Protecting refugees during COVID-19

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As the COVID-19 pandemic sends shockwaves across the world and as countries continue to shut down borders, ban visitors from highly infected countries and suspend flights, refugees caught up in overcrowded camps should be at the heart of the fight against the virus. While access to basic healthcare is a cornerstone of any asylum-seeking system, in practice, migrants, refugees and those awaiting clarification of their status often fall between the cracks of government policies, service providers and humanitarian organisations. The threat of a pandemic has also resulted in a number of additional challenges—increased pressure on healthcare infrastructure with already limited capacity, problems with coordination between key actors, as well as rising prejudice and fear of the other.

Ultimately, however, the health of those living in camps, documented or undocumented, will be a key factor in the control of COVID-19 or any epidemic in the future. It could spread from the camps to the host community. The only way forward out of this crisis is inclusivity, at the level of government policies, healthcare systems and communities. This would involve addressing a number of new challenges and maximising on existing opportunities.

The legal challenge: right to health

While there is a wide consensus around adhering to international humanitarian law and international human rights law (and it should be more than lip service), including in times of a pandemic, it remains unclear what laws currently apply to protect the most vulnerable and how

they can be applied in practice. [While UN Secretary General Antonio Guterres regards the pandemic as a war situation](#), some have already stressed that COVID-19 should not be labelled a war. Crises always offer [opportunities](#), and while some are already seeking to [place the legal blame](#) on China, others question the need for a universal healthcare system that would include legal rights. Such an experiment was conducted after a series of natural disasters, giving birth to International Disaster Response Law.

The same could now be done to react to epidemics, either building on the WHO Pandemic Preparedness Program taken to an international level or on the ashes of Obama Global Health Security Agenda; a group of countries, international organisations, NGOs and private sector companies that came together to advance a world safe and secure from infectious disease threats. So far, what seems to be missing is critical political will and genuine global solidarity. The International Health Regulations [set out obligations](#) under international law, but more needs to be done at the international level.

The humanitarian protection challenge

It is also unclear whether the pandemic counts as a humanitarian crisis (unless it's considered an addition to an already existing crisis). [Libya constitutes a case study in that regard](#), as the humanitarian engagement towards civilians, and in particular those on the move, has been limited despite an ongoing protection crisis.

Since 2011, the UN estimates that more than 1.6 million people have been directly forced to migrate, including hundreds of thousands who have been forcibly displaced from their homes, either within Libya itself or across the border in Tunisia. Displaced populations continue to be vulnerable to threats from targeted or generalised violence and face challenges in accessing public services and adequate shelter. Even more

vulnerable are migrants and refugees in Libya who face sexual violations and serious malnutrition within and outside of detention centres. Protection and assistance for these [vulnerable people](link) continues to be inadequate, and pandemic such as COVID-19 will only but worsen their plight.

The infrastructure challenge

There are then challenges related to limited infrastructure in low-income countries that have limited healthcare service, such as Iran under sanctions; in high-income countries, where the health systems often lack resilience due to the lack of experience with a recent epidemic at home; and solidarity in communities can also be limited in conflict zones, as noted by the [President of the ICRC](link). In that regard, [Yemen](link) provides an illustration of a country that faces war and starvation. The situation of [detained Palestinians](link) is even more problematic.

Regional organisations as part of the solution?

It has been argued that the protection of the most vulnerable during pandemics can be addressed at the regional level. As pointed by Alberto Alemanno, "European governments already have a system for working together in a health emergency—it's called the EU." He pointed out that the EU could mitigate the economic impact of the crisis. Could the organisation also help in protecting the most vulnerable, including migrants on its soil?

The response to the COVID-19 crisis has differed among EU states: while countries like [Poland, Italy and France](link) have reached out to the migrant communities to keep them informed, Portugal has granted permission for temporary residence, thereby enabling migrants to have access to health rights. Yet, migrants have found themselves vulnerable

to [economic exploitation](#). [Consequences](#) of the COVID-19 pandemic on migrants are deeper than access to health: more European asylum agencies are at a stand-still; organisations struggle reaching those in need, including at sea, due to a lack of volunteers; and the economic crisis will hit those organisations.

The [African Union](#) and the Arab League have also been stepping up their efforts, but they have so far been patchy and limited in scope. The Arab League had called on an urgent meeting of Arab ministers of health but this was later [postponed indefinitely](#). The African Union has launched a youth initiative that aims to put "young people central to the response to COVID-19 pandemic and reform of service delivery architecture", but it is not clear how this would materialise in the fight against the [pandemic](#).

Building international resilience

While the focus has been on closing borders and imposing the state of emergency in many states, the real answer to ensuring the respect and implementation of the right to health to protect asylum-seekers, refugees or undocumented migrants is to be found in strengthening our domestic healthcare systems; it also lies in building international resilience at the community level and at the universal level. It is urgent to build a coherent health system that would go beyond addressing health as a security risk, putting health forward as a right for all.

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