



UNDRR ASIA PACIFIC
COVID-19 BRIEF

REDUCING VULNERABILITY OF MIGRANTS AND DISPLACED POPULATIONS

20 APRIL 2020



COVID-19
RESPONSE

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Photo: Reuters/Anushree Fadnavis

Whether refugees living in overcrowded camps or jobless migrant workers forced to return home, the lives of millions of people in Asia-Pacific are threatened by the dangerous combination of displacement and the COVID-19 pandemic.

This brief, developed by the UN Office for Disaster Risk Reduction, Regional Office for Asia and the Pacific, highlights the disproportionate impact of COVID-19 on certain groups of people and offers some key policy recommendations to ensure no one is left behind in COVID-19 prevention, response and recovery. The brief reflects the interventions and feedback of speakers and participants in the April 9, 2020, webinar on 'Reducing COVID-19 vulnerability amongst displaced populations and migrants', which was co-organized with the International Council of Voluntary Agencies and the International Organization for Migration.

OVERVIEW

The global COVID-19 pandemic is having a devastating impact on human mobility around the world, affecting migrant and displaced populations on the one hand, and forcing people to move on the other. Migrants and those already displaced by conflicts or disasters are especially vulnerable because they face higher risks of being infected by COVID-19, have difficulty accessing healthcare services and are more likely to suffer from the socio-economic impact of the pandemic.

Asia-Pacific is home to 3.5 million refugees, 1.9 million internally displaced people and 1.4 million stateless people. Around 82.5 million or 32 percent of the world's international migrants live in the Asia-Pacific region.¹ In addition, the region is a host and source for large numbers of refugees. Afghanistan and Myanmar produce the majority of refugees.

Some 60-70 percent of refugees and internally displaced persons (IDPs) live amongst host communities while the rest live in camps and informal settlements. The conditions are often congested and overcrowded with limited access to water, sanitation and handwashing facilities, which contributes to the rapid spread of infectious diseases, including the COVID-19 virus.



Photo by Reuters/ Adnan Abidi

In addition to facing increased exposure, typical COVID-19 prevention measures such as physical distancing and enhanced hygiene practices are often not feasible in camps or crowded living conditions. Moreover, developing countries with high numbers of displaced people or refugees often have weak or underdeveloped health systems, making them unable to cope with a high number of COVID-19 cases, especially those requiring hospitalization or specialist care.

Migrant workers form a specific category of groups vulnerable to the impacts of the pandemic. The loss of jobs and livelihood opportunities has led to a rise in migration both in-country as well as across borders. Many migrants often work in the sectors that have been most affected by lockdown measures and this has resulted in a 'reverse migration' of workers as millions try to return home. Not only does this type of mass

travel potentially increase the migrants' risk of exposure to the virus but also risks transporting the virus from urban to rural areas and across borders.

Similar to IDPs and refugees, migrant workers also face difficulty accessing healthcare and national social security schemes. Migrants with an irregular status may fear even approaching health services.

Even when adequately informed of the risks of the virus, migrants may lack the financial means to manage periods of self-isolation or quarantine. Many also face increased stigmatization and discrimination both in their host countries as well as in their countries and communities of origin.

As a result of the lockdowns and the inability of migrant workers to earn a living, their families back home that depend on remittances are also vulnerable to the economic impacts of the COVID-19 crisis. Seven of the world's top ten remittance-receiving countries are in Asia-Pacific, with the top three being India, China and the Philippines. Indeed, nearly 400 million people in the region are directly affected by remittances either as senders or as receivers. This loss of income affects not only immediate households but entire communities that rely on the remittances to grow their local economies. According to the Organisation for Economic Co-operation and Development (OECD), in 2019 remittances were estimated to make up at least 10 percent of the Gross Domestic Product (GDP) in 28 countries and represented the largest source of external resource flows in the South Asia region in 2018.

As a result, the poorest countries in the region will likely suffer the most from the loss of remittances such as Nepal, for example, which depends on remittances for 29 percent of its GDP.

The high vulnerability of migrants and displaced populations to COVID-19, and their susceptibility to experience severe socio-economic impacts, necessitate that their needs are identified and addressed in COVID-19 prevention, response and recovery efforts. If not, this could result in a failure to contain the virus's transmission, mitigate the outbreak's impacts and ensure a resilient recovery.



