



# COVID-19

## NOTES ON HUMANITARIAN CRISES

AN ICMHD HEALTH POLICY CONTRIBUTION



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## COVID-19 AND HUMANITARIAN CRISES

Countries everywhere are taking urgent steps to prevent the spread of COVID-19 and delay the pandemic's growth until a vaccine and/or a treatment becomes available. The SARS-CoV-2 virus that causes COVID-19 disease is nevertheless moving rapidly, and few countries are likely to be spared. Tragically the pandemic is occurring at the same time as the world is confronted by another crisis, namely the massive forced displacement of 71 million women, men, children and elderly people by conflicts that also raze cities and destroy health and social systems. Forced displacement is always an abuse of human rights and the right to health. The COVID-19 pandemic, however, is presenting humanitarian organizations, governments, and millions of women, men, children, elderly and disabled people caught up in conflicts, with even greater health and human rights challenges.

These Guidance Notes are intended for a wide audience of stakeholders, be they host and donor governments, national and local authorities, humanitarian relief and development organizations, or civil society.

## COVID-19

COVID-19 is an infectious disease caused by a virus of recent origin (SARS-CoV-2). The virus is shed through droplets that are expelled when people who are infected with the virus cough and/or sneeze without covering their nose and/or mouth. Medical scientists are calling on people to (a) maintain a "safe" social distance between each other, (b) avoid touching surfaces that SARS-CoV-2 droplets may have fallen on, and that have not been disinfected, (c) wash hands frequently with soap and water or alcohol-based hand disinfectant, (d) cover nose and mouth when coughing or sneezing.

## REFUGEES AND INTERNALLY DISPLACED PERSONS

The United Nations estimates that over 37,000 people are being uprooted and forced to leave their homes, communities and countries every day. Almost two thirds of them are women, children and adolescents. All of them are losing family and relatives in the context of widespread violence and intentional injuries. They are also losing homes, belongings, and becoming asylum seekers and refugees if they manage to escape to other countries. When they do not manage to cross borders, they are internally displaced persons (IDPs). Refugees and IDPs face a range of common challenges. Families are split up, children and elderly people are often separated from close relatives and friends, and women and girls, are placed in danger's way of rape, sexual exploitation and abuse. All of them also go on to have poor access to food, water, sanitation, privacy and quality health care.

**Today they are all at risk of being exposed to the COVID-19 virus as well, and all stakeholders must therefore:**

- think globally, act locally in support of humanitarian organizations
- remember displacement always abuses human and health rights
- remember displacement does not respect nationality or borders
- remember COVID-19 targets some people more than others
- encourage governments to include refugees/IDPs in all COVID-19 plans
- ensure they are covered by any COVID-19 surveillance and reporting
- plan responses for refugees and IDPs that can, and will, be sustained
- encourage donors to support countries that host displaced people



## PSYCHOLOGY OF FORCED DISPLACEMENT

Forced uprooting and displacement always involves trauma. Sometimes it is physical trauma, and other times it is primarily psychological trauma; usually it is a mix of both. By the time people reach refugee and IDP camps or other types of “safe havens” settlements, they are often physically and emotionally weakened. Refugee/IDP camps or the communities that sometimes host them within local society, are not always able to provide the level of psychological security or environmental conditions they need. This, combined with the notion of loss of place, family, and friends that characterizes all forced displacement, can easily erode the sense of self-confidence and agency needed to take decisions about personal health behavior. Forced uprooting and displacement can also create a fear and mistrust of strangers, and a suspicion of new people who propose to help them with ideas and recommendations that might involve even further “distancing” from whatever family and friends are left. As a result, people who have been displaced and living in overcrowded camps, poorly fed, with limited access to good sanitation, and not knowing what is going to happen to them next, may perceive messages about a virus they cannot see and have previously never heard of, as low on their list of priorities.

- introject messages of hope and a sense of personal power for health
- keep in mind that many refugees and IDPs may be traumatized
- prepare for people who psychologically cannot act on what is proposed
- understand that trauma takes many forms, including social withdrawal
- understand the short attention span of people struggling to survive
- address and avoid stigma and discrimination of refugees and IDPs asap
- prepare for COVID-19 to be “seen” as less important than is desired

## COVID-19 PREVENTION

Until a vaccine or cure is found, prevention remains the only weapon in fighting COVID-19 and prevention must be given high priority by all stakeholders, even if there have not yet been reported cases in the displaced population. COVID-19 preventative measures that are implemented early will mean the entry of COVID-19 into the refugee/IDP population might be delayed and its impact mitigated. It will also mean the population will not be caught by surprise when the disease does arrive. Displaced people have already been confronted with the shock and trauma of uprooting and all this implies in terms of erosion of the sense of self, “agency”, and the capacity to actively avoid infection. It will thus be important to talk about COVID-19 prevention in ways that bolster self-confidence and the sense of being able to act meaningfully on a health issue. It will be equally important to remember that in populations that are physically and emotionally weakened, the impact of COVID-19 can easily be amplified if and when people do become infected.

