British Red Cross

Rapid response insights: the primary humanitarian impacts of COVID-19

April 2020

The power of kindness

Contents

Context

This briefing paper aims to capture a number of direct impacts and threats emerging as a result of the COVID-19 pandemic in humanitarian contexts, by focussing on how the pandemic both exacerbates and is exacerbated by existing vulnerabilities. It does so by looking at the contexts where British Red Cross supports the work of other Red Cross and Red Crescent National Societies, with a focus on West and Central Africa, Bangladesh and Greece[1] where humanitarian crises, conflict, resource limitations and poor infrastructure limit the ability to respond effectively. However, it is not intended to be an exhaustive analysis of vulnerable contexts and groups requiring immediate assistance.

Using evidence collected by the British Red Cross, the briefing examines the vulnerability of migrants, including asylum seekers, refugees, and internally displaced people to the direct impacts of COVID-19; highlights the underlying vulnerabilities of conflict settings and how they impact on the ability to respond to the outbreak; assesses the immediate impacts of COVID-19 on food security and nutrition; and focusses on the increased risk of gender-based violence as a result of the response to the virus. It concludes with recommendations for how the humanitarian community can better prepare for and respond to the consequences of COVID-19.

This paper focusses on some of the most pressing primary impacts of COVID-19. British Red Cross is deeply concerned about the long-term and long-lasting effects of COVID-19 on the world's poorest and most vulnerable and will address the secondary impacts in a separate briefing paper.

This briefing was drafted in mid-April 2020 in the form of a submission to the International Development Select Committee's inquiry: "*Humanitarian crisis monitoring: impact of coronavirus".*[2]

1 British Red Cross included Greece as a key humanitarian context for the large number of migrants, refugees and asylum seekers from vulnerable communities who remain stranded in camps on the islands of Lesvos, Samos, Chios, Leros and Kos, among others, and are extremely vulnerable to the direct health impacts of COVID-19.

2 https://committees.parliament.uk/work/248/humanitarian-crises-monitoring-impact-of-coronavirus/

Emergence, incidence, and spread of COVID-19 in crisis-affected countries

While the full extent of the coronavirus pandemic and its aftermath is not yet clear, COVID-19 will exacerbate existing vulnerabilities worldwide, disproportionally affecting countries already facing humanitarian crisis. Controlling the spread and impact of COVID-19 is likely to be more difficult in communities affected by conflict and crisis, and among migrants, including asylum seekers, refugees and internally displaced communities as well as people living in poverty. This is due to a number of factors:

Lack of access to water, sanitation and hygiene, overcrowding and inability to social distance

Limitations on accessing water, sanitation, and hygiene (WASH) facilities and challenges in implementing **social distancing, self-isolation and quarantine measures** can have catastrophic impacts when living in large households, precarious housing arrangements and overcrowded camps and detention centres and in communities where facilities have been destroyed by conflict and disaster. By 2030, it is estimated that two-thirds of the world's poor will live in fragile conflict affected countries.[3]

Many migrants, including internally displaced persons (IDPs), asylum seekers and refugees, as well as persons trapped in conflict and disaster, live hand-to-mouth **without access to adequate social protection mechanisms**, many will be unable to stay home as they rely on daily wages to feed their families. For example, many of the over 70 million people who have been forcibly displaced are currently living in over-crowded camps such as those in Bangladesh, Greece, Jordan and Kenya. According to a John Hopkins Centre for Humanitarian Health study, which has developed a disease transmission model to project the impacts of COVID-19 under different scenarios, a large-scale and uncontrolled COVID-19 outbreak is "highly likely" in the refugee camps in Cox's Bazar in Bangladesh, even under a low transmission scenario.[4]

As of 17 April 2020, there were over 18,000 confirmed cases of COVID-19 across the African continent with numbers rising quickly.[5] For populations supported by British Red Cross in West and Central Africa, even the seemingly simple prevention strategy of hand washing will prove extremely difficult.

Weak health infrastructure

Health-care systems in crisis affected contexts are often already fragile and overwhelmed. Hospitals, health clinics and other health infrastructure have frequently suffered damage and destruction, while health systems often lack funding, staff and resources. This creates particular challenges in light of COVID-19, for example, in accessing resources such as ventilators and intensive care facilities, trained personnel, personal protective equipment [PPE] and disinfectant. For instance, there are only three ventilators available for the whole Central African Republic.[6]

Furthermore, public health surveillance and contact tracing to identify infected persons is difficult in context where people do not frequently seek treatment in health-care facilities due to low health-seeking behaviour and/or a lack of infrastructure. As a result of asymptomatic transmission and the wide range of potential symptoms, COVID-19 surveillance relies heavily on effective testing, much of which is missing or weak in many contexts. The ease of transmission in mobile communities and vast geographies and densely populated urban areas all compound the challenges of contact tracing. In refugee camps in Cox's Bazar, limited testing capacity will impact the effectiveness of the public health response.