Migrant workers in a dormitory in Singapore, photo by EPA

RESPONSE CHALLENGES

Throughout the region, countries are taking measures to prevent the spread of COVID-19 and to reduce its economic impact on businesses and families. However, it is not clear if these measures are taking into consideration the unique needs and vulnerabilities of displaced populations, including migrants, refugees and internally displaced. Specific areas of concern include:

1) Response measures meant for the general public may not meet the needs of displaced and migrant populations

While physical distancing and health monitoring have formed the core of many national responses, these measures are often not conducive to the needs of the migrants and the displaced. People living in camps have little control over their personal space, they lack their own personal hygiene facilities, and often have limited access to proper healthcare. Moreover, these groups often face language and technical barriers that limit their access to risk information. Migrant workers living in crowded dormitories, characterised by close space, and poor and unhygienic living are also unable to easily practice preventive measures.

2) Refugees and internally displaced populations lack access to adequate health services

Displaced persons and irregular workers are often excluded from national healthcare systems, except for emergency care, and must pay out-of-pocket to access servicesⁱⁱ. This inhibits access to testing and early treatment, thus increasing the likelihood that only the most severe COVID-19 cases are brought to the attention of authorities. Even when covered by the national system, the displaced and migrants still suffer from limited access due to administrative, physical, financial, and language barriers.



Afghans leaving Iran to Afghanistan, photo: Jim Huylebroek / The New York Times

Also in humanitarian settings, where health services are administered by aid agencies, access to quality care can be limited. Camp health services are often challenged by a shortage of personal protective equipment, medicines and qualified health professionals. Pakistan and Iran, which host some 90 per cent of the world's 2.7 million Afghan refugees, are experiencing immense strain on their health systems and economies. Lockdown measures and a sharp downturn in economic activity have left many Afghan refugees unable to meet even their most basic needs.ⁱⁱⁱ

3) Containment measures are inducing a mass exodus

One of the early lessons of the COVID-19 crisis relates to the immediate impact city lockdowns have had on migrant workers. Soon after Thailand closed most shops, services and dine-in restaurants, there was a large exodus of in-country migrants from the urban centres to their rural homes and of international migrants to

border crossings. The same occurred in other countries in the region such as India where millions of informal migrant workers were impacted as soon as the nationwide lockdown was announced. Another example is Afghanistan where the number of Afghans returning from Iran peaked at over 60,000 returns in a single week in March. Currently, around 1,500 individuals are returning every day-the highest number on record^{iv}. The needs of these marginalised workers must be taken into consideration when planning containment or lockdown measures to ensure they do not face additional risks.

4) The wellbeing of communities and families is threatened by loss of remittances

Remittances play a critical role in the economic well-being of families, communities and entire countries throughout Asia-Pacific. Urgent measures are needed to address the loss of income that many migrant families face, including those in irregular situations, to avoid a downward spiral towards poverty. Even in communities where migrants have returned, the lack of safety nets has in some cases led to an increase in economic hardship as communities struggle to feed and house the wave of returnees.

5) Stigma and discrimination against migrants and displaced populations are rising

Refugee and migrant populations are often victims of discrimination and stigma by host communities because of the misconception that they carry with them diseases, despite the lack of empirical evidence to support such claims. In the context of COVID-19, misinformation can fuel discrimination against communities. In a few countries in the region, there have been attempts to incite hatred by blaming certain minorities as carriers of the coronavirus. These narratives often rely on misinformation to exploit divisions in society, which increases the likelihood of acts of discrimination or violence.

6) Foreign aid and humanitarian assistance may be jeopardized in the short and long-term.

Even before the COVID-19 crisis, the international community faced a funding shortfall to support refugees and IDPs, whose numbers have increased over the years due to conflict and disasters. Given the already high vulnerability of refugee and displaced persons, any erosion of support could render them defenceless against COVID-19 in addition to climate and natural hazards. This is especially critical when considering that many refugee camps and migrant settlements are located in hazard-prone areas and are exposed to climatic hazards. For example, refugees in the Cox's Bazar are challenged by the dual vulnerability of COVID-19 as well as climate-related hazards such as cyclones, floods and landslides which are currently of high concern as the monsoon and cyclone season approaches. It is equally important that longer-term support for developing countries that support large numbers of displaced populations continue unabated.

7) Frontline workers may face an increased risk of exposure to COVID-19

The COVID-19 response poses specific challenges to humanitarian and health workers in refugee camps and settlements. Assisting displaced communities may put humanitarian workers at risk of exposure to COVID-19. Travel restrictions and the closure of borders impede the movement of staff and supplies. In some settings, humanitarian workers also have to fight against the dual challenge of conflict and the pandemic.



