



General Assembly

Topic 2: The question of refugees and asylum seekers during the pandemic
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1. Introduction

Around 10 percent of the nearly 26 million refugees in the world live in refugee camps. These camps are meant to provide displaced people with short-term homes to access basic services including medical care, food, water, and shelter. However, temporary stays can last for years, and sanitary conditions can be drastic: cramped and without running water, hand hygiene, or proper shelter. It is an area that is ideal for the spread of diseases, experts and those who live there warn.

For months, the largest refugee camps in the world seemed to have spared the worst of the Coronavirus pandemic. Nevertheless, human rights groups now affirm that COVID-19 infection rates are rising in the temporary settlements that host millions of the most vulnerable people, with alarming consequences both for those groups at risk and the world in general.

However, it is almost impossible to guarantee social distance in these camps due to higher population density.

The United Nations High Commissioner for Refugees reports that worldwide, 21,000 of the total 30 million refugees have tested positive for the Coronavirus across 97 countries. At the end of September, the researchers reported 32 new cases in the camps in Bangladesh,



home to 745,000 people belonging to an ethnic minority, called Rohingya, running away from violence and discrimination in Myanmar.

In Greece, more than 240 refugees have tested positive only on the island of Lesbos.

Finally, in Lebanon, Syria, and Palestine, COVID-19 outbreaks have appeared in several camps over September.

Even though UNHCR reports that the numbers rose clearly, the actual amount of cases is still unknown due to restricted testing.

The actual economic recession has led to cuts to humanitarian funding for refugee camps, causing food shortages or limited employment opportunities for displaced people. Lockdowns have also restricted refugees' mobility, with countries like Greece, which impose more restrictions on refugees than the rest of the inhabitants.

Furthermore, many experts say governments are using the pandemic as an excuse to violate the rights of refugees or as a pretext to limit people's right to seek asylum.

Now that the virus has started to spread in camps all over the world, experts are worried that refugees will not obtain the medical support they need.

2. Definition of key terms

Refugee: a person who has been forced to leave their country in order to escape war, persecution, or natural disaster.

The United Nations High Commissioner for Refugees: The United Nations High Commissioner for Refugees (UNHCR) is a UN agency mandated to aid and protect refugees, forcibly displaced communities, and stateless people, and to assist in their voluntary repatriation, local integration or resettlement to a third country. It is headquartered in Geneva, Switzerland, with over 17,300 staff working in 135 countries.

Outbreaks: a sudden occurrence of something unwelcome, such as war or disease.

Asylum seeker: An asylum seeker is someone who has fled their home in search of safety and formally applied for legal protection in another country. Because he or she cannot obtain protection in their home country, they seek it elsewhere.

Shelters: a place giving temporary protection from bad weather or danger.



JRS: The Coronavirus Job Retention Scheme (JRS) is a government grant that was introduced on 20th March 2020 to help employers who cannot cover staff costs due to COVID-19. It is aimed at helping to limit redundancies.

Turmoil: a state of great disturbance, confusion, or uncertainty.

3. Background information

So far, the Greek authorities have only implemented symbolic measures. In March, for example, the government called on refugees and asylum seekers in Moria to follow hygiene, in addition to limit their movement. Since then, only 150 people per hour are allowed to leave the camp. The rest of the population on Lesbos was also subject to a big lockdown in spring, but they were allowed to move freely for almost two months.

The number of boats arriving with refugees and asylum seekers from Turkey has increased a lot. They are asked on arrival about potential signs of COVID-19 and their temperatures are taken.

With over 509 cases as of 29th April 2020 the COVID-19 situation in Tanzania is developing rapidly. The situation in the camps remains stable, with peace being enforced by both police and community watch teams.

In the Nduta and Mtendeli camps, JRS has already distributed about 100 hand-wash installations and 350 bar soaps, targeting 20 primary and secondary schools, as well as public areas in both camps, such as clinics, markets, child-friendly spaces, and worship centers.

The headteachers stated to JRS that the hand-washing facilities offered are very helpful, and in the camp schools they are in great demand.

Following the announcement by the Tanzanian Government, in late June 2020, the education centers in refugee camps opened their doors again after being closed due to COVID-19 deterrence measures. Therefore, education centers and JRS want to ensure that children and teachers are able to defend themselves against the spread of the coronavirus.