Finally, fragile governance in conflict and disaster affected countries may hinder effective disaster response planning and public health management to control the spread of the virus and respond to the secondary impacts.

3 www.worldbank.org/en/topic/poverty/publication/fragility-conflict-on-the-front-lines-fight-against-poverty
4 www.medrxiv.org/content/10.1101/2020.03.27.20045500v1.full.pdf
5 www.africanews.com/2020/04/15/coronavirus-in-africa-breakdown-of-infected-virus-free-countries/
6 www.nrc.no/news/2020/march/just-three-ventilators-to-cope-with-covid-19-in-central-african-republic/

Primary impacts of the outbreak and specific risks and threats

Migrants, including asylum seekers, refugees and internally displaced persons

People on the move face a range of humanitarian challenges, including lack or limited access to health and other essential services, lack of access to information on rights, risks and opportunities, border closures and other protection risks. These vulnerabilities both exacerbate and are exacerbated by the direct impacts of and the additional risks and threats posed by COVID-19.

Higher mortality rates

Higher mortality rates due to the virus is a primary concern for refugees, IDPs, and migrants living in camps. The 855,000 refugees who are currently residing in 34 makeshift camps in Cox's Bazar are highly vulnerable to COVID-19 and their potential mortality and morbidity risk is likely to surpass global averages.[7] The key contributing factors include: unhygienic conditions of the camps, limited access to water, underlying poor health status of the population, limited access to health care and use of communal hygiene facilities. Pre-existing prevalence of acute respiratory infections (ARI) and other respiratory diseases which transmit much like COVID-19 suggests that the environment is conducive to the spread of COVID-19.8

Migrants and displaced persons may also be at increased risk from the current outbreak of COVID-19 due to high prevalence of existing healthcare vulnerabilities. In addition, the International Organization for Migration (IOM) notes that in West and Central Africa high levels of internal and cross-border migration combined with "a high prevalence of communicable diseases, a weak public health-care system and policy frameworks, weak or non-existent cross-border cooperation and collaboration mechanisms on migration and health, and a lack of data on mobility and health" are a significant determinant of regional vulnerabilities to health crises [9] including COVID-19.

Lack of access to basic services – including health care

Migrants experience significant barriers to accessing basic services,[10] especially health care, in addition to the limited social support networks to provide care if they fall sick. Barriers to basic services include:

- legal barriers,
- eligibility restrictions,
- high service costs,
- lack of understanding and information about rights and entitlements (both among migrant communities and service providers),
- language barriers,
- violence and other safety risks,
- fear of arrest or deportation,
- lack of cross-border coordination between care providers.

When access to health care is available, it is generally limited to primary health care. Intensive care, which is needed when patients develop acute respiratory infections, tends to be scarce to non-existent, particularly in camp settings.11 In Cox's Bazar, currently none of the hospitals have intensive care unit facilities or medical equipment to support critical patients with breathing difficulties. This is a major concern, as it will inhibit the ability to provide needed care quickly for serious or complicated cases.

In West and Central Africa, we know that migrants will be among those least able to get the support they need if they display symptoms of the virus due to existing barriers to accessing health care. In addition, as borders close, mobility will be reduced, meaning that migrants may become trapped in areas with no access to basic services or support or unable to return to countries of origin if they wish to do so.

7 www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf
8 www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf
9 www.iom.int/west-and-central-africa
10 https://media.ifrc.org/ifrc/document/new-walled-order-barriers-basic-services-turn-migration-humanitarian-crisis/
11 www.refugeesinternational.org/reports/2020/3/29/covid-19-and-the-displaced-addressing-the-threat-of-the-novel-coronavirus-in-humanitarian-emergencies

Similarly, in Greece, access to health-care facilities for asylum seekers and refugees living in reception and identification centres (RIC) and detention centres is challenging due to movement restrictions in force. New movement restrictions have been introduced as part of the COVID-19 emergency procedures which limits movement from RICs.

Lack of access to information

Access to reliable, up-to-date information about COVID-19, preventative measures, and access to health services is one of the most powerful tools that can be deployed in the response.

In West and Central Africa, the current situation is not conducive to this as migrants are often unable to access clear, credible and trusted information, including about their rights and entitlements to basic services. This can be due to various challenges, including:

- complex policy frameworks,
- lack of trust in authorities providing information,
- misinformation and rumours,
- social isolation,
- lack of translation of communication materials,
- lack of information tailored to specific cultures and customs.