Frontline healthcare workers in the Rohingya refugee settlements, photo by @CorlissUNHCR

1) Ensure COVID-19 response and recovery strategies contain specific and targeted measures for displaced populations and migrants

Many displaced populations affected by humanitarian crises live in camps or camp-like settings or amongst local communities in host countries. Such settlements provide inadequate and overcrowded living arrangements, which coupled with minimal access to safe water and sanitation present a severe health risk to refugees, IDPs and host communities. Without immediate measures to improve such conditions, the concern about an outbreak of COVID-19 in the camps cannot be overestimated. Location-specific epidemiological risk assessments must be done to establish the potential magnitude of COVID-19 risk in such settlements, together with case management protocols and rapid deployment of response teams if needed.^v

An extra-mile effort would be to remove all barriers that might limit access to testing, prevention, health care, food, income substitution, unemployment guarantees, debt relief and other recovery measures. At the same time, efforts should be undertaken to restructure services that attract crowds (e.g. food and cash distribution). Governments should also monitor the impact of lockdown measures on migrant groups to enhance their capacities to manage migration in a safe and just manner. The views of migrants and displaced groups should be solicited and taken into account in designing COVID-19 prevention and response plans.

2) Rapidly scale up basic protection measures in refugee camps, informal settlements and host communities

Although some containment measures such as physical distancing are difficult to follow in crowded conditions, other measures can help reduce the spread of infection. Strengthening WASH systems (water, sanitation and hygiene) including soap distribution and hygiene kits are critical interventions. Basic prevention measures can be scaled up by increasing access to water and awareness about the importance of proper hand washing. This could be done through training local volunteers and using food distribution and other humanitarian services. Also, camps, settlements and other congested areas should identify areas that can be used as isolation spaces, as required. Relief workers, including local volunteers, should be provided with personal protection equipment and all efforts should be put in place to reduce their exposure to the virus.

In Bangladesh, training on how to respond to COVID-19 has started for health workers serving the Rohingya camps, where some 850,000 refugees live in very dense conditions. In addition, more than 2,000 refugee volunteers are working with community and religious leaders to increase awareness about prevention measures. This effort is complemented by radio spots, video, posters and leaflets which are being produced in Rohingya, Burmese and Bengali languages.^{vi}

3) Ensure economic assistance and social protection target displaced and migrant populations

The provision of economic assistance, social protection and welfare services for people who have lost their jobs due COVID-19 must include provisions for migrants, including those in irregular situations. An expanded safety net in the migrants' home communities could help families that depend on remittances to wither the downturn. Otherwise, they might be forced to undertake actions that would increase exposures to COVID-19, such as move in with other families to save on rent.

Providing cash-based assistance has been found to be a highly effective way to provide humanitarian relief. The regularity and predictability of such assistance provides displaced populations with a sense of security

and results in long term socio-economic benefits.^{vii} There is also increasing evidence that social protection can foster social cohesion between the displaced and host communities.^{viii}

4) Devise targeted risk communication approaches and address stigma and discrimination

Limited access to information leaves migrants and displaced populations poorly informed about COVID-19 prevention and mitigation measures. It is important that risk communication campaigns be implemented with simple and clear messages that can be disseminated through channels that can reach migrant, displaced and marginalized populations. This includes seeking non-traditional means of communication for hard-to-reach groups, using non-national languages, and considering those with low or no literacy.

Campaigns aimed at the general population should also aim to counter misinformation, especially about the role of migrant and displaced persons to reduce stigmatization by the host community. Officials should discourage inflammatory rhetoric around the COVID-19 crisis which could enflame nativist views and anti-migration policies in the recovery phase. Such policies would be detrimental to the rights and health of migrants and overlooks the positive impact migrants have on development.

5) Strengthen availability and accessibility of health care systems for migrants and the displaced

Any public health response should reach the most vulnerable, including migrants, refugees and IDPs, regardless of their legal status. In the context of COVID-19, this means providing all groups with free and equal access to early testing and treatment, as well as access to medical information and preventative services. This includes expanding medical services at refugee camps, informal settlements and migrant neighbourhoods. Access to early testing and treatment can help prevent more costly and dangerous medical interventions if cases are left undetected and untreated.

Sri Lanka, which both exports and hosts many migrant workers, developed in 2013 one of the few National Migration Health Policy and Action Plan to operationalize its commitment to health for all migrants. In Singapore, COVID-19 testing is free for everyone and the Government funds all medical expenses for residents of Singapore and long-term pass holders who are admitted to public hospitals for COVID-19.