- contextualize COVID-19 and prevention in the reality of displacement
- contextualize prevention messages in the reality of camps in question
- recognize many people may be logistically unable to do what is needed
- ensure humanitarian organizations are updated on COVID-19 trends
- ensure they are updated on prevention messages and good practices
- encourage organizations to actively promote COVID-19 prevention

- assess what organizations need to scale-up prevention, and provide it
- encourage donors to increase support to organizations on COVID-19
- promote the fight against COVID-19 TOGETHER WITH displaced people
- engage displaced people in producing COVID-19 prevention messages
- ensure information on COVID-19 is provided in relevant languages
- ensure messages are factual, easy to follow and offer feasible action
- ensure all the population, men, women, adolescents are reflected
- counter all fake news and misinformation

### **COVID-19 AND PEOPLE "ON THE ROAD"**

When people who are forced to flee are “on the road”, they are unlikely to benefit from organized protection or healthcare support. Being “on the road” can mean days, weeks, months and, in some cases, years looking for safety, shelter, food and water. Displaced people come into contact with other displaced people from different places and with different health histories. They interact at close quarters and have few opportunities to create the private space ideally needed to protect themselves and/or others against the COVID-19 virus. They may also not have access to current news about COVID-19.

- alert governments of countries that displaced people are transiting through
- explain to national/local authorities the rights of displaced people in transit
- explain the health/social benefits of protecting them against COVID-19
- encourage transit governments and humanitarian groups to work together
- encourage sharing of human and material COVID-19 resources
- try to provide healthy transit shelter with water, sanitation and space
- provide COVID-19 information and education to local authorities
- provide COVID-19 information to humanitarian and protection staff
- provide COVID-19 information and education to people in transit
- try to provide coronavirus testing and follow-up wherever appropriate
- engage bilateral/multilateral partners in support of transit countries.

### **COVID-19 MEASURES IN REFUGEE/INTERNALLY DISPLACED CAMPS**

The rate of forced uprooting and displacement everywhere is fast outpacing the capacity of humanitarian organizations and host countries. Most refugee and IDP camps are overcrowded and unable to provide the quality of space and care that people need in order to be healthy and avoid COVID-19. Water supply and good sanitation always present serious challenges, and in the context of the COVID-19 invasion, where physical spacing and clean water and frequent hand washing is vital, this is an added problem. Crowded tents and dwellings that tend to be poorly ventilated and have low air quality, are also problematic. This, together with the fact that in many settings refugees and IDPs are likely to be very poorly clothed, ill-protected against inclement weather, malnourished and emotionally stressed, can contribute to upper respiratory tract infections and poor overall physical and psychological health. Together, these ingredients can effectively cut down the body’s immunological capacity to fight COVID-19. Many refugees and IDPs may also be more concerned about what they see as other existential threats than a disease they have not yet encountered and cannot conceptualize.

- be realistic as to what is and is not feasible in camp settings
- do not raise expectations that cannot then be fulfilled
- avoid the use of scare tactics or creation of doomsday images
- draw on existing or gather new data to better understand camp health
- encourage discussion groups using “local leaders” around prevention
- engage refugees and IDPs as much as possible in health promotion
- recruit and train COVID-19 prevention messengers from within camps
- make use of digital technology as much as possible to reach people
- encourage as much spacing as possible between tents and shelters
- reduce the number of people in tents wherever and to the extent possible
- ensure tents and shelters only house family units as far as possible
- encourage camp residents to participate in re-organizing the camps
- ensure all camp residents are aware why tent spacing is important
- strengthen water supply and set up as many taps as possible
- ensure regular supply of soap, disinfectants and good sanitation
- use soap and disinfectants distribution to provide COVID-19 prevention
- provide information on proper use of soap and disinfectants
- procure and stock masks and other relevant prevention materials
- consider alternatives to masks, such as scarves, home-made masks, etc.
- think out-of-the-box of other prevention measures that can be applied
- ensure timely and factual COVID-19 information is in relevant languages
- prepare the population for the idea of isolation of individuals and families
- encourage host governments to facilitate COVID-19 measures in camps
- encourage host governments to share relevant COVID-19 supplies
- ensure that host populations have necessary medical supplies
- share humanitarian supplies and funds with local communities in need
- encourage donors to support host countries as well as humanitarians
- explain to national/local authorities benefits of protecting refugees/IDPs
- get governments, humanitarian and development groups to work together
- encourage sharing of human/material resources for COVID-19 prevention

## **COVID-19 AND DISPLACED PEOPLE IN THE COMMUNITY**

Not all displaced people go into refugee and IDP camps. Some integrate in local communities and some will locate relatives who take them in. Wherever they go, however, refugees and IDPs take with them their medical histories and their transit experiences. It is important not to forget refugees/IDPs in the community, but care must be taken to treat host community people in the same way as the refugees/IDPs. If there is any suggestion of favored status it can attract negative attention and discrimination by local people. Many of the communities that host refugees and IDPs are themselves impoverished and in need of support.