Given the long-standing restrictions placed on telecommunications and internet access in the camps in Cox's Bazar, official information is only reaching a small portion of the community, while misinformation often spreads quickly. Information sources in refugee camps in Cox's Bazar are predominantly informal networks on WhatsApp and social media forums.[12] There is also a lack of clarity among the population on how to identify infection and whether there is a vaccine and the population is largely mistrustful of health service provision.

Disruption of humanitarian programming and exclusion from response planning

COVID-19 may disrupt already stretched humanitarian programming, which migrants, including refugees rely on for support. These include livelihoods activities, cash-based assistance, food assistance, water provision and other essential services. In Niger for example, mobile clinics will be suspended as the government seeks to have control on the health system to be able to track the COVID-19 crisis. Some referral systems may become non-functional or significantly weakened, as may coordination among humanitarian actors.

It is essential to maintain business continuity and protect basic service provision and humanitarian assistance to the most vulnerable within COVID-19 response plans. Migrants and refugees may not be included in national COVID-19 strategies and response planning and may be difficult to reach as they move. To protect not only these communities, but societies at a large it is critical – and established good practice – for migrants, including asylum seekers, refugees and IDPs to be included in national response and recovery planning.

Populations affected by conflict

The impacts of COVID-19 will be particularly serious in conflict settings due to destruction of health care infrastructure, weakened health systems, lack of humanitarian access, and displacement.

Stretched capacity due to decimated health systems

There were over 1,000 attacks on health care recorded in 2019.[13] This represents an increasing trend which has **decimated health systems** in conflict-affected countries such as Syria, Yemen and Afghanistan, due to the destruction of health infrastructure and the killing or wounding of health care staff. These stretched capacities will face tremendous challenges in attempting to continue to offer war wounded and other lifesaving services in addition to the increased demand for specialised, segregated services for COVID-19 patients.

Lack of humanitarian access

Where outbreaks take place in areas of active conflict, humanitarian actors may struggle to get access to affected populations. In 2019, the World Health Organization (WHO) and INGOs struggled to contain an Ebola outbreak in the eastern Democratic Republic of the Congo (DRC), due to violence. The response to COVID-19 is expected to face similar challenges. Populations in and around conflict areas may be prevented from leaving by certain groups and violence, which will also make it perilous for humanitarian actors to deliver assistance.

Displacement

Displacement due to conflict will continue to exacerbate vulnerabilities in populations and reduce access to health care services. In Burkina Faso, conflict has heightened significantly, with a reported 650% increase in civilian deaths since 2018.[14] It is now considered the world's fastest-growing displacement crisis, with nearly 60,000 people displaced in March 2020 alone, bringing the total displaced in the last 16 months to 840,000.[15] There are already 515 confirmed cases of COVID-19 in Burkina Faso.

Exacerbation of existing conflicts and the emergence of new ones

In March 2020, the UN Secretary-General called for an "immediate global ceasefire in all corners of the world" to focus on the COVID-19 humanitarian response.[16] In some conflict zones, such as Cameroon,[17] there have been attempts at establishing ceasefires in the light of COVID-19, with mixed results. However, it is to be expected that in contexts where a global health emergency intersects with protracted conflict and political instability, the primary and secondary impacts of the outbreak could trigger new conflicts or exacerbate existing ones.[18]

Food security

COVID-19 will significantly impact populations who are undernourished. The situation is particularly concerning in the African continent, where over 20% of the population is undernourished – the continent with the highest percentage of undernourishment on the planet[19] - and the Middle East, with Yemen continuing to face the largest food security emergency in the world. [20]

Existing evidence suggests that older persons and those whose health is already compromised are at higher risk of becoming ill and dying as a result of the virus. This also includes malnourished people.[21] For many children, school feeding programmes accounts for nearly 50% of their daily calories and with schools shutting down, this critical lifeline is no longer available. As a result of the pandemic, there has also been a general reduction in access to fresh food and foods with high nutritional value, which are essential to boost the immune system.

In addition, market disruption, immediate loss of livelihoods and lack of access to social safety nets as a result of restrictions on movement may have further dramatic impacts on nutrition and food security.

Sexual and gender-based violence (SGBV)

The COVID-19 outbreak, and the public health responses such as social distancing, school closure, and increased levels of unemployment have led to increased incidence of domestic violence, sexual and gender-based violence, exploitation and abuse.[22] In China there was a three-fold increase in domestic violence reports to the police.[23] DFID's What Works to Prevent Violence Against Women and Girls programme has produced a strong body of evidence to demonstrate that conflict and disaster increases exposure to sexual and gender-based violence, including intimate partner violence - with women, children, disabled persons and sexual minorities disproportionality affected.[24] The IFRC has conducted a number of studies which demonstrate this increase and has produced guidance on integrating the issue of SGBV into disaster law.[25]

Prior to COVID-19, the situation in the refugee camps in Cox's Bazar already raised significant protection concerns. A COVID-19 outbreak in the camps is likely to increase the already significant protection risks for all vulnerable groups, including the risk of domestic violence, SGBV, child protection, early/forced marriage, and human trafficking.