RECOMMENDED ACTIONS

- 1. Ensure national COVID-19 response and recovery strategies integrate displaced populations and migrants.**
- 2. Rapidly scale-up prevention measures in refugee and IDPs camps, informal settlements and host communities.**
- 3. Ensure economic assistance and social protection target migrants and displaced populations.**
- 4. Proactively communicate with migrants and displaced populations and address increased stigma and discrimination.**
- 5. Strengthen availability and accessibility of health care systems for migrants and displaced populations.**
- 6. Maintain the humanitarian supply chain and ongoing assistance for countries with refugees and IDPs.**
- 7. Support CSO and community interventions to reach migrants and undocumented populations.**
- 8. Harness the capacities of returning migrants, and displaced populations to support communities throughout the COVID-19 response.**

6) Enhance preparedness at the points of entry

In order to protect populations in transit as well as border offices, points of entry should be enhanced by improving hygiene infrastructure, providing safe water for drinking and handwashing, adequate sanitation facilities and waste management. Countries should seek non-custodial alternatives to immigration detention centers which are often overcrowded and pose significant risks to migrant retained. Enhanced border data collection and sharing among bordering countries could better allow governments to identify cases of stranded migrants and vulnerable populations in border areas and locations to design targeted programs for protection and safe return management. It is also vital that any tightening of border controls, travel restrictions or limitations on freedom of movement do not prevent people who may be fleeing from war or persecution, or who may otherwise be entitled to protection under human rights and refugee protection standards, from accessing safety and protection.^{ix}

7) Maintain the humanitarian supply chain and ongoing assistance for refugees, and IDPs and host communities and countries

Assistance and funding for COVID-19 should not replace or impact ongoing or pledged humanitarian assistance, especially for refugees and displaced people in conflict or disaster settings. Moreover, governments and aid agencies should implement measures to ensure that vital humanitarian relief and supplies are not negatively impacted by travel disruptions and cargo quarantines. In certain contexts where external assistance faces bottlenecks in reaching the affected communities, the “localization of assistance” should be pursued through strong community engagement. In addition, developing countries that host large numbers of displaced populations require ongoing development assistance to build their infrastructure, including health care systems, to better support displaced populations and host communities.

8) Support community-based interventions to reach migrant and undocumented populations.

Several of the challenges faced by the migrant and displaced communities emanate from their exclusion from formal government care systems. Many work in the informal sector and may be undocumented or lack a legal status. Civil society organizations (CSO) can play a key role in support such migrants by offering outreach, agility, and reach with knowledge of local or minority languages and cultural contexts. CSO and community-based groups and communities themselves can be mobilized to deliver assistance, and support awareness-raising as part of risk communication campaigns. Community health workers can be mobilized to address hotspots of need and migrants returning to their communities can be mobilized to promote preventive public health practices. In India, civil society organizations have stepped up to complement government services by providing relief assistance to migrant workers affected by the lockdown to contain the spread of COVID-19. This is part of an outreach effort by the Government of India to over 92,000 NGOs to assist state and district governments respond to the needs of the migrant workers.^x In addition, CSOs may be well-positioned to identify migrants and displaced populations that can contribute to the COVID-19 response, ensuring their unique capacities are harnessed to support communities.



Rohingya artists using their creativity to help refugees protect themselves from COVID-19 through public health messages, phoyo by CorlissUNHCR

Acknowledgement


The UNDRR Regional Office for Asia and the Pacific acknowledges the partnership with IOM and ICVA to organize the webinar and develop the brief on “Reducing COVID-19 Vulnerability amongst Displaced Populations and Migrants.” Interventions by the speakers, and comments, questions and feedback from the 1,010 participants in the webinar, formed substantive inputs into the document: <https://www.undrr.org/event/webinar-reducing-covid-19-vulnerability-amongst-displaced-populations-and-migrants>

UNDRR would like to acknowledge and thank the contribution made by the Australian Government, Department of Foreign Affairs and Trade, as part of the Partnership Framework with UNDRR on “Supporting Implementation of the Sendai Framework.”

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Additional Resources

1. [IASC \(2020\), Interim Guidance on Scaling-up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, including Camps and Camps-Like Settings, IFRC, IOM, UNHCR and WHO](#)
2. [OHCHR \(2020\) Guidance on the Human Rights Dimensions of COVID-19: Migrants](#)
3. [WHO \(2020\), Interim guidance for refugee and migrant health in relation to COVID-19 in the WHO European Region.](#)
4. [WHO \(2020\), Preparedness, prevention and control of coronavirus disease \(COVID-19\) for refugees and migrants in non-camp settings.](#)

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