Research Note

Refugees and Covid-19: Beyond Health Risks to Insecurity

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Abstract: The Covid-19 pandemic severely threatens refugees: Most refugees live in developing countries with poor health care systems, the lockdowns left many refugees without income, border closures prevented forced migrants from their right to seek asylum and anti-refugee sentiment as well as insecurity in refugee settlements increased. Building on past refugee research and reports on refugee-related challenges during the Covid-19 crisis, we explain how bad sanitation, inadequate accommodation, additional restrictions of movement and employment and language barriers increase grievances among refugees and tensions between refugees and host populations. Particularly in large and overcrowded settlements these issues can lead to violent conflict, as we demonstrate with a case study of the Moria refugee camp in Greece. Yet, the impact of Covid-19 on refugees generally lacks politicization, and many governments are reluctant or unable to provide adequate housing and sanitation to refugees. We present policy recommendations for improving refugee protection amidst Covid-19, including not only the prevention of further spread of the virus but also that of insecurity.

Zusammenfassung: Die Covid-19 Pandemie bedroht Flüchtlinge mehrfach: Viele Flüchtlinge leben in Entwicklungsländern mit schlechten Gesundheitssystemen, die Lockdowns verringerten das Einkommen vieler Flüchtlinge, Grenzschliessungen hindern Flüchtlinge an ihrem Recht Asyl zu beantragen, und flüchtlingsfeindliche Stimmung und Unsicherheit in Asylunterkünften haben zugenommen. Basierend auf bestehender Forschung und Berichten über Herausforderungen während der Covid-19 Krise, erklärt diese Research Note wie schlechte sanitäre Versorgung, mangelhafte Unterkünfte, zusätzliche Einschränkungen der Bewegungsfreiheit und Arbeitsmöglichkeiten sowie Sprachprobleme, Unzufriedenheit bei Flüchtlingen und Spannungen zwischen Flüchtlingen und der lokalen Bevölkerung erhöhen. Besonders in grossen und überbevölkerten Unterkünften können diese Probleme zu gewalttäten Konflikten führen, wie mit einer Fallstudie des Flüchtlingslagers Moria in Griechenland aufgezeigt wird. Jedoch ist der Einfluss der Covid-19 Krise auf Flüchtlinge wenig politisiert: Viele Regierungen wollen oder können den Flüchtlingen keine angemessenen Unterkünfte und sanitären Anlagen zur Verfügung stellen. Diese Research Note präsentiert Politikempfehlungen für die Verbesserung des Schutzes der Flüchtlinge während der Covid-19 Krise, welche nicht nur die Vermeidung der weiteren Ausbreitung des Virus, sondern auch die Eindämmung von Unsicherheit beinhaltet.

Résumé: La pandémie du Covid-19 représente une forte menace pour les réfugiés: la majorité vit dans des pays en voie de développement possédant des systèmes de santé lacunaires. Le confinement a laissé beaucoup d’entre eux sans revenus et la fermeture des frontières les prive de leur droit d’asile. L’hostilité à leur égard et la précarité dans les camps ont également augmenté.
Sur la base d'études existantes ainsi que de rapports relatant les défis auxquels les réfugiés font face durant la crise du Covid-19, nous expliquons à quel point la mauvaise situation sanitaire, les logements inadaptés, les restrictions de mouvement et d'emploi supplémentaires ainsi que la barrière des langues augmentent les tensions entre les réfugiés ainsi que celles des populations d'accueil envers ces derniers. Particulièrement flagrante dans les grands camps surpeuplés, cette problématique peut être à l'origine de conflits violents, à l'exemple de l'étude menée dans le camp de Moria en Grèce. Pourtant, l'impact du Covid-19 sur les réfugiés n'est que peu politisé, beaucoup de gouvernements étant peu enclins ou tout simplement pas en mesure de fournir des logements et des infrastructures sanitaires adéquates aux réfugiés. Nous présentons ici des recommandations ayant pour but d'augmenter la protection des réfugiés face au Covid-19 et incluant des mesures visant à prévenir la propagation du virus ainsi que de l'insécurité.