During the awareness campaigns, radio broadcasting has also become a critical channel. At Radio Kwizera, a non-profit community radio station, JRS is also producing one-minute radio COVID-19 prevention adverts and a bi-monthly educational radio program on the pandemic. With this collaboration, JRS provides one hour of information on the disease's spread and prevention. JRS is also providing psychosocial help to alleviate anxiety within the population, as well as signs of COVID-19 caregiving patients, and to avoid prejudice and stigmatization against those who have recently contracted the disease and COVID-19 survivors. To raise awareness on COVID-19 preventive approaches, JRS is using posters and banners.



They were able to announce the new, government-approved updates of the pandemic in the region by using more creative methods, such as installing a public announcement system in the Nduta camp and adding speakers to a vehicle.

In Kenya, an important issue concerned the availability of electricity. Two solar energy stations have already been installed in Kalobeyei to supply electricity to two hospitals and four schools, suspected cases can now not only receive medical support in the hospitals, but also be quarantined in the schools.

4. Major countries involved

Bangladesh

Approximately 1.1 million Forcibly Displaced Myanmar Nationals (Rohingya refugees) live in the Cox's Bazar district of Bangladesh.

The World Health Organization (WHO) counts over 4,760 cases of COVID-19 in Cox's Bazar. Among these cases, there have been 261 cases among people living in the 34 Rohingya refugee camps in Cox's Bazar. Sadly, 68 host community members and eight refugees have died.

In September, testing rates for refugees averaged over 185 tests per day. Especially in the older population, who runs a high risk of developing advanced forms of COVID-19, testing needs to be increased.

The COVID-19 treatment services placed in Cox's Bazar by the authorities and humanitarian agencies continue to have adequate capacity to help patients with the medical assistance needed. Many of the refugees from Rohingya suffer from pre-existing diseases; this makes them more exposed to COVID-19. Also, as the cyclone and monsoon season is approaching, the situation will overwhelm health practitioners who are already working under challenges with insufficient resources.

Greece

Over 240 asylum seekers have contracted coronavirus on the Greek island of Lesbos. After the devastating fire at the Moria camp on 8th September 2020, they were all housed there in temporary camp accommodation.

Greece's Eody Health Agency announced that among some 7,000 refugees and migrants tested at the Kara Tepe temporary camp on Lesbos almost 243 new infections had been registered.

In the wake of a rise in COVID-19 cases and deaths across Greece, migrant reception centers in Thiva, central Greece, and Serres in the north had been placed under lockdown.



The new lockdowns were declared by the Ministries of Migration, Citizens' Security and Health on Saturday in a joint decision and remained effective until October 9th.

Other migrant facilities under lockdown on the main island were: Elaionas, Malakasa, Oinofyta, Ritsona, Schistos, Koutsohero and Fylakio. Moreover, camps on the islands of Samos and Leros are under lockdown.

Syria

The Azraq camp was established in 2014 as a temporary home for 40,000 refugees because the Zaatari camp was full. Refugees live in small shelters, and even a big family will often share only one caravan, making social distancing really difficult.

The quarantine area was necessary to help refugees to self-isolate when they returned home from working in other areas of Jordan before any positive COVID-19 cases were reported in the camp. Refugees were expected to spend 14 days in quarantine upon their return to avoid the possible spread of the virus to the rest of the camp's population.

Turkey

In 2014, according to the United Nations High Commissioner for Refugees (UNHCR), Turkey became the nation hosting the largest number of refugees in the whole world. The number of Coronavirus cases has risen dramatically since the first detected case, placing Turkey in the top 10 countries worldwide in terms of cases. The number of deaths has been maintained relatively low through government efforts, and the health system seems to be coping fairly well so far. However, true difficulties in handling the pandemic remain: Turkey's huge refugee and migrant community is one of the most acute problems. The country's number of Syrian refugees, asylum seekers from a variety of countries and illegal migrants exceeds 5 million. In difficult circumstances, most of them lead precarious lives, making them particularly vulnerable to the virus contracting and spreading.

The drastic economic downturn caused by the virus, together with the measures to avoid the spread of the virus (such as closures of businesses, social distancing, restrictions on travel) is complicating the situation in Turkey even more. On the one hand, many refugees are losing their jobs, and on the other, it is pushing them into considering accepting jobs that nobody accepts to do because of COVID-19.

Kenya

The main camp in Kenya is located in the north-west and it's called Kakuma. It houses almost 200,000 refugees, and the neighbouring refugee settlements in Kalobeyei are also struggling with the challenges that the pandemic brought.



The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH has been supporting refugees and their host communities since 2015. In addition, people produce protective masks and disinfectants there and are qualified to become health advisors to reduce the risk of COVID-19 infections in the camps.

Tanzania

Tanzania has officially registered 509 cases of COVID-19, according to the World Health Organization (WHO), although the numbers have been slowly released and government initiatives have raised fears among WHO employees. JRS is helping forcibly refugee populations in rural areas that may lack sanitary products or access to information sources in order to fight the pandemic. In reality, Tanzania is hosting more than 286,000 refugees and asylum seekers, most of whom have fled Burundi and the Democratic Republic of the Congo because of political turmoil and conflict. Eighty-five per cent live in refugee camps. Originally working in the Mtendeli camp, JRS has now begun working in the Nduta and Nyarugusu camps in northwestern Tanzania.

5. UN involvement

By responding to the coronavirus with life-saving resources, including water, medical treatment and hygiene supplies, the UN has extended work to keep refugees and internally displaced people safe. They help monitor the spread of the outbreak and take steps to minimize infections. In areas hosting displaced people, including airlifting emergency supplies, they improve public health and hygiene wherever possible and they establish isolation units. Through existing and newly developed community networks, they promote communication activities and provide advice and fact-based information on preventive measures, such as handwashing, social distancing, separation from infected persons and where to access health services. They are also distributing shelter material and core relief items and are expanding cash assistance to help limit the socio-economic impact of the coronavirus. They try to guarantee that the rights and protection of displaced people are always respected, including the right to seek asylum despite border closures.

The World Health Organization and UNHCR is urging the international community to care about essential mental health programs for refugees and those internally displaced.

“The need to support mental health assistance for displaced populations was critical before the pandemic, but now we are dealing with an emergency and a picture of widespread despair,” said UN High Commissioner for Refugees, Filippo Grandi.



“Many refugees tell us they see their futures crumbling. The issues that drove them from their countries remain unresolved and they can’t return home. Many who have survived in exile by eking out a living in the informal economy have lost their jobs. They are also anxious about their health and that of their families, not knowing when the pandemic will end and how they can really protect themselves. They see a lack of solutions and lack hope in the future.”

Alarming, some researchers have seen a rise in suicide attempts since the beginning of the pandemic. This number in Uganda increased significantly with 210 attempts this year compared to 129 last year.

Since the onset of the pandemic, UNHCR and partners provided more than a quarter of a million people, including children, with mental health and psycho-social support services.

Together with partners, UNHCR significantly stepped up mental health support during the pandemic, adapting its modalities to assist those forcibly displaced. Some mental health services were provided remotely, over telephone or internet, while direct clinical care was also delivered safely.

The freedom of NGOs is being restricted, Grillmeier explains: "The fewer independent actors there are, the freer the government is."

Willemen, with Doctors without Borders, has seen a change too: "We had rented a warehouse and set up a COVID-19 clinic for refugees," she affirms, adding that the hospital in Mytilene had welcomed the decision because there are only six intensive beds for a population of 100,000 on the island. The intention, in fact, had been to furnish the improvised clinic as soon as possible, but then the authorities sent a letter, explaining to the NGO that some of the island inhabitants had complained. Eventually, Doctors Without Borders was fined €35,000 and also threatened with criminal charges related to urban planning regulations.

Willemen affirms that she cannot understand what happened, since they had previously informed the local and national authorities of its decisions. Nonetheless, the clinic is closed and the fifty members of the staff who had been trained up to work there have sadly lost their jobs.

In Syria, with support from the COVID-19 Solidarity Response Fund, UNHCR, the UN Refugee Agency, people started building the quarantine area in the camp in March. Working with partners such as the Norwegian Refugee Council, this was one of the first steps they did to limit the spread of the virus.

UNHCR has donated refugee housing units to health facilities in Colombia that are helping refugees from Venezuela. The agency is also providing shelter to these people and helping them find and pay for housing.



In Niger, UNHCR and local authorities have worked to ensure proper social distancing between housing units in refugee camps and also between settlements around the country.

In South Sudan, UNHCR has provided water supply stations all over refugee settlements. The agency has also handed out 2.2 million bars of soap to communities in the country.

As COVID-19 is a big problem for economies all over the world, displaced people are often the most vulnerable because they have almost no social safety net supporting them. For these reasons, UNHCR has increased its cash assistance activities in a lot of countries. In Costa Rica, for example, cash grants are given to people at risk of contracting COVID-19. In Ukraine, cash assistance has helped people get housing.

In general, UN cash grants during this period have been spent mostly on food, rent, bills, hygiene items, health care, and water.

Displaced people usually live in places with little access to the internet, so global news do not reach everyone. In some refugee settlements and camps, the UN has enlisted community representatives to provide information on the COVID-19 pandemic. This messaging initiative is part of a larger UN effort to get local, state and national levels of government to coordinate responses to COVID-19 to ensure that best practices are used internationally.

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