REFUGEES INTERNATIONAL

COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies

March 30, 2020

Table of Contents

Introduction……………………………………………………………………………..2

Asia………………………………………………………………………………………..3
- Afghan Refugees and Internally Displaced People
- Rohingya Refugees

Africa…………………………………………………………………………….....…5
- The Horn of Africa
- Central Africa
- The Sahel
- The Democratic Republic of Congo
- South Sudan

The Americas…………………………………………………………………………...8
- The U.S. Border
- Mexico
- Central America
- The Venezuela Crisis
- Other Regional Countries Hosting Venezuelans

Europe……………………………………………………………………………………14
- Italy
- Greece

The Middle East…………………………………………………………………………15
- The Syria Crisis
- Iraq
- Yemen

Recommendations……………………………………………………………………..18

Endnotes…………………………………………………………………………………21

Introduction

The world is gripped by a truly global public health emergency. From New York to Wuhan, attention and resources are being directed to fight the spread of COVID-19, a disease caused by the novel coronavirus (officially, SARS-CoV-2). On March 11, 2020, the World Health Organization (WHO) officially declared the situation a pandemic.[1] Healthcare systems in even the most advanced countries are being overwhelmed. As the pandemic[2] spreads, the coronavirus will disproportionately impact the world's most vulnerable, among them refugees, asylum seekers, and internally displaced people (IDPs). These populations must be included in the global response to the virus. This is essential to protecting not only these communities, but societies at large.

The scale and speed of the pandemic underscore how deeply interconnected the world's populations are. Nevertheless, at precisely the moment when global solidarity and cooperation are essential, many nations are turning inward as they seek to protect their citizens. But a virus does not respect borders. Nor does it discriminate. A truly effective response, not to mention a morally correct one, also must not discriminate.

The world's more than 70 million forcibly displaced people—including refugees, asylum seekers, IDPs, and other forced migrants—are among the most vulnerable. Already, their displacement leaves them disadvantaged in many ways. The impact of the epidemic both exacerbates and is exacerbated by the conditions in which they live. A series of factors make them extremely vulnerable to the spread of the virus.

The first factor is population density. Many refugees and internally displaced people live in cramped conditions, including formal camps, informal settlements, or population-dense urban spaces. Multiple families are often forced to share the same bathroom, the same cooking, and the same bathing facilities – if they have access at all. Some are forced to share the same tent. In some countries, asylum seekers and irregular migrants are placed in detention, often in appalling conditions. The ease with which the coronavirus spreads makes these living situations potentially disastrous.

Second, the forcibly displaced generally have difficulty accessing basic services—especially healthcare. When they have access, it tends to be to primary healthcare. Intensive care – the kind of care that COVID-19 patients need when they develop acute respiratory distress syndrome – is scarce to nonexistent, especially in camp settings. In addition, those fleeing conflict or natural disasters often struggle with underlying health conditions, including malnutrition, psychosocial stress, and other infectious diseases like TB. These conditions make them more vulnerable to the virus.

Third, the limited access to reliable information for displaced communities will complicate efforts to respond. Misinformation, mistrust of authorities, the absence of communication networks, and language barriers can all prevent accurate and far-reaching messaging. Without critical information about the coronavirus, the displaced may not only risk spreading the infection, but find themselves in violation of new policies. At risk of deportation, asylum seekers without legal status are often reticent to trust local authorities, much less reveal themselves once they get sick.

Fourth, the humanitarian supply chain may be challenged by the outbreak. Relief workers may reduce or cut contact with displaced communities to help prevent spread of the virus. Many humanitarian actors will not have the training or resources to respond to such an unprecedented crisis. Governments are restricting the travel of international personnel and the movement of vital supplies. Steps to close borders, halt transportation, and shutter businesses are interrupting supply. The resulting shortages of goods could have devastating consequences in many humanitarian contexts.

Finally, as governments, NGOs, and international organizations redirect their attention and resources to combat the pandemic, the financing needed to respond to ongoing humanitarian and displacement crises is at risk of falling dramatically. Already, responses to many of these crises are acutely underfunded. The lasting economic impact of the pandemic on the global economy will only aggravate this problem just as aid agencies find themselves increasingly overwhelmed.

Certainly, many of the challenges that displaced people face will be shared by vulnerable and marginalized citizens in every country affected by the COVID-19 pandemic. However, we must recognize the unique circumstances of refugees, asylum seekers, IDPs, and other forced migrants in light of the threat an outbreak presents. What follows is a snapshot of how these and other issues are playing out across major humanitarian and displacement crises. The information and analysis in this report reveal key principles and recommendations that should be part of any effective humanitarian response to the pandemic.

Asia

China was the original epicenter of the coronavirus pandemic. The outbreak of COVID-19 there raised concerns that the virus would spread to other parts of the region, including to south Asia—home to some of the world's largest populations of refugees and IDPs. Rohingya refugees in Bangladesh, Afghan refugees in Pakistan, and millions of IDPs inside Afghanistan itself shelter in overcrowded and underserved camps and informal settlements. The coronavirus has the potential to wreak havoc in these settings.

Afghan Refugees and Internally Displaced People

Almost 40 years of conflict have forcibly displaced huge numbers of Afghans. Millions have fled the country and are living in neighboring countries such as Iran, representing one of the largest protracted refugee situations in the world. Iran is a hotbed for COVID-19, now reporting the fourth highest number of deaths in the world.[3] The Iranian government faced criticism for its delay in acknowledging and responding to the seriousness of the outbreak.[4] Not until March 26—with 29,406 cases confirmed and 2,234 deaths—did the government issue an intercity travel ban and close schools, universities, national parks, and non-essential businesses.[56] For the more than 3 million Afghans living in Iran, the situation is most dire. Most had difficulty accessing basic services like healthcare even before the current outbreak. Tens of thousands are returning to Afghanistan.

However, decades of war have devastated the health system in Afghanistan. Although more than 420 new health facilities have been established since 2014, the healthcare sector remains vastly under resourced.[7] There are approximately three doctors for every 10,000 patients.[8] While Afghanistan is in the midst of fragile peace negotiations, the level of violence remains remarkably high and the population's humanitarian needs are massive. More than 2.5 million Afghans are internally displaced. Of the 120 COVID-19 cases that have been confirmed in Afghanistan,[9] a significant number had recently come from Iran.[10] They had entered through the city of Herat, where there is no health facility adequately equipped to deal with this illness. Government officials have recommended social distancing measures and even instituted a daytime curfew in Herat, but their recommendations have largely gone unheeded. On March 24, Afghanistan's health ministry warned that half of the country's almost 39 million people might be infected.[11]

Rohingya Refugees

Health authorities in Bangladesh are gearing up for a possible COVID-19 outbreak in Rohingya refugee camps. There are nearly 900,000 refugees living in the camps in Cox's Bazar and more than 400,000 Bangladeshis living in close proximity to them. Cramped living conditions, poor water quality, and patchy access to healthcare in the camps leave refugees vulnerable to disease. A recent humanitarian risk assessment of the Rohingya response warned, "the potential mortality and morbidity risk associated with COVID-19 is likely to surpass global averages."[12]

Bangladesh's Ministry of Health is developing a preparedness and response plan in coordination with UN agencies. Hundreds of health workers in the camp area are receiving training to improve disease outbreak detection and prevention.[13] However, UN officials privately warn that they anticipate major problems in managing the spread of the virus inside their own international workforce, much less across the refugee population. The government of Bangladesh is allowing only essential services to reach the camps, undermining efforts to address food insecurity and cyclone preparedness. Meanwhile, health workers there lack personal protective equipment such as gloves and masks. Donors and UN agencies must step up to supply these critical items.

Communicating with displaced populations about the COVID-19 outbreak will be challenging given refugees' mistrust of authorities and the absence of formal, credible communications networks. The government continues to restrict phone and internet access in the camps while rumors and false information often spread quickly. This is likely to hinder efforts to prevent and prepare for the spread of the virus. The government of Bangladesh should therefore lift internet and phone restrictions and empower Rohingya civil society organizations that have formed in the camps in order to improve the quality and reach of essential information.[14]

Africa

Countries across sub-Saharan Africa have begun taking precautions to stop the arrival or stymie the spread of COVID-19 within their borders. In many cases, this has meant blocking all incoming flights or screening and quarantining passengers of certain nationalities or arriving from specific countries. Though perhaps effective in combating the disease's spread, these measures have also prevented the delivery of much-needed humanitarian staff and cargo to respond to ongoing crises in these countries. The potential resulting shortages of goods and technical capacity could have devastating consequences in many humanitarian contexts across the continent, where there are more than 17.7 million IDPs and over 6.3 million refugees.