- share COVID-19 prevention activities with host communities
- work closely with local authorities on COVID-19 prevention and mitigation
- demonstrate that hosting refugees/IDPs can benefit the local community
- facilitate messaging by providing, where possible, technical resources
- work with local authorities to strengthen local clinic capacity
- work with donor governments to support local authorities
- ensure local hosts have access to equally good medical treatment
- promote avoidance of stigma/discrimination linked to COVID-19
- identify any stigma and discrimination early and act on it immediately

## COVID-19 AND SPECIAL VULNERABILITIES

Like most infectious diseases, COVID-19 seeks out and targets people based on their vulnerability. Vulnerability can be a question of many factors, including the pre-existing health and the age of people, the knowledge people have about COVID-19, the information available to them, their capacity and will to act on the information, and extent to which they have opportunities to implement measures such as frequent hand washing and social distancing.

- avoid assuming that everyone has “received” prevention information
- follow up people who are likely to have difficulty understanding it
- organize, if possible, peer counselling and recruit/train people to do this
- look for, and recruit, people refugees/IDPs with healthcare backgrounds
- sensitize humanitarian workers to the needs of the most vulnerable
- sensitize the population to the special needs of the most vulnerable
- encourage people to “look after” each other and help each other
- remember the elderly, the weak, the disabled and mobilize special care
- remember that women in late pregnancy may need extra care
- prepare for safe delivery and protection of mothers and babies

## COVID-19 TESTING

Testing for the presence of the COVID-19 virus is important but can be difficult to organize in some settings, including refuge and IDP camps. It involves having a ready and sufficient supply of testing equipment, access to analytic laboratories and a sufficient supply of the reagents needed in analysis. Testing also assumes that appropriate steps can be taken to counsel and manage positive cases after testing, including through isolation.

- assess with expert advice if community testing is feasible in camps
- avoid engaging in community-wide testing if pre-requisites cannot be met
- ensure that testing does not incite stigma and discrimination
- assess if testing of symptomatic people is feasible in camps
- prepare for testing to be seen with suspicion and fear
- prepare community leaders if testing is to proceed and engage their help
- explain what testing can do and cannot do and dispel any fears that exist



## COVID-19 ILLNESS

Cases of COVID-19 illness will inevitably occur in refugee camps and in IDP settings, and humanitarian organizations must plan for this. COVID-19 illness may be mild or serious, but will always require steps to be taken to either encourage and facilitate self-isolation in the case of mild illness, or to isolate and care for people if there is more serious illness. Fear of being stigmatized and separated from family may prevent people from seeking help, especially if they are from already marginalized communities.

- alert humanitarian staff to the symptoms of COVID-19 disease/illness
- provide staff with protocols on testing, isolation, care and referral
- alert staff to capacity for asymptomatic persons to transmit COVID-19
- alert staff to possible symptom confusion with other conditions
- recognize that people with other health problems are high risk for COVID
- find ways of creating physical isolation for symptomatic persons
- create space and facilities for people with COVID-19 disease/illness
- procure and equip additional tent or hard-shell space shelter if necessary
- organize proactively with local/nearest hospitals to take seriously ill people
- procure equipment needed to deal with COVID-19 in humanitarian settings
- procure and safely store anticipated amounts of disinfectants/materials
- procure and stock PPE for all staff coming into contact with COVID-19
- alert staff to the need for PPE to be used at all appropriate times
- develop ways of sterilizing clinical materials, including PPE
- "record" people investigated for COVID-19 infection or disease
- alert staff on safe disposal of all materials used on patients
- organize isolation areas and shelter proactively i.e. before needed
- prepare the "community" to avoiding stigma associated with COVID-19
- identify and involve refugees/IDPs with healthcare training/experience

## OTHER HEALTHCARE NEEDS

Concern about COVID-19 in refugee/IDP settings should be quickly translated into action and sustained. COVID-19, however, should not be allowed to eclipse other important healthcare needs and on-going procedures. Maternal and child health strategies, for example, should be respected and reinforced. So should any food and nutrition programs, and chronic care management activities. COVID-19 can exacerbate risks of violence for women and girls, and care should be also taken to ensure access to essential gender-based violence response services.