The COVID-19 public health measures, including economic lockdown and social distancing, introduce significant challenges for victims/ survivors of SGBV in accessing the support and protection they need, which is of particular concern for children. Risks of SGBV are immediate and can be life-threatening and ensuring safe and effective responses must be a priority. Communities already affected by conflict or disaster will need to manage the additional challenge of preventing and responding to COVID-19. Gender-inequality and SGBV in these contexts exposes women and girls to a triple burden.

19 https://insight.wfp.org/covid-19-and-the-5-major-threats-it-poses-to-global-food-security-1c4da2ff6657
20 https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-3-30-april-2020
21 *Ibid*
22 www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf
23 www.theguardian.com/commentisfree/2020/mar/21/coronavirus-domestic-violence-week-in-patriarchy
24 www.sddirect.org.uk/our-work/projects/dfid-what-works-to-prevent-violence-against-women-and-girls-programme/
25 www.ifrc.org/Global/Documents/Secretariat/201511/1297700_GBV_in_Disasters_EN_LR2.pdf; https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/10/Gender-SGBV-Report_-Global-report.pdf; https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/07/17072018-SGBV-Report_Final.pdf.pdf

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Humanitarian response – the role of national and local actors

It is now clear that the role of local actors in the COVID-19 response will be key. Global and national movement restrictions have reduced the presence of international and national-level personnel in the field. Community trust needs to already be in place to ensure rapid social mobilisation and uptake of messaging on risk prevention. To achieve this, prevention and response activities need to be carried out locally, by respected members of the community. However, as learned from the Ebola response,[26] more needs to be done to support local actors, including local NGOs, community-based organisations and community volunteers, addressing their challenges.

This support should include: ensuring local actors are placed front and centre of decision making on response plans and funding, ensuring flexible long-term funding, funding for core costs, support to supply chains, provision of technical and operational support which responds to the needs identified by them and funding technical support to ensure local staff and volunteer safeguarding.

26 www.devex.com/news/dfid-has-learned-a-lot-in-ebola-response-85427#.Xo3ownajN_Y.email

Recommendations

Recommendation 1

Sale up humanitarian support to countries that will need additional financial, technical, or operational resources to prevent further infections and assist health systems so they have the capacity to cope with new requirements. This includes investment in water, sanitation and hygiene services, prioritisation of health promotion activities and increased protection and support for service users, staff, and volunteers. Multi-purpose cash can facilitate access to basic services, including health, education, and water and digital payments have lower transmission risks.[27] This can also be facilitated by building on existing networks, programmes, and expertise and exploring the potential for community organisations already working in partnership to support with disease surveillance and mapping activities.

Recommendation 2

Maintain and adapt existing programming is key to ensure that lifesaving humanitarian assistance can be maintained and mainstreamed with COVID-19 response activities. Issues such as food security, conflict, SGBV, and vulnerabilities faced by migrants and refugees are likely to worsen during the pandemic.

Recommendation 3

Put local actors front and centre of decision-making and ensure they have the resources they need. National and local actors require immediate access to flexible funding which includes support to core running costs and institutional capacity development, this must include adequate resources to safeguard and protect their staff and volunteers. Supply chains for the provision of essential items must also be protected and maintained. A range of local stakeholders should be engaged and supported to address both the primary and secondary impacts, including women-led organisations which provide invaluable support in accessing marginalised women and girls and provide survivor support to victims of domestic violence.

Recommendation 4

Communities most in need and who are hardest to reach should receive inclusive humanitarian assistance and access basic services. For instance, this should include, but not be limited to, targeted support to prevent and address SGBV, in particular ensuring the availability and funding of specialised support services to respond to a likely increase in demand. National and local response plans should also include migrants, including asylum seekers, refugees and IDPs to address obstacles to accessing health care and ensure that risk communication and prevention messaging reaches them.

Recommendation 5

Ensure that communities are engaged. People experiencing crisis, especially the most marginalised, should be engaged in an on-going dialogue in which their voices are heard, responded to, and acted upon. Community engagement and accountability is vital, to build trust in the response and interventions, provide reliable information about the pandemic, and better understand individuals own strategies in different communities – so that these can be incorporated as a key pillar of responses. Risk communication and community engagement needs to be accessible and adapted to reach marginalised populations.

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