KEYWORDS: Covid-19, Refugees, Refugee protection, Security, Migration

Introduction

This research note examines the particular protection challenges of refugees during the Covid-19 crisis and develops a set of policy recommendations on how to prevent the spread of the virus and consequent insecurity in refugee settlements. We combine existing research on refugees and Covid-19 to provide a comprehensive overview of the different challenges that refugees and host communities encounter during the Covid-19 pandemic. Political science research can contribute to solving these challenges: We show how the various protection problems are interrelated and a possible source of physical insecurity and national instability, the prevention of which is in the interest of both refugees and host societies. Since Covid-19 and forced migration are both global problems, we apply a global focus, drawing on evidence from the Global North and South.

The Covid-19 pandemic severely affects refugees in almost all world regions. However, the impact of Covid-19 on refugees considerably lacks politicization, particularly in Western countries. Moreover, especially in developing countries, where most refugees (84%) live, refugees face specific problems as there often only exist poor health care and sanitation systems (Ebrahim et al. 2021; Høvring 2020; Lau et al. 2020; UNHCR 2020b). While many other vulnerable groups, such as those in insecure job situations, are also harshly affected by Covid-19, we focus on the situation of refugees and the exceptional protection threats they have to cope with.

The risks of Covid-19 for refugees are especially multiplied in overpopulated settlements owing to the impossibility of social distancing, lack of appropriate health services and polluted water. We demonstrate that the limited protection from the virus in connection with the loss of economic means and nontransparent information, increases grievances and insecurity among refugees, including violent protests, sexual and gender-based violence and forced recruitment. Hence, we urge governments and the international community to immediately resettle refugees to more adequate accommodations or to improve existing settlements, in order to protect refugees and local communities from insecurity.

The next section reviews existing knowledge on refugee health risks, including recent publications on the challenges of Covid-19 for refugees. We highlight that Covid-19 is both a health and a security risk, especially in the context of large settlements and an increasing anti-refugee atmosphere. The following section examines the conditions under
which Covid-19 threatens refugees with a case study of the Moria refugee camp in Greece. The research note closes with a list of policy implications that focus on how refugee protection can be upheld with better prevention, preparedness and communication during the Covid-19 crisis.

**Covid-19: A Challenge for Refugee Protection and Security**

The pandemic is an unprecedented phenomenon, therefore, academic literature on the topic is still rare and mostly only news and NGOs reports, policy papers and research notes exist. Yet, they all point out that refugees are especially threatened by the Covid-19 pandemic. Filippo Grandi, the UN High Commissioner for Refugees, explains that Covid-19 acts as a “multiplier” to the already dire situation of refugees (Gaynor 2020). “The COVID-19 pandemic creates a double emergency for refugees - in avoiding contracting the virus on the one hand, and continuing to access basic needs and livelihoods on the other” (Kirisci and Yavcan 2020). It thus may seem surprising that host governments so far have paid little attention to the impact of Covid-19 on refugees, considering many hosts have committed to equitable responsibility sharing in the Global Compact on Refugees framework in 2018 (see UNHCR 2018). Yet, this responsibility sharing has remained voluntary and failure to it has remained without consequences (Ferris and Donato 2020). This lack of politicization relates to Covid-19 itself and the economic pressure it entails on all countries worldwide. Since the economy is doing poorly, there is less room for other topics on the political agenda, such as refugees (see Van der Brug et al. 2015: 12). Consequently, without a political agenda, responsibility of host governments shifts to voluntary or other migrant groups (Van der Brug et al. 2015: 7). Therefore, refugee-led organizations (RLO) are considered as the first and last responders to Covid-19 that fill the gap on the humanitarian response (Betts et al. 2021). However, we argue here that ignoring the impact of Covid-19 on refugees may actually lead not only to increased humanitarian needs and severe health risks, but also to insecurity.

In the following, we demonstrate why refugees directly face severe health problems owing to Covid-19, but also how the pandemic indirectly affects them economically and legally. Building on these insights, we explain why Covid-19 may also pose a security risk for refugees and host countries. Overall, the specific challenges of refugees during the Covid-19 crisis can be categorized into risks for health, economy, legal, information and security.

**Health risks:** Past research has underlined that refugees may cause negative effects in the asylum country, including pressures on the public health system or the spread and outbreak of diseases (Crisp 2000; Hargreaves et al. 2020; Rüegger and Bohnet 2020; Salehyan and Gleditsch 2006). During conflict, healthcare usually breaks down, contributing to a rise in infectious diseases, which then can spread to asylum countries (Crudo and Lenze 2017; Petersen et al. 2013). Also, many refugees need medical assistance, putting pressures on the host country’s health care facilities.

Yet, refugees often have great difficulty in accessing safe water and sanitation, preventing proper hand washing and thereby increasing the risk of an infection and its spread (e.g. Alemi et al. 2020; Kluge et al. 2020; Lau et al. 2020; Rafa et al. 2020; WHO 2008). Overall, health problems and consequent weak immune systems are prevalent in refugee populations, which makes Covid-19 especially dangerous. Among refugees, cardiovascular disease, diabetes, tuberculosis, hypertension, malaria and cancer are often not properly controlled, which are all known comorbidities for severe Covid-19 illness.
In times of crisis and with limited resources in refugee settlements, many medical treatments are unavailable. The Covid-19 pandemic has further strained the finances of many governments and organizations that work with refugees. Many funds were diverted away from refugee aid for Covid-19 measures and consequently, less resources are available for other treatments (Alemi et al. 2020; Bozorgmehr et al. 2020; Lau et al. 2020).

**Overcrowded settlements intensify the protection threat:** Policy-makers and researchers agree that the risk of a Covid-19 outbreak and spread is particularly high in densely populated settlements, where social distancing or self-isolation are impossible, and where we typically observe bad hygienic conditions and a shortage of medical equipment and personnel (Dahl et al. 2020; Kassem and Jafar 2020; Kluge et al. 2020; Raju and Ayeb-Karlsson 2020). Even before Covid-19, some refugee settlements were considered breeding grounds for diseases and insecurity (see e.g. Kraemer and Schmidt 2019). For example, infectious diseases, such as hepatitis A, measles and varicella, reportedly broke out in camps around the Mediterranean sea in recent years (Hargreaves et al. 2020).

The type of settlement has a strong influence on refugee safety. Despite political incentives to host refugee caseloads in large camps, where refugees are supposedly better controlled and isolated from the local population, humanitarian organizations and researchers agree that large camps are the least desirable solution (see e.g. Bakewell 2014; Crisp and Jacobsen 1998). Refugees in large camps often are exposed to insecurity, lack livelihood and integration opportunities and have limited access to sanitation, which intensifies the current risk of Covid-19 contagion. Moreover, refugee settlements are often established in remote areas with an underdeveloped health infrastructure, where access to humanitarian aid and Covid-19 testing and reporting is limited (CARE 2020; Høvring 2020). Urban settlements, in which the majority of refugees worldwide live, are also often densely populated (UNHCR 2015). Furthermore, many urban refugees have limited access to health care services, sanitation and clean water (Crisp et al. 2012; Lau et al. 2020; Raju and Ayeb-Karlsson 2020). For example, in Turkey most Syrian refugees live in densely populated urban settings (Kirisci and Yavcan 2020).

**Economic consequences:** The lockdowns have left many refugees without income, if they had any at all. Many refugees worldwide are employed in the informal sector. These jobs were the first to be affected during the lockdowns, which caused major income losses (International Labour Organization 2020). Yet, simultaneously prices of basic products have increased significantly, which makes it more difficult to meet essential needs (Kassem and Jafar 2020). Similar to the Covid-19 crisis, public health measures taken in the past, for example during Ebola, such as limited freedom of movement, especially threatened poorer social groups, to which most refugees belong, by depriving them of their informal sources of income (Benton 2017). Currently, for example, the UNHCR (2020a) reports that “more than three quarters of Nicaraguan refugees and asylum seekers in Costa Rica are going hungry, eating only once or twice a day as a result of the socio-economic impact of the COVID-19 pandemic.” Furthermore, self-settled urban refugees risk being evicted from their homes if they cannot pay rent any longer (CARE 2020). While many people became unemployed during the pandemic, refugees are often left out of national help programs. For example, in South Africa, many asylum-seekers and refugees are excluded from the governmental Relief Fund and remain without the unemployment aid that locals receive, even those who had paid taxes and were employed in the formal sector before (Mukumbang et al. 2020).
Legal implications: Border closures prevent refugees from their right to seek asylum. Most states have fully or partially closed their borders in 2020 (Gaynor 2020). Also, movement restrictions and legal status concerns can limit access to safe health care services and complicate the delivery of medical supplies and doctors (Lau et al. 2020). Particularly many urban refugees lack access to health services owing to their unrecognized legal status (Crisp et al. 2012). Border closures and travel restrictions temporarily halted refugee resettlement travel since March 2020 (Kluge et al. 2020). These people now remain in limbo in their countries of first asylum, where in addition to all other risks, they also face an increased chance of Covid-19 outbreak. Moreover, reduced activities of authorities caused slower asylum processes and the postponement of legal decisions concerning refugee status and a general reduction of administrative services (Kluge et al. 2020). Also, search and rescue operations in the Mediterranean sea stopped owing to the logistical difficulties in the context of Covid-19 lockdowns and travel bans (Kluge et al. 2020). Overall, the durable solutions for refugees-integration, resettlement or return-, from which comparatively few refugees benefited before the crisis, were no longer implemented due to Covid-19 (Kirisci and Yavcan 2020).

Already during past pandemics, people were marginalized and unable to flee war. For example, during the influenza pandemic in 1918/1919, in the final months of World War I, many asylum-seekers were stopped at the borders as they were considered to be responsible for spreading the disease (Brown 2020; Spinney 2017). More recently, during the Ebola virus epidemic in West Africa in 2014, many countries closed their borders because they feared the spread of the disease and expected increased migration from Ebola-affected areas (Heymann et al. 2015). Generally, past pandemics have shown an increase of the securitization of refugees, where refugees are put on the political agenda, but mainly in connection to national security measures, such as border closure, and not for humanitarian reasons (see Davies 2008). Similar tendencies can be observed during the Covid-19 pandemic.

Lack of information: The WHO (2020) consider the “infodemic” a major problem during the Covid-19 crisis, pointing out that misinformation and lack of information can lead to harm (see Di Mascio et al., this issue). Refugees face particular difficulties in obtaining correct and trustworthy information. As foreigners they often have limited knowledge of the local language and thus, information on Covid-19-preventive measures often does not reach them (Høvring 2020; Kluge et al. 2020). Language-related difficulties, as well as administrative, financial and legal barriers, also prevent refugees from accessing health-care services and thus, they remain excluded from Covid-19 testing and treatment (Alemi et al. 2020; Dahl et al. 2020). Moreover, prevention measures are only successfully implemented if the messages and the senders are trusted. Yet, many refugees, especially if they are unregistered, distrust authorities. Hence, refugees might avoid treatment and disclose potential Covid-19 infections owing to unawareness or fear of deportation, detention, punishment or stigma (Alemi et al. 2020; Kassem and Jaafar 2020).

Security challenges: The Covid-19 crisis challenges refugee security, particularly owing to the factors mentioned above. Covid-19 increased economic inequalities between refugees and locals, misinformation, health risks and unattainability of legal services, thereby augmenting grievances among refugees. Consequently, this enhanced the risk of violence, including anti-refugee sentiments, riots and forced recruitment of refugees. Many security risks in the context of Covid-19 also pertain to large and overcrowded refugee settlements, which are associated with