- assess and list any and all other on-going healthcare programs/activities
- ensure all of them are continued and if possible strengthened
- ensure staff in all sectors are aware of any service limitations
- pay attention to the needs of pregnant women, children and adolescents
- pay attention to the healthcare needs of the elderly and disabled people
- ensure that all staff working in these areas have access to PEP
- avoid using same tents and other facilities for COVID-19 treatment

## MANAGEMENT AND BURIAL OF BODIES

COVID-19 will inevitably cause some deaths among the refugee and IDP populations. Due to the nature of COVID-19, it may be necessary to manage bodies differently from how they are handled in other illness situations. For reasons of infection control, washing and handling/dressing of bodies may have to deviate from traditional ways. It will be necessary to avoid large funerals or other burial rites that involve bringing people together.

- alert leaders in refugee/IDP populations to protocols on death and burial
- encourage them to explain reasons for new burial protocols
- find culturally acceptable ways of explaining COVID-19 death
- be sensitive and respectful of traditions while explaining this
- be ready to receive push-back and ask “religious leaders” to help
- ensure PPE use by all people handling bodies
- follow instructions from WHO/health authorities on handling bodies
- alert humanitarian and burial staff on safe disposal of materials used
- ensure that all deaths due to COVID-19 are recorded and reported

## COVID-19 AND HUMANITARIAN PERSONNEL

Humanitarian personnel usually work in settings that can be both physically and psychologically debilitating. They tend to work long hours under a stress that includes witnessing situations and incidents that are neither pleasant nor open to easy management. They also expose themselves, inevitably and implicitly, to any of the health problems “going around”. It is imperative that action be taken to ensure that humanitarian workers are able to perform their work to the best of their ability, and at the same time be able to avoid COVID-19 infection in themselves and the people they come into contact with. Do not forget to support community healthcare workers, such as midwives.

- ensure all humanitarian workers are conversant on COVID-19
- ensure humanitarian workers have access to PPE where needed
- ensure are not expected to work longer “shifts” than normal
- ensure healthy rotation of humanitarian workers with good R&R time
- ensure additional human resource support where necessary
- ensure humanitarian workers have access to counselling on COVID-19
- encourage humanitarian workers to watch out for burn out in themselves
- encourage humanitarian workers to watch out for burn out in colleagues
- ensure sound and prompt testing and care of personnel when needed

## COORDINATION WITH NATIONAL AUTHORITIES

In all humanitarian crises, it is important to work with national authorities as well as international partners. Coordination of policies, action and approaches in order to ensure a sound allocation of human and material resources is difficult to achieve in the absence of national and local government involvement. This will be especially the case where healthcare services and hospital referral is involved and where international assistance can help improve local services as well as the ones in refugee and IDP camps. In a time of scarce resources, time will be easily wasted, lives will be lost and the COVID-19 pandemic will progress unless there is transparent and robust coordination between all partners.

## HEALTH COORDINATION

Coordination is never easy or straightforward. In the past, organizations often did what they felt best but did not routinely share ideas, policies and actions as well as they might have done. Duplication was commonplace and scarce resources at times were not used as rationally as they could have been. The UN's Cluster System was created to overcome this and within that system, the Health Cluster provides a uniquely robust platform for organizations to come together under a common umbrella of health action. Many UN agencies, such as WHO, UNHCR, WFP, UNICEF, and UNOCHA are present in humanitarian settings. There are also many national and international NGOs with a long history of work in public health and clinical medicine. They all bring skills and expertise to bear and all of them are committed to working with, and for, displaced people. In the context of COVID-19 they must work even more closely together and under the Health Cluster coordination umbrella. The Health Cluster is housed in WHO which ensures that all partners have access to real-time and up-to-date information on all health matters and certainly on COVID-19.

- recognize the value of coordination and practice what is preached
- be in constant contact with the Health Cluster lead
- share information, questions and learning with the Health Cluster
- ask for advice on trends, developments and recommended action
- recognize the different official classifications of displaced people
- use whatever official rights exist to protect refugees and IDPs
- encourage governments to be flexible in giving access to healthcare
- encourage all humanitarian groups to use same COVID-19 protocols
- use all, and any, opportunities to reach out with factual information
- identify and work with all partners who deal with humanitarian crises
- identify and raise funds and other resources together
- look for and use people with skills from within displaced groups
- share specialized personnel where possible and necessary

## REMEMBER

Refugees and internally displaced people are in the situation they are in through no fault of their own. They are victims of national and international instability and conflicts waged by people who do not have public health at heart. The flight from conflict is a protected right enshrined in international humanitarian law, and must be respected. Persecution and displacement can come at any moment anywhere and can affect anyone. COVID-19 must not be allowed to victimize displaced people a second time. Their right to health and to human security must be at the core of national and international actions on COVID-19. Global health is at stake and countries and policy makers must remember that "what goes around comes around". The health and welfare of humanitarian workers must not be forgotten in all of this. Their health and that of their families is just as important as that of everyone else. Humanitarian action must always be a win-win for all.