The outbreak of COVID-19 could also undermine critical peacekeeping efforts in sub-Saharan Africa. Many countries that contribute troops to the United Nations (UN) peacekeeping missions are experiencing outbreaks of the novel coronavirus. As a result, and in order to curb the spread of the disease, the UN recently requested that nine troop-contributing countries delay the regular rotation of their soldiers in and out of peacekeeping missions.[15] In some cases, this could require currently deployed troops to stay in place. The pause in rotations could also lead to continued gaps in critical mission capability. Africa will be disproportionately impacted, as seven of these UN peacekeeping missions operate in conflict and humanitarian crisis zones across the continent.

The Horn of Africa

Even before the outbreak of COVID-19, countries in the Horn of Africa were grappling with long-standing instability; conflict and the threat of terrorism; and the exacerbating impact of climate change and locust swarms on severe food insecurity. Now, they have registered their first cases of COVID-19—as of March 29, Somalia had three, Ethiopia had 19, and Kenya had 38 confirmed cases.[16] Kenya also confirmed its first death—a 66-year-old Kenyan man who also suffered from diabetes.[17] Meanwhile, the region is home to approximately 5.3 million IDPs and 2.5 million refugees, who are likely to be hit hardest.[18]

Absent robust public education campaigns about the coronavirus, rumors and false information are spreading rapidly. Fast and accurate information is critical in areas where the health

infrastructure is weak and does not have the capacity to face an outbreak. In Ethiopia, which is host to more than 900,000 refugees and more than 2.6 million IDPs,[19] popular sentiment has violently turned against foreigners, who are being blamed for spreading the disease.[20] In Ethiopia's western Oromia region—where intercommunal violence has displaced thousands—a months-long government-imposed shutdown of phone and internet services is further restricting the ability to provide information on the virus.[21] In addition to limiting information on COVID-19, this inhibits communication among families, doctors, and their patients.

Health experts are concerned that the outbreak in Somalia, with an IDP population of more than 2.6 million and more than 16,000 refugees, could be among the worst in the world.[22] Decades of conflict have ravaged the country's health system and other institutions and governance is weak. Al-Shabaab, an Islamic militant group affiliated with al-Qaeda, controls large swaths of territory, limiting the state's reach and humanitarian workers' access to populations in need.[23] Because there are no kits to test for COVID-19 in the country, samples must be sent to South Africa for analysis, significantly delaying results and thus the ability to track the disease.[24]

The government in Somalia has halted international flights, closed schools, and prohibited large public gatherings, but the measures are not well-enforced.[25] To date, Al-Shabaab does not appear to have implemented measures in the regions it controls. Meanwhile, Somalia's sizable displaced population is particularly at risk.[26] Humanitarian workers warn that the consequences could be devastating for the 3,000 families living in Nabadoon camp, outside Somalia's capital of Mogadishu.[27] There, a lack of access to clean water, healthcare, and information, as well as cramped living conditions, will facilitate the spread of disease should an outbreak occur. In addition, continued conflict will complicate efforts to reach affected populations as the virus spreads.

Central Africa

Nigeria, where over 2 million people are internally displaced in the country's northeast, was the first central African state to report cases of the virus. As of March 29, there were 97 confirmed cases of COVID-19.[28] Neighboring Cameroon had confirmed 91 cases, as it grapples with a series of crises that have forced 922,000 of its citizens into internal displacement.[29] Both governments have more capacity than many of their neighbors and could play a leadership role in responding to the pandemic. The Nigerian government should be applauded for working with UN leadership in the country to coordinate response efforts there. Unfortunately, other governments across the region have not done likewise.

Countries like Chad and the Central African Republic (CAR) were reporting three cases in each country as of March 29; however, given the limitations of their health systems, it is uncertain if these are indicative of the actual trend.[30] The outbreak's impact could be disastrous if the

coronavirus spreads beyond the capital cities, especially for the displaced populations in both countries. There are more than half a million IDPs in CAR and 171,000 IDPs in Chad, as well as 468,000 refugees from neighboring countries.[31] These vulnerable populations have little access to clean water or healthcare facilities.

The Sahel

In the Sahel, populations and conflict move freely across borders. The coronavirus has the potential to put immense pressure on already strained national health services and healthcare provided by humanitarian actors. The situation in Burkina Faso provides a window into the nature of the challenge that could confront neighboring Mali and Niger. There are currently 207 confirmed cases of COVID-19 in Burkina Faso. Eleven deaths have been reported, including that of Marie Rose Compaore, the second vice-president of the National Assembly. It is only a matter of time before the disease spreads to the country's more than half a million IDPs.[32]

As of March 29, Mali and Niger had both reported 18 cases of COVID-19. However, the lack of infrastructure in both countries prevents both the effective detection and containment of the disease. Moreover, the internally displaced populations in both countries—171,000 people in Mali, and 187,000 in Niger—are not in camps and frequently relocate because of spreading violence.[33] This could increase the likelihood of the virus reaching them and other groups on the move.

Across the region, humanitarian funding is in short supply and displaced populations already lacks access to health services, water, and sanitation. Basic measures recommended by the Centers for Disease Control and World Health Organization—such as stringent hand washing with soap and water and social distancing—are largely impractical in this context. The UN's Office for the Coordination of Humanitarian Affairs (OCHA) had planned to host a donor conference for the Sahel in mid-June to secure badly needed funding for the emergency. However, the conference has now been postponed because of COVID-19.

The Democratic Republic of Congo

In the Great Lakes Region, 30 people in Uganda, 60 in Rwanda, and 65 in the Democratic Republic of the Congo (DRC) had tested positive for COVID-19 as of March 29, 2020.[34] With over 5 million displaced persons (the vast majority of whom are IDPs), the DRC has the largest number of displaced people in the region.[35] The first week of March 2020 marked the end of the DRC's two-year-long Ebola outbreak. But the celebrations were cut short by the arrival of the novel coronavirus. As the DRC grapples with the spread of this new pandemic, it is important that health facilities built to respond to the Ebola outbreak be repurposed to treat cases of COVID-19. While discussions to that effect have already begun, very little action has been

taken. NGOs are beginning to integrate messaging about the coronavirus into their current programs. However, planning and implementation must be accelerated.

South Sudan

Following years of civil war, nearly one-third of South Sudan's population remains displaced—there are about 1.47 million IDPs in South Sudan and 2.2 million refugees in neighboring countries.[36] With more than half the population facing acute food insecurity and poor health infrastructure, South Sudan is highly vulnerable to the spread and harmful effects of infectious diseases. No cases of COVID-19 had been reported in the country as of publication of this report, but several cases had been confirmed in neighboring countries. To prevent and prepare for a possible outbreak, South Sudan has suspended all international flights and locked down its land borders to all but cargo buses, food trucks, and fuel tanks.[37]

The presence of a large UN peacekeeping mission with significant staff rotations in South Sudan adds an additional potential vector for the disease to spread to the country. Almost 200,000 IDPs live in Protection of Civilian sites on or near peacekeeping bases.[38] The UN and troop contributing countries are taking steps to limit the potential for exposure, including a temporary freeze on staff travel into South Sudan.[39]

The Americas

The COVID-19 pandemic has already had significant implications for major humanitarian hotspots across the Americas. To date, the response by governments has varied widely. Countries like Peru, Guatemala, and Colombia implemented strong measures early to combat the spread of the virus.[40] However, Mexico and Brazil have been slow to adopt mitigation measures, even dismissing the severity of the crisis.[41] In Central America, many countries have adopted stricter border policies but have acquiesced to demands from the United States to continue receiving deported nationals. Many countries in South America have closed their borders to the movement of people, including for displaced Venezuelans.

The U.S. Border

The United States now leads the world in confirmed coronavirus cases.[42] Before the outbreak of COVID-19, the U.S. Department of Homeland Security (DHS) had returned over 60,000 asylum seekers to northern Mexico to await their U.S. immigration court dates there. This was done under the Trump administration's Migration Protection Protocols (MPP), known as the "Remain in Mexico" program.[43] These asylum seekers—mostly from Central America, Cuba, and Venezuela—were returned to unsafe conditions in Mexico, and left to await their hearings in ill-equipped shelters and informal open-air encampments where disease could spread rapidly. In addition, there were 15,000 individuals waiting to seek asylum outside U.S. ports of entry as of

February 2020. These individuals—three quarters of whom are Mexican—were living in the same grim conditions as those impacted by the MPP program.[44]

On March 21, the U.S. government mandated port and border closures in response to the pandemic. No exceptions are being made for asylum seekers or unaccompanied minors. The border closure empowers DHS to immediately turn back to Mexico or repatriate to their home countries other than Mexico all asylum seekers without due process—a clear violation of U.S. obligations under domestic and international law.[45] These measures were instituted well after introduction of the virus to the United States. They have impeded the ability of humanitarian workers to bring critical supplies to Mexico. In addition, some of the shelters housing asylum seekers on the Mexican side of the border have been forced to close because of the virus.[46]

As a result of the border closures, the United States has already begun to turn away or repatriate all migrants lacking documents authorizing their entry—including asylum seekers and unaccompanied minors—to countries including Mexico,[47] Guatemala,[48] Honduras,[49] and Ecuador. Authorities are not screening individuals to determine if they are victims of human trafficking or have credible fears of persecution in their home countries. Nor are they taking precautions to prevent the spread of the coronavirus. The Mexican government has agreed to accept most Central American returnees (though not unaccompanied minors).[50] It is not clear if the United States or Mexico intends to arrange the deportation of others, such as Venezuelans or Cubans, in lieu of allowing them to seek asylum in the United States.

Moreover, many of the NGOs that typically play a crucial monitoring role at the U.S. border have been forced to reduce or cease operations in light of efforts to reduce the spread of COVID-19 within the United States. This makes it crucial that the UN Refugee Agency (UNHCR) monitor returns and conditions along the border. Despite U.S. government restrictions on travel and commerce, the delivery of critical humanitarian supplies to Mexico should be considered "essential" and allowed to continue.

The rule closing the border is predicated on the false assumption that the only possible alternative to turning away asylum seekers is detaining them in unsafe, overcrowded border facilities for lengthy periods of time. In fact, the U.S. Customs and Border Protection (CBP) agency could instead expeditiously parole asylum seekers into the United States, where the vast majority have ties to families, friends, or faith-based communities.[51] In the weeks ahead, U.S. border officials should allow people to follow the U.S. legal process to request asylum and provide screening and referral to health facilities if necessary. Asylum seekers should then be released to homes and NGO-run shelters, through parole or other community-based alternatives to detention, where they can appropriately socially distance and be permitted to continue their cases in immigration court when the courts resume operations.[52] CBP should screen

unaccompanied minors and send then to the Office of Refugee Resettlement which must, according to a new court order, quickly plan to release them to sponsors.[53]

Mexico

Mexico is both a transit and destination country for displaced people. Asylum seekers and other forced migrants come primarily from Central America, but also from South America and Africa. They are often at higher risk of exposure to the coronavirus because of their living conditions. Many are detained in detention centers known as "migratory stations," stay in privately-run shelters while they await their asylum claims in Mexico to be processed, or, as described above, live in informal camps on the northern border while they await their court hearings in the United States.

Mexico has 848 registered cases of COVID-19.[54] Mexican President Andrés Manuel López Obrador was criticized for long ignoring the crisis, even traveling across the country and holding gatherings with large crowds. Now, the government has begun to take steps to contain the virus, such as calling for Mexicans to stay in their homes for a month[55] and limiting tourism.[56] It is also working to reduce overcrowding among the migrant and forcibly displaced populations in migratory stations across the country.[57] However, the government continues to accept the return of Mexicans deported from the United States despite inadequate health screenings prior to deportation. Grim conditions and the absence of healthcare and other services in the informal camps where they often stay are perhaps of greatest concern.

The Mexican authorities must more aggressively encourage practices to prevent the spread of the coronavirus and President López Obrador should lead by example. In migratory stations, specifically, Mexico's National Migration Institute (INAMI) should continue to implement mitigation measures and reduce the number of detained migrants when possible, with support from independent civil society organizations. The Mexican government has indicated that it would suspend the processing of asylum requests until April 20. However, it should resume these operations as soon as possible. In the interim, Mexico should ensure that asylum seekers whose claims are on hold have access to adequate shelter and healthcare, including testing for COVID-19. Mexico should not be expected to accept asylum seekers returned under the MPP program until basic safeguards can be put in place to protect the health of returnees.

Central America

The countries of Central America grapple with extreme violence and lack institutional capacity to respond to a pandemic. Civilians eager to escape violence have no recourse, prevented from fleeing because of border closures. Meanwhile, hundreds of Central Americans are deported from the United States each week.

Guatemala has confirmed 34 cases COVID-19.[58] On March 16, the government suspended all international flights and closed the borders for 15 days.[59] On March 17, it announced the temporary suspension of transfers of Hondurans and Salvadorans from the United States to Guatemala under the Asylum Cooperation Agreement (ACA). (The United States has used the ACA to bar asylum seekers from applying for protection in the United States, instead sending them to Guatemala.) The Guatemalan government initially announced that it would suspend the acceptance of Guatemalan nationals deported by the Unites States. However, it reversed this decision in a just a matter of days and deportations of Guatemalans have resumed. The Guatemalan government is warning its citizens that they will be immediately deported if they attempt to go to the United States.[60]

In El Salvador, President Nayib Bukele announced that the country would bar entry to all foreigners, except accredited diplomats and legal permanent residents. President Bukele announced the creation of a special hospital for patients with COVID-19 and called for a halt of deportations from Mexico and the United States on March 18.[61] Nonetheless, deportation flights to El Salvador have continued.[62] As of March 29, Guatemala, El Salvador, and Honduras all received U.S. Immigration and Customs Enforcement (ICE) air flights from the United States.[63]

The Guatemalan government should remain firm in its decision to halt transfers of asylum seekers under the ACA. Even prior to the COVID-19 pandemic, it was unreasonable to forcibly send Salvadorans and Hondurans asylum seekers to a country, Guatemala, that cannot provide them with adequate safety and security. In cases of deportation of Guatemalan, Salvadoran, or Honduran migrants who have not made claims to asylum, the United States should adopt comprehensive screenings prior to departures to ensure safety of other deportees and to avoid overwhelming these countries' fragile health systems during this public health crisis. Guatemalans, Salvadorans, and Hondurans who test positive should not be deported.

<u>The Venezuela Crisis</u>

Under the regime of President Nicolás Maduro, Venezuelans have suffered years of economic collapse, institutional failure, and political turmoil. Hyperinflation, generalized violence, and political repression are rife in a country where the vast majority live in poverty. In February 2020, the UN World Food Program stated that 9.3 million people in Venezuela—about one-third of the population—faced food insecurity.[64] As more than 4.9 million people have fled the country, over 1 million children have been left without their parents.[65]

As of March 29, 2020, there were 119 confirmed cases of the coronavirus in Venezuela. Although World Health Organization records do not indicate any deaths, Venezuelan officials have confirmed at least one death.[66] A "social quarantine" has been established nation-wide, and

military forces have been deployed throughout the country to enforce restrictions on movement. Nevertheless, not all citizens are complying, as small crowds continue to line up to obtain food and other essential goods. On March 24, the government ordered stricter isolation measures in the three states—Caracas, Miranda, and Vargas—that account for 70 percent of COVID-19 cases.[67] The country's years-long economic crisis has left its health system and other institutions in complete collapse.[68] Hospitals lack adequate facilities, medical personnel, supplies, and medication.[69] For the public, face masks, soap, and even water for hand-washing[70] are either unavailable or unaffordable.[71]

Nicolás Maduro has called on the United States to lift its sanctions on the country in order to open access to foreign investments and finance that could help fund a response. Human rights groups, and EU leaders,[72] as well as the UN Secretary-General[73] and the UN High Commissioner for Human Rights[74] have echoed these calls. On March 26, the United States indicted Maduro with narco-terrorism and other serious charges in a move it could use to justify additional sanctions.[75] Maduro also tried and failed to secure a $5 billion loan from a special emergency fund of the International Monetary Fund (IMF).[76] President Xi Jinping of China sent 4,000 diagnosis kits,[77] and Cuba sent a medical brigade to help.[78] Meanwhile, Maduro's long-held opposition to international aid organizations will further heighten the likelihood that the outbreak does outsized damage.

The pandemic risks exacerbating the pre-existing humanitarian crisis inside Venezuela—a crisis that has already compelled millions from Venezuelans to seek refuge in other countries.[79] As the situation deteriorates, more Venezuelans are likely to try to flee to neighboring Colombia and Brazil. Faced with official border closings, they may instead resort to taking dangerous unofficial routes out of the country, known as *trochas*, that are often controlled by armed groups. Those who are able to cross irregularly will, in turn, have trouble accessing the care they need in their host countries, and thus risk further spreading the virus.

Venezuelans in Colombia

As of March 29, the number of confirmed cases of COVID-19 inside Colombia had risen to 608, with six deaths reported.[80] That day, after several temporary "quarantine drills" in parts of the country, a 19-day nation-wide lockdown went into effect.[81] As of March 17, the government had closed the country's borders. Colombia is host to the largest number of displaced Venezuelans, by far—according to official reports, more than 1.7 million Venezuelans were in Colombia as of December 31, 2019. Since the start of the displacement crisis, the Colombian government has maintained a relatively generous response.[82] However, as the international response to the Venezuelan displacement crisis remains acutely underfunded and Colombia faces its own economic challenges, the situation has begun to stress the country's public services—including the healthcare system. The coronavirus pandemic is likely to exacerbate these challenges.

The impact of the pandemic on displaced Venezuelans living in Colombia is likely to be severe. First, despite the fact that Venezuelans have the right to free emergency healthcare in Colombia regardless of their immigration status, many cannot access that care because facilities lack capacity or because health workers are unaware of Venezuelans' rights or even discriminate against them. Those who have regular status and are able to obtain insurance may have an easier time accessing care, and a broader range of care. Nevertheless, the majority of Venezuelans in Colombia have been unable to regularize their status. The number of Venezuelans with irregular status is only expected to increase as a result of the border closing. As indicated above, Venezuelans desperate for aid may instead resort to using informal channels to enter Colombia.[83]

Many Venezuelans—including the *pendulares* who still live in Venezuela and cross frequently into Colombia to purchase goods or attend school—rely heavily on aid provided by international organizations and NGOs near the border. However, as part of the measures to close the border, the Colombian government ordered NGOs in the area to cut their capacity by half.[84] Moreover, on March 16, the Colombian Department of Health announced that gatherings of more than 50 people would be prohibited.[85] The restriction will inevitably impact organizations' ability to operate in centers where Venezuelans shelter or gather to seek aid.

<u>Other Regional Countries Hosting Venezuelans</u>

Border closures throughout the region will affect displaced Venezuelans. According to the latest official figures, Peru is host to the second largest number of Venezuelans (861,000 as of February 7, 2020).[86] As of December 31, 2019, Ecuador is host to 366,596 Venezuelans.

On March 15, Ecuador—where 1,823 cases and 48 deaths have now been reported—closed its borders to all foreign travelers.[87] Gatherings of more than 30 people were also banned.[88] In Peru, where 671 cases have been confirmed,[89] Peruvian President Martín Vizcarra also declared a state of emergency on March 15 and initially shut the country's borders for 15 days.[90] Four days later, the government imposed a nationwide curfew and ban on private vehicles.[91] On March 25, President Vizcarra extended a state of emergency and nationwide quarantine through April 12.[92]

These border closures affect Venezuelans on the move from Colombia to Ecuador, Peru, and other third countries. For Venezuelans already inside these host countries, limited access to healthcare, loss of their livelihoods, and limits on movement and available services will put them at higher risk of infection or complications.

On March 18, Brazil ordered a partial closing of its border with Venezuela for 15 days.[93] President Bolsonaro has been criticized for his lax response to the pandemic, raising fears that the toll inside the country will be high.[94] Already, by March 25, there were 2,271 confirmed

cases of COVID-19 and 47 deaths. The latest official figures indicate that Brazil was host to more than 250,000 Venezuelans as of November 30, 2019, though the current number is likely much higher. Despite the government's attempts to relocate Venezuelans who have crossed into the country, the majority remain concentrated in remote, impoverished areas along the northern border, where resources and infrastructure are sparse.[95] The inevitable damage from the coronavirus is thus likely to affect Venezuelans inside the country even as the border closing hinders others from accessing the critical healthcare they lack in Venezuela.

Europe

Europe has been hard hit by the COVID-19 pandemic. At the end of 2018, there were nearly 2.5 million refugees and 646,060 asylum seekers in the European Union (EU) alone.[96] As of March 17, just 10 cases had been reported among refugees and asylum seekers, all of them in Germany. Already, however, countries had begun to close their borders to asylum seekers. By March 16, Greece, Hungary, Belgium, and the Netherlands had shut their asylum offices.[97] In other countries, including Italy, asylum services have significantly slowed. Due to health and travel restrictions imposed to contain the spread of the coronavirus, NGOs have had to suspend search and rescue operations in the Mediterranean Sea for those attempting to cross from war-torn Libya.[98] Meanwhile, nationalist leaders and politicians—from Italy to Spain—have seized upon the outbreak as a false basis for xenophobic, anti-refugee rhetoric and policies.[99]

Italy

As of March 29, 2020, there were 92,472 confirmed cases of COVID-19 in Italy and 10,023 deaths—more deaths than in any other country. More than ten days after ordering a strict, nationwide lockdown, with the number of deaths surging, the Italian government called in the military on March 20 to enforce its approach.[100] On March 22, the Prime Minister ordered all non-essential businesses and factories to close and prohibited all non-essential movement within the country.[101] Even as the number of new cases in Italy began to slow, the government was expected to extend containment measures beyond the initial April 3 deadline.[102]

The impact on refugees and asylum seekers has been significant.[103] At the end of 2018, there were nearly 300,000 refugees and asylum seekers in Italy. Heeding lockdown and "social distancing" orders is difficult for these individuals, who often work in informal jobs, live in close quarters, and rely on government and NGO assistance. On March 12, the government suspended interviews for refugee status determination (RSD) and hearings for appeals of rejected asylum requests given court closures. By law, foreigners in Italy have access to healthcare. In practice, many asylum seekers fear going to hospitals if undocumented, or face discrimination or language barriers. All this will make it harder to detect the virus in a highly vulnerable population.

Greece

As of March 29, Greece confirmed 1,156 coronavirus cases and 38 deaths.[104] While this is less than several other European countries, the Greek government is concerned that if it does not act quickly, it could follow the trajectory of Italy. Greece has therefore enacted a country-wide lockdown, closing hotels and suspending most international flights.[105] The Ministry of Migration and Asylum has suspended all administrative services until April 13 at the earliest. This includes registering asylum seekers, conducting interviews, adjudicating cases, and reviewing appeals.

The shutdown of the entire Greek asylum system leaves all asylum seekers in a precarious position. Arguably, no population in Greece is more vulnerable to the coronavirus than the more than 40,000 asylum seekers trapped on the Aegean Islands.[106] Conditions are appalling in the Reception and Identification Centers (RICs) where asylum seekers are required to live. The official RICs and their overflow areas are squalid and overcrowded, hosting approximately eight times their capacity. These areas lack basic hygiene facilities, have very few latrines, and provide minimal medical care at best. There is no running water, making frequent hand washing impractical.

NGOs on the islands report that no significant steps have been taken to prepare the camps for an outbreak of the coronavirus. Instead, the government instituted a curfew and prohibited NGOs from entering the camps for at least 14 days.[107] These measures reduce essential services in the camps, including food distributions, childcare, and servicing latrines. Relief groups have been calling on the Greek government to evacuate camp residents to facilities across the country in order to save the lives of asylum seekers and Greek citizens alike.[108] The EU has now echoed this call to evacuate the most vulnerable asylum seekers in the camps to other areas on the islands,[109] a crucial first step to protect asylum seekers and limit the likely spread in the camps.

The Middle East

The Middle East is fast becoming an epicenter of the coronavirus crisis. Cases have escalated dramatically in Lebanon and Iran. New infections have emerged in more than half a dozen other countries in the region including Iraq and Afghanistan. At least 12 million refugees and IDPs live in Iraq, Syria, Lebanon, and Turkey. Borders throughout the Middle East are porous, with refugees, economic migrants, and others often traveling along informal routes. Another challenge to an effective coronavirus response is the region's weak or broken public health systems.

However, the situation also differs significantly between countries. Turkey, with over 3.4 million Syrian refugees, has a robust healthcare system and the government is somewhat better positioned to respond to an outbreak and employ basic containment tools like contact tracing. On

the other hand, Iraq and Lebanon have severely weak public health systems and are not able to adequately monitor what is going on and provide a robust public health response.

The Syria Crisis

Syria's brutal war entered its tenth year last month. More than 5.6 million have fled Syria since 2011, and over 6.5 million remain displaced inside the country.[110] The majority of Syrian refugees in neighboring countries and internally displaced Syrians lack the most basic needs, including access to healthcare. Even the most basic guidance on social distancing and personal hygiene will be difficult to follow where refugees and IDPs often live in overcrowded and unhygienic camps and informal settlements.

The situation in the northwest of Syria is of particular concern. It will be extremely challenging to launch an effective response to a coronavirus outbreak in places like Idlib province. While no confirmed cases of Coronavirus have been announced in Idlib, this appears to be largely due to the lack of testing kits. At least three people who showed symptoms of COVID-19 died in the past week, and there are several other patients with the virus symptoms who are quarantined inside hospitals, a doctor and a representative of a medical organization in Idlib told Refugees International. More than 1 million people are staying in overcrowded and unhygienic camps where it is very challenging to impose social distancing.[111] Very few people are staying home. The economic situation is such that if people do not work, they do not have the means to feed their families. Moreover, there is no authority inside Idlib that has the means to enforce preventive measures, and the various fighting factions on the ground appear to have other priorities.

Much of the healthcare infrastructure in northwest Syria has been destroyed by the Russian and Syrian government bombing campaign. The facilities that remain will have little of the equipment required to treat coronavirus patients, such as ventilators, or to protect healthcare workers from infection as they go about their duties. On March 25, WHO delivered 300 testing kits to the northwest.[112] The main challenge is that the whole area has only around 100 ventilators. Efforts to screen populations with infrared non-contact thermometers are also necessary. Any type of support for the general capacity of what remains of the medical system in northwest Syria could make a significant difference.

Outside of Syria, more needs to be done now to help prepare the camps and communities that host Syrian refugees in neighboring countries. Countries like Lebanon, host to more than 1 million Syrian refugees, are already experiencing significant outbreaks that are taxing their national healthcare systems. Jordan hosts the second largest Syrian refugee population per capita in the world. Because these refugees are unlikely to be a top priority for the national authorities,

the international humanitarian community must step in to fill the gaps, in collaboration with host governments.

Iraq

Decades of conflict and widespread violence have wreaked havoc on the lives of millions of civilians in Iraq. According to UNHCR, more than 6.5 million people—approximately 18 percent of the population—are currently in need of humanitarian assistance, including 3 million children.[113] Nearly 2 million people remain displaced inside the country, the majority of whom have taken refuge in the Kurdistan Region of Iraq (KRI). Moreover, Iraq is host to around 300,000, mostly Syrian, refugees.[114] Many live inside camps where poor conditions and outdated infrastructure could exacerbate the spread of the coronavirus.[115]

As of March 29, 547 cases of confirmed coronavirus had been reported in Iraq.[116] However, the real number was likely much higher. The country's health system, undermined by decades of sanctions, neglect, corruption and violence, suffers from significant gaps including shortages of supplies, equipment, and staff.[117] To prevent further spread of the virus, the Baghdad and KRI governments imposed a curfew and cancelled all domestic flights. However, security forces are struggling to enforce the lockdown as thousands of pilgrims from across the country visit shrines in the capital.[118] In addition, humanitarian actors have reported that curfews and movement restrictions are impacting the delivery of assistance to people in need.[119]

Humanitarian groups in Iraq have developed a COVID-19 preparedness and response planning in the camps. Moreover, UN agencies are supporting Iraq with testing capacities and the procurement of personal protective equipment for health partners. Donors and humanitarian organizations should increase their efforts to support Iraq and the KRI government's response. They should offer personnel support to fill staff shortages and provide the necessary supplies and equipment.

Yemen

The WHO announced that, so far, there are no confirmed cases of coronavirus in Yemen.[120] However, a virus outbreak will almost certainly have a devastating effect. Yemen hosts what may be the world's worst humanitarian crisis, with more than 24 million people in need of assistance, and nearly 3.65 million internally displaced.[121] A relentless war has decimated the country's healthcare system. In the past few years, Yemen has witnessed the worst cholera epidemic in recent history.[122]

Last week, both the Houthi rebels and Yemen's internationally recognized government banned international flights in an attempt to keep the country free of the coronavirus.[123] The ban includes chartered medical evacuations. Despite the halt to passenger flights, the UN-led Yemen aid

operation continues for the moment, with the vast majority of staff being Yemeni. The UN confirmed that seaports remain open for cargo. Yemen is largely reliant on cargo arriving by sea for imports of food, fuel, and other consumer essentials critical to civilian welfare.

The WHO is supporting the national health authorities to prepare for the coronavirus with medical supplies, testing kits, training, and information campaigns. However, some international relief teams have scaled back to essential staff only. A fingerprint-driven digital registration system for aid recipients to limit aid fraud has been paused.[124] Top priority, life-saving assistance such as food, water, sanitation, and health services will continue, but some less critical aid programs will be slowed. The international humanitarian community must step in to help Yemen's medical personnel to prepare for a virus outbreak. It should particularly provide medical facilities with testing kits, medical equipment, and supplies in addition to personnel protective gear to help protect healthcare workers.

Recommendations

The challenge of containing and mitigating the spread of the COVID-19 pandemic across the world's most vulnerable, displaced populations is breathtaking in scope. Each humanitarian crisis will require a strategy tailored to the specific needs and circumstances of the displaced population in question – a strategy that is workable in a context that will undoubtedly include significant resource constraints. That said, there are common elements across the countries and continents reviewed above, which lend themselves to key principles and recommendations that should be part of any effective humanitarian response to the pandemic.

The response must be inclusive: The response to COVID-19 must be inclusive if it is to be effective. International assistance to address the pandemic must reach all vulnerable populations, including the refugees, asylum seekers, and the internally displaced. Governments receiving U.S. assistance for COVID-19 should ensure that the forcibly displaced living in both camp and non-camp settings are included in prevention and mitigation efforts. By the same token, aid for refugees and internally displaced people to address the COVID-19 pandemic should be made available to host communities in refugee-hosting areas. In short, the aim should be to improve systems for all persons regardless of nationality.

Enhance communications and the flow of information: Governments and international aid groups should develop information campaigns to ensure displaced communities have accurate and current information about the coronavirus and response efforts. Where possible, they should work with local civil society and displaced persons themselves to ensure language and means of communications are easily accessible and widely disseminated. Governments should lift any phone and internet restrictions in and around displaced communities.

Deploy medical personnel, supplies, and personal protective equipment: Donors and international aid groups should prioritize the deployment of qualified medical personnel to refugee, asylum seeker, and IDP-dense areas, along with personal protective equipment and other medical supplies such as gloves and masks for humanitarian health workers to ensure their safety in addressing COVID-19 outbreaks in displacement camps. Appropriate training for existing health care personnel must occur, particularly for treatment of severe cases with limited ICU access.

Prioritize hygiene and other WASH-related interventions: Donors and international aid groups should improve access to water, sanitation, and hygiene (WASH) facilities for refugee and internally displaced populations – especially those living in camps or camp-like settings. This should include the distribution of essential personal hygiene items including soap and disposable towels. The response should also recognize best practices for response for particularly vulnerable populations, such as women and girls.

Focus on decongestion and isolation and quarantine capacities: Donors, host governments, and international aid groups should prioritize decongestion and building isolation and quarantine capacities in camps and camp-like settings. Services like food distribution and education should be restructured to avoid large gatherings. Donors and others should take steps now to support establishment of capabilities within displaced communities for implementation of isolation and quarantine procedures in accordance with best medical and public health advice and practices. Given the extremely high density of certain settings, novel strategies for "shielding" may need to be carefully attempted.

Build up testing and surveillance capabilities: Donors and international aid groups should prioritize deployment of rapid testing capability in adequate quantity to refugee and IDP settings. With respect to surveillance, the good news is that many formal camps already have epidemiological surveillance systems already in place. These need to be strengthened and adapted to screen for COVID-19, especially for all new arrivals in the camps.

Stop detentions and deportations of asylum seekers: Public health officials universally agree that detention in crowded facilities increases the risk of transmission for asylum seekers and immigrants in custody, along with immigration and border officials. Governments should put in place alternatives to detention polices and ensure that all migrants have access to testing and healthcare regardless of status. Deportation of any individuals without prior medical testing risks exporting the virus into countries unprepared to deal with mass outbreaks because of pre-existing crises and substantial vulnerable and marginalized populations with little access to limited healthcare systems.

Protect those who fear persecution from forced return: Any restrictions that governments impose on travel should include provisions that safeguard individuals from forced return to

torture or persecution. Moreover, extraordinary policy measures that impose unusual burdens for those seeking asylum should be lifted as soon as circumstances permit. In times of national emergency, protecting vulnerable people from gross abuses of their basic rights can become far more challenging for governments, but it is at those very times when our commitment to such rights is decisively measured.

Endnotes

[1] "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020," World Health Organization, accessed March 29, 2020, https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.
[2] World Health Organization, "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020."
[3] "Coronavirus Resource Center: Coronavirus COVID-19 Global Cases," Johns Hopkins University and Medicine, accessed March 29, 2020, https://coronavirus.jhu.edu/map.html.
[4] Maysam Behravesh, "The Untold Story of How Iran Botched the Coronavirus Pandemic," *Foreign Policy*, March 24, 2020, https://foreignpolicy.com/2020/03/24/how-iran-botched-coronavirus-pandemic-response/.
[5] Ruth Eglash, "Iran institutes travel ban and commercial lockdown," *The Washington Post*, March 26, 2020, https://www.washingtonpost.com/world/2020/03/26/coronavirus-latest-news/.
[6] Médecins Sans Frontières, "MSF 'deeply surprised' that Iranian authorities put a stop to our COVID-19 response," March 25, 2020 https://www.msf.org/msf-surprised-iran-put-stop-our-covid-19-response.
[7] Ali M Latifi, "Years of war and poverty take toll on Afghanistan's healthcare," Al Jazeera, May 25, 2019, https://www.aljazeera.com/news/2019/05/years-war-poverty-toll-afghanistan-healthcare-190525101842119.html.
[8] Ali M Latifi and Roya Heydari, "Coronavirus: Herat emerges as Afghanistan's epicenter," Al Jazeera, March 25, 2020, https://www.aljazeera.com/news/2020/03/coronavirus-herat-emerges-afghanistan-epicentre-200325032420910.html.
[9] JHU CSSE, "Coronavirus COVID-19 Global Cases" Unless otherwise indicated, information is current as of March 29, 2020.
[10] Fatima Faizi and David Zucchino, "From Iran's Coronavirus Zone, Moving Across Afghanistan," The New York Times, March 26, 20202, https://www.nytimes.com/2020/03/26/world/asia/afghanistan-iran-coronavirus.html.
[11] Ali M Latifi and Roya Heydari, "Coronavirus: Herat emerges as Afghanistan's epicenter," Al Jazeera, March 25, 2020, https://www.aljazeera.com/news/2020/03/coronavirus-herat-emerges-afghanistan-epicentre-200325032420910.html.
[12] ACAPS, "COVID-19 Rohingya Response," published March 19, 2020, https://www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf.
[13] ISCG and WHO, "COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox's Bazar District," published March 25, 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid-19_preparedness_and_response_-_coxs_bazar_update_2_final_.pdf.
[14] Dan Sullivan, "A Voice in Their Future: The Need to Empower Rohingya Refugees in Bangladesh," Refugees International, February 5, 2020, https://www.refugeesinternational.org/reports/2020/2/5/a-voice-in-their-future-the-need-to-empower-rohingya-refugees-in-bangladesh.
[15] "Coronavirus: UN Asks 9 Countries to Delay Peacekeeper Rotations," *Military.com,* March 8, 2020, https://www.military.com/daily-news/2020/03/08/coronavirus-un-asks-9-countries-delay-peacekeeper-rotations.html.
[16] JHU CSSE, "Coronavirus COVID-19 Global Cases"
[17] Nasibo Kabale, "Kenya records first coronavirus death," *Daily Nation*, published March 26, 2020, https://www.nation.co.ke/news/Kenya-records-first-Covid-19-death/1056-5505346-k1fi3e/index.html.
[18] "East and Horn of Africa," UNHCR Global Focus, accessed March 25, 2020, http://reporting.unhcr.org/node/38.
[19] UN Refugee Agency (UNHCR), "Global Focus: Ethiopia," Accessed March 27, 2020, http://reporting.unhcr.org/ethiopia.
[20] Laura Kelly, "State warns foreigners 'attacked' in Ethiopia over coronavirus fears," *The Hill*, March 18, 2020, https://thehill.com/policy/international/488322-state-warns-foreigners-attacked-in-ethiopia-over-coronavirus-fears.
[21] Laetitia Bader, "Millions of Ethiopians can't get COVID-19 News," Human Rights Watch, March 20, 2020, https://www.hrw.org/news/2020/03/20/millions-ethiopians-cant-get-covid-19-news.
[22] Hamza Mohamed, "Coronavirus Pandemic," *Al Jazeera*, published March 19, 2020, https://www.aljazeera.com/news/2020/03/coronavirus-pandemic-experts-somalia-risk-greater-china-200319052938789.html.

[23] Rob Wise, "Al Shabaab," Center for Strategic & International Studies, last modified July 15, 2011 https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/110715_Wise_AlShabaab_AQAM%20Futures%20Case%20Study_WEB.pdf.
[24] Mohamed, "Coronavirus Pandemic."
[25] Ibid; "More African countries confirm first coronavirus cases as Jack Ma pledges aid," *Reuters,* published March 16, 2020, https://www.reuters.com/article/us-health-coronavirus-africa/more-african-countries-confirm-first-coronavirus-cases-as-jack-ma-pledges-aid-idUSKBN2131IA.
[26] UNHCR Global Focus, "Somalia," last accessed March 27, 2020, http://reporting.unhcr.org/node/2550#_ga=2.207568913.342459805.1584709011-374872245.1584567229.
[27] Jason Burke and Abdalle Ahmed Mumin, "Mogadishu's refugees 'waiting for death' as Covid-19 reaches Somalia," *The Guardian*, March 24, 2020, https://www.theguardian.com/global-development/2020/mar/24/mogadishus-refugees-waiting-for-death-as-covid-19-reaches-somalia.
[28] JHU CSSE, "Coronavirus COVID-19 Global Cases."
[29] Ibid.
[30] Ibid.
[31] OCHA, "Plan de Réponse Humanitarian: République Centrafricaine," accessed March 27 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_car_hrp_2020_fr_vf.pdf, 5.
[32] OCHA, "Plan de Réponse Humanitarian: Burkina Faso," accessed March 27 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_2020-bfa-fr-web.pdf, 5.
[33] OCHA, "Plan de Réponse Humanitarian: Mali," accessed March 27 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/mali_hrp_2020_19_03_2020.pdf, 12.
[34] JHU CSSE, "Coronavirus COVID-19 Global Case."
[35] Republic of South Sudan, The First Vice President, "Communication from the Presidency No. Four (4), The High Level Task Force," March 24, 2020, https://docs.southsudanngoforum.org/sites/default/files/2020-03/COVID%20Comms%20from%20President%204.pdf.
[36] OCHA South Sudan Situation Report, (January 20, 2020). https://reports.unocha.org/en/country/south-sudan/; UNHCR South Sudan Operational Portal, (Last updated February 29, 2020). https://data2.unhcr.org/en/situations/southsudan.
[37] "South Sudan on a Lockdown Over Coronavirus Fears," The East African, (March 24, 2020). https://www.theeastafrican.co.ke/news/ea/South-Sudan-on-a-lockdown-over-coronavirus-fears/4552908-5502350-hwf9ou/index.html.
[38] "PoC Update," United Nations Mission in South Sudan (UNMISS) Media & Spokesperson Unit, Communications & Public Information Section (January 30, 2020). https://reliefweb.int/report/south-sudan/unmiss-poc-update-30-january-2020.
[39] "UNMISS Announces Travel Freeze to Support COVID-19 Prevention and Preparedness," United Nations Missionin South Sudan, (March 23, 2020). https://unmiss.unmissions.org/unmiss-announces-travel-freeze-support-covid-19-prevention-and-preparedness.
[40] "How are countries in Latin America fighting coronavirus?" *Al Jazeera,* published March 25, 2020, https://www.aljazeera.com/news/2020/03/countries-latin-america-fighting-coronavirus-200325093526696.html.
[41] Ernesto Londoño, Manuela Andreoni, Letícia Casado and Azam Ahmed, " As Latin America Shuts Down to Fight Virus, Brazil and Mexico Are Holdouts," *New York Times,* published March 25, 2020 https://www.nytimes.com/2020/03/25/world/americas/coronavirus-brasil-mexico.html.
[42] JHU CSSE, "Coronavirus COVID-19 Global Case."
[43] TRAC Immigration, "Details on MPP (Remain in Mexico) Deportation Proceedings," last accessed March 29, 2020 https://trac.syr.edu/phptools/immigration/mpp/.
[44] https://www.strausscenter.org/images/strauss/19-20/MeteringUpdate_February_2020.pdf
[45] https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06238.pdf
https://www.cdc.gov/quarantine/pdf/CDC-Order-Prohibiting-Introduction-of-Persons_Final_3-20-20_3-p.pdf
[46] Wendy Fry, "Tijuana's oldest migrant shelter closes to new arrivals to protect against coronavirus," *The San Diego Union Tribune,* published March 26, 2020, https://www.sandiegouniontribune.com/news/border-baja-

california/story/2020-03-26/casa-del-migrante-migrant-shelter-closes-for-first-time-to-protect-current-residents-from-coronavirus.

[47] Chief Patrol Agent Brian Hastings
(@USBPChiefRGV), AT THIS HOUR: #BorderPatrol and GoM partners work to expel foreigners whom may be carrying a communicable disease….” Twitter, March 22, 2020,
https://twitter.com/USBPChiefRGV/status/1241858820395147266;
https://twitter.com/USBPChiefRGV/status/1241805504101388288.

[48] https://www.guatevision.com/nacionales/coronavirus-envian-a-hospital-de-villa-nueva-a-dos-deportados-con-fiebre-ultima-hora

[49] https://borderlines.substack.com/p/exclusive-ice-is-using-its-deportation;
https://twitter.com/HomelandKen/status/1242528889060065281

[50] https://www.gob.mx/sre/documentos/nota-informativa-relaciones-exteriores-no-11?state=published

[51] A recent study found that nearly 92% of asylum seekers in MPP had family or close friends in the United States. https://usipc.ucsd.edu/publications/usipc-seeking-asylum-part-2-final.pdf.

[52] https://www.womensrefugeecommission.org/images/zdocs/The-Real-Alternatives-to-Detention-FINAL-06-27-17.pdf

[53] Ruling by Judge Gee in Flores v. Barr, March 28, 2020,
https://drive.google.com/file/d/1i2hGbcsf3_gbAtRKZbSke6oueDJovgOL/view

[54] JHU CSSE, “Coronavirus COVID-19 Global Cases”

[55] https://www.reuters.com/article/us-health-coronavirus-mexico-tally/mexico-asks-residents-to-stay-home-for-a-month-to-slow-coronavirus-as-cases-rise-idUSKBN21G02B

[56] https://www.eluniversal.com.mx/english/covid-19-mexico-has-entered-second-phase-its-contingency-plan

[57] https://twitter.com/INAMI_mx/status/1240134282984804359

[58] JHU CSSE, “Coronavirus COVID-19 Global Cases”

[59] https://www.nytimes.com/reuters/2020/03/16/world/americas/16reuters-health-coronavirus-guatemala.html

[60] https://twitter.com/camiloreports/status/1243947221986545664

[61] https://www.nytimes.com/reuters/2020/03/22/world/americas/22reuters-health-coronavirus-el-salvador.html

[62] https://content.govdelivery.com/accounts/USDHSICE/bulletins/28323ef

[63] https://nacla.org/news/2020/03/26/deportation-contagions

[64] Jorge Rueda and Christine Armario, “UN Study: 1 of every 3 Venezuelans is facing hunger,” *Associated Press,* February 23, 2020,
https://apnews.com/88519b3806497d02619e710e91bc4ed8?utm_source=Today+in+Latin+America&utm_campaign=e1b2293aa5-EMAIL_CAMPAIGN_2020_02_25_02_11&utm_medium=email&utm_term=0_73d76ad46b-e1b2293aa5-127662328.

[65] Julie Turkewitz, “Nearly a Million Children Left Behind in Venezuela as Parents Migrate,” *The New York Times,* March 24, 2020, https://www.nytimes.com/2020/03/24/world/americas/venezuela-migration-children.html.

[66] Michael Brown, “Venezuelan Official Confirms 1st Coronavirus Death,” *Voice of America*, March 27, 2020, https://www.voanews.com/science-health/coronavirus-outbreak/venezuelan-official-confirms-1st-coronavirus-death.

[67] Ronny Rodríguez Rosas, “Más aislamiento en Caracas, Miranda y Vargas desde este #24Mar,” *Efecto Cucuyo,* March 23, 2020, https://efectococuyo.com/coronavirus/mas-aislamiento-en-caracas-miranda-y-vargas-desde-este-24mar/.

[68] Kathleen Page and Tamar Taraciuk Broner, “Argument: Venezuela’s Health Care Crisis Now Poses a Global Threat,” *Foreign Policy,* March 12, 2020, https://foreignpolicy.com/2020/03/12/venezuela-health-care-crisis-poses-global-threat-coronavirus-maduro-sanctions/.

[69] Dr. Astrid Cantor, “Opinion: Whenever I Throw Away a Mask, I Think of Venezuela and I Freak Out,” *The New York Times,* March 24, 2020, https://www.nytimes.com/2020/03/24/opinion/venezuela-coronavirus.html.

[70] Ana Vanessa Herrero and Anthony Faiola, “Venezuela’s broken health system is uniquely vulnerable to coronavirus. Neighbors are afraid the country will hemorrhage infected migrants,” *The Washington Post*, March 20, 2020, https://www.washingtonpost.com/world/the_americas/venezuela-coronavirus-health-hospital-maduro-guaido/2020/03/19/74ad110c-6795-11ea-b199-3a9799c54512_story.html.

[71] Scott Smith and Fabiola Sánchez, "Venezuela, already in crisis, reports 1st coronavirus cases," *The Washington Post*, March 14, 2020, https://www.washingtonpost.com/world/the_americas/colombia-closes-border-with-venezuela-over-coronavirus-cases/2020/03/14/072b38a2-65ab-11ea-8a8e-5c5336b32760_story.html.

[72] Joshua Goodman, "Virus fuels calls for sanctions relief on Iran, Venezuela," *Associated Press*, March 23, 2020, https://apnews.com/d7e4a1717e4530fc6e2f9c4138414e9e.

[73] Colum Lynch, "U.N. Calls for Rolling Back Sanctions to Battle Pandemic," *Foreign Policy,* March 24, 2020, https://foreignpolicy.com/2020/03/24/un-coronavirus-cuba-iran-venezuela-north-korea-zimbabwe-sanctions-pandemic//.

[74] "Ease sanctions against countries fighting COVID-19: UN human rights chief," *UN News,* March 24, 2020, https://news.un.org/en/story/2020/03/1060092?utm_source=Today+in+Latin+America&utm_campaign=dc3c0ad490-EMAIL_CAMPAIGN_2020_03_27_12_40&utm_medium=email&utm_term=0_73d76ad46b-dc3c0ad490-127662328.

[75] Adam Taylor, "What coronavirus? With indictment of Venezuela's Maduro and sanctions on Iran, U.S. doubles down on 'maximum pressure'," *The Washington Post,* March 27, 2020, https://www.washingtonpost.com/world/the_americas/maduro-indictment-maximum-pressure-coronavirus-trump-venezuela/2020/03/26/82809364-6f86-11ea-a156-0048b62cdb51_story.html.

[76] International Monetary Fund "IMF Makes Available $50 Billion to Help Address Coronavirus," Speech as prepared for delivery, March 4, 2020, https://www.imf.org/en/News/Articles/2020/03/04/sp030420-imf-makes-available-50-billion-to-help-address-coronavirus.

[77] Reuters, "Venezuela Lifts Coronavirus Cases to 42, Thanks China for Aid," *The New York Times,* March 19, 2020, https://www.nytimes.com/reuters/2020/03/19/world/americas/19reuters-health-coronavirus-venezuela.html.

[78] Reuters, "Cuban Doctors Head to Italy to Battle Coronavirus," *The New York Times*, March 22, 2020, https://nyti.ms/2Up3Tkp.

[79] Angus Berwick, Brian Ellsworth, and Vivian Sequera, "Quarantine threatens to deepen Venezuelan crisis as roadblocks snarl food supplies," *Reuters,* March 17, 2020, https://reut.rs/3d9pJ3Z.

[80] JHU CSSE, "Coronavirus COVID-19 Global Cases"

[81] "Los detalles del decreto de cuarentena total nacional," *El Espectador*, March 23, 2020, https://www.elespectador.com/coronavirus/los-detalles-del-decreto-de-cuarentena-total-nacional-articulo-910816?utm_source=Today+in+Latin+America&utm_campaign=79069e2228-EMAIL_CAMPAIGN_2020_03_24_01_17&utm_medium=email&utm_term=0_73d76ad46b-79069e2228-127662328

[82] Daphne Panayotatos, "Supporting Solidarity: Why the World Must Bolster Colombia's Response to the Venezuelan Displacement Crisis," Refugees International, December 20, 2019, https://www.refugeesinternational.org/reports/2019/12/19/supporting-solidarity-why-the-world-must-bolster-colombias-response-to-the-venezuelan-displacement-crisis.

[83] Steven Grattan, "Fear as Colombia closes border with Venezuela over coronavirus," *Al Jazeera*, March 14, 2020, https://www.aljazeera.com/news/2020/03/fear-colombia-closes-border-venezuela-coronavirus-200314190110784.html.

[84] Teresa Walsh, "To stop COVID-19 spread, Colombia halves Venezuela response services," *Devex,* March 17, 2020, https://www.devex.com/news/to-stop-covid-19-spread-colombia-halves-venezuela-response-services-96780.

[85] "Colombia bans gatherings of more than 50, Bogotá and Medellín declare 'calamity'," *The City Paper*, March 16, 2020, https://thecitypaperbogota.com/news/colombia-bans-gatherings-of-more-than-50-bogota-and-medellin-declare-calamity/24114.

[86] UN Refugee Agency, "Operational Portal: Refugee Situations: Venezuela Situation," Accessed March 27, 2020, https://data2.unhcr.org/en/situations/vensit.

[87] Andrea Salcedo and Gina Cherelus, "Coronavirus Travel Restrictions, Across the Globe," *The New York Times*, March 26, 2020, https://www.nytimes.com/article/coronavirus-travel-restrictions.html.

[88] Luisa Horwitz, Paola Nagovitch, Holly K. Sonneland, and Carin Zissis, "Where is the Coronavirus in Latin America?" *Americas Society/Council of the Americas*, March 27, 2020, https://www.as-coa.org/articles/where-coronavirus-latin-america.

[89] JHU CSSE, "Coronavirus COVID-19 Global Cases"

[90] "Coronavirus: Perú decreta cuarentena general en el país y el cierre de fronteras durante 15 días ante la pandemia de covid-19," *BBC,* published March 16, 2020 https://www.bbc.com/mundo/noticias-america-latina-51902989
[91] Luisa Horwitz, Paola Nagovitch, Holly K. Sonneland, and Carin Zissis, "Where is the Coronavirus in Latin America?" *Americas Society/Council of the Americas*, March 27, 2020, https://www.as-coa.org/articles/where-coronavirus-latin-america.
[92] Luisa Horwitz, Paola Nagovitch, Holly K. Sonneland, and Carin Zissis, "Where is the Coronavirus in Latin America?" *Americas Society/Council of the Americas*, March 27, 2020, https://www.as-coa.org/articles/where-coronavirus-latin-america.
[93] "Brazil partially closing Venezuela border, allowing trucks," *Reuters,* March 17, 2020, https://www.reuters.com/article/us-health-coronavirus-brazil-venezuela/brazil-partially-closing-venezuela-border-allowing-trucks-idUSKBN2143ZS.

[94] Gabriel Stargardter and Gabriela Mello, "Coronavirus thumps Brazil, prompting nationwide cries of 'Bolsonaro Out!'," *Reuters*, March 18, 2020, https://reut.rs/3b6VyIF.

[95] Jenny Barchfield, "Relocation flights give Venezuelans a new lease on life in Brazil," *The UN Refugee Agency,* December 27, 2019, https://www.unhcr.org/en-us/news/stories/2019/12/5e0108964/relocation-flights-give-venezuelans-new-lease-life-brazil.html.

[96] European Parliament, "A Welcome Europe? Evolution of the Number of Asylum Seekers and Refugees in the EU," Accessed March 23, 2020, https://www.europarl.europa.eu/infographic/welcoming-europe/index_en.html#filter=2018.

[97] Hellenic Republic Ministry of Migration & Asylum, "Important Announcement of Greek Asylum Service: Temporary Suspension of Administrative Services to the Public," March 13, 2020, https://asylo.gov.gr/en/wp-content/uploads/2020/03/Announcement-Suspension-of-Services-to-the-Public-English.pdf.

Lydia Gall, "Hungary Weaponizes Coronavirus to Stoke Xenophobia," Human Rights Watch, March 19, 2020, https://www.hrw.org/news/2020/03/19/hungary-weaponizes-coronavirus-stoke-xenophobia#.

Belgian Immigration Office, "COVID-19: impact on administrative procedures," Accessed March 23, 2020, https://dofi.ibz.be/sites/dvzoe/EN/Pages/home.aspx.

VluchtelingenWerk Nederland, "Geen opvang meer voor nieuwe asielzoekers," March 16, 2020, https://www.vluchtelingenwerk.nl/persbericht/geen-opvang-meer-voor-nieuwe-asielzoekers.

[98] Mediterranea Saving Humans, "Sailing through the crisis, planning hope. A letter to all the ground and sea crews," March 19, 2020, https://mediterranearescue.org/en/news-en/sailing-through-the-crisis-planning-hope-a-letter-to-all-the-ground-and-sea-crews/.

[99] Haris Zargar, "Far right uses coronavirus to scapegoat refugees," *New Frame,* March 19, 2020, https://www.newframe.com/far-right-uses-coronavirus-to-scapegoat-refugees/.

[100] Valentina Di Donato, Nicola Ruotolo, and Laura Smith-Spark, "Italy calls in military to enforce coronavirus lockdown as 627 people die in 24 hours," *CNN News*, March 20, 2020, https://www.cnn.com/2020/03/20/europe/italy-military-coronavirus-intl/index.html.

[101] Michael Safi, Angela Giuffrida, and Martin Farrer, "Coronavirus: Italy bans any movement inside country as toll nears 5,500," *The Guardian,* March 22, 2020, https://www.theguardian.com/world/2020/mar/22/italian-pm-warns-of-worst-crisis-since-ww2-as-coronavirus-deaths-leap-by-almost-800.

[102] Chico Harlan and Stefano Pitrelli, "Italy's new coronavirus cases are slowing. How soon will normal life return?," *The Washington Post,* March 26, 2020, https://www.washingtonpost.com/world/europe/italy-coronavirus-cases/2020/03/26/0fffa6a2-6ec0-11ea-aa80-c2470c6b2034_story.htm.
[103] Stefani D'Ignoti, "How coronavirus hits migrants and asylum seekers in Italy," *The New Humanitarian,* March 16, 2020, https://www.thenewhumanitarian.org/news/2020/03/16/italy-coronavirus-migrants-asylum-seekers?utm_source=twitter&utm_medium=social&utm_campaign=social.

[104] JHU CSSE, "Coronavirus COVID-19 Global Cases"

[105] "Coronavirus prompts Greece's Aegean to suspend all flights abroad," Reuters, March 23, 2020, https://www.reuters.com/article/health-coronavirus-airlines-aegean-airli/coronavirus-prompts-greeces-aegean-to-suspend-all-flights-abroad-idUSL8N2BG6RF

[106] "Aegean Islands Monthly Snapshot," UNHCR Greece, February 2020, https://reliefweb.int/sites/reliefweb.int/files/resources/74693.pdf
[107] "Migrant camps on islands put on lockdown," ekathimerini.com, March 17, 2020, http://www.ekathimerini.com/250739/article/ekathimerini/news/migrant-camps-on-islands-put-on-lockdown
[108] "Greece: Move Asylum Seekers, Migrants to Safety," Human Rights Watch, March 24, 2020, https://www.hrw.org/news/2020/03/24/greece-move-asylum-seekers-migrants-safety
[109] Gabriela Baczynska, "EU asks Greece to move migrants most at risk from coronavirus out of crowded camps," Reuters, March 24, 2020, https://www.reuters.com/article/us-health-coronavirus-eu-greece-migratio/eu-asks-greece-to-move-migrants-most-at-risk-from-coronavirus-out-of-crowded-camps-idUSKBN21B2Y1
[110] UNHCR, "Syria Emergency," last accessed March 29, 2020, https://www.unhcr.org/en-us/syria-emergency.html
[111] Phone interviews with a physician and a relief worker inside Idlib, March 22-25, 2020.
[112112] Phone interview with a doctor working between Turkey and Idlib, March 25, 2020. Also see The Middle East Eye, "Coronavirus: WHO says testing to start within days in Syria's Idlib," March 24, 2020, https://www.middleeasteye.net/news/coronavirus-who-syria-testing-start-days-idlib.
[113] UNHCR, "Iraq refugee crisis," https://www.unrefugees.org/emergencies/iraq/
[114] UNHCR, "Iraq refugee crisis."
[115] BBC, "Coronavirus: Iraq reports first two confirmed deaths as fears rise," March 5, 2020, UNHCR, "Iraq refugee crisis," https://www.unrefugees.org/emergencies/iraq/
[116]Alissa J. Rubin, "Oil prices crash, virus hits, commerce stops: Iraq is in trouble,", *The New Yok Times*, March 29, 2020, https://www.nytimes.com/2020/03/29/world/middleeast/virus-iraq-oil.html**.**
[117] BBC, "Coronavirus: Iraq reports first two confirmed deaths as fears rise," March 5, 2020, UNHCR, "Iraq refugee crisis," https://www.unrefugees.org/emergencies/iraq/
[118] Al-Jazeera, Iraq: Pilgrimage continues despite coronavirus pandemic, March 22, 2020, https://www.aljazeera.com/news/2020/03/iraq-pilgrimage-continues-coronavirus-pandemic-200322175616028.html
[119] OCHA, Iraq: COVID-19 Situation Report No.8, March 26, 2020.
[120] Middle East Monitor, "WHO: Yemen is free of coronavirus,", March 26, 2020, https://www.middleeastmonitor.com/20200326-who-yemen-is-free-of-coronavirus/
[121] UNHCR, "Fact Sheet - Yemen," June 2019.
[122] Maggie Michael, "Why didn't vaccine reach Yemen during the largest cholera epidemic in recorded history?", USA Today, April 9, 2019.
[123] Ben Parker, "Yemen coronavirus ban to hamper relief efforts," *The New Humanitarian*, March 17, 2020, https://www.thenewhumanitarian.org/news/2020/03/17/yemen-coronavirus-flights-lockdown.
[124] Ibid.