COVID-19, they often had greater access to work opportunities. But now [these urban dwellers](#) are facing [new hardships](#), with many losing jobs or forced to work in unsafe conditions. They rarely qualify for national COVID-19 assistance in their host country.

Shut out of economic sectors that still offer employment, these urban refugees have frequently turned to the informal job market. Precarious at the best of times, in a time of pandemic, this market poses real health risks, with protective equipment not necessarily on offer and safe social practices unregulated or discouraged.



Border closures enacted in response to COVID-19 as of January 2021

Source: UNHCR

RESTRICTIONS ON RESETTLEMENT

Many countries closed their borders in the early days of COVID-19 and 81 borders remain closed, with some provision for refugees and asylum seekers. Border closures affect not only the movement of refugees but of supplies, aid, humanitarian workers, and investigative agencies. Migrants stranded at border points often experience violence; migrants forced to move on may face even worse.

While some countries are still accepting refugees, [61 countries](#) currently deny refugees access to their territory. In 2020, resettlement by the UN Refugee Agency from January to November [had declined](#) by 65.4% from the comparable period in 2019.

Countries including Canada have set ambitious goals to increase resettlement numbers in the next three years, but the reality of COVID-19 could delay such plans for some time yet. A loss of hope in immediate resettlement has caused some refugees to seek repatriation as the only remaining option. But repatriation, while possible, may not be safe.

It seems that no one yet knows how to simultaneously curb the spread of COVID-19 and humanely protect vulnerable populations of migrants.

RECOMMENDATIONS FOR REFUGEE-FOCUSED STANDARDS AND POLICIES

The UN's Global Compact on Refugees requires that stakeholders [acknowledge](#) a global responsibility and burden-sharing system when caring for refugees. The Compact provides arrangements that support communities both in their response to the pandemic and in preparation for the future.

To restore humaneness to migration and asylum processes, Canada should look to the Compact as a guide. As well, Canada should advocate for better treatment of refugees through mechanisms such as the Asylum Capacity Support Group.

Beyond the Compact, the global community should focus its efforts with refugees on the following:

1. Improved living conditions

The 1951 [Refugee Convention](#) encourages the preservation of welfare services in refugee camps. While “welfare” is undefined in the Convention and conditions in camps vary greatly, it is imperative to establish a minimum standard of sanitation and healthcare. As the pandemic has made clear, it is critical for all—migrants and their hosts—that migrants, regardless of status, have access to medical professionals and basic preventive health measures. Aid organizations must be allowed and encouraged to provide services that governments can not.

2. Reinforcing economic inclusion

Societies must widen their safety nets to include refugees in post-COVID recovery plans. If they are eligible for stimulus packages, refugees will be able to avoid precarious work conditions that contribute to the spread of COVID-19 in both refugee and general populations. Providing more work opportunities for refugees as essential workers will allow refugees to join the fight against COVID-19 while earning an income.

3. Resettlement

Even while borders remain closed, governments can and should create plans for safe migration during the pandemic. As soon as refugees arrive in a new country, they should be able to follow COVID-19 precautions and access healthcare, including vaccines.

Beyond bolstering resettlement numbers in the years to come, refugee-receiving countries must improve [access to work and education](#) for the resettled, with a greater emphasis on accreditation and job creation for refugees.

Almost 80 million refugees and migrants require urgent help. The global community has a duty of care, even during a pandemic. And not only a duty. It is in the self-interest of every government to respond with compassion and energy. The dangers of trying to keep this problem invisible are very real and possibly explosive.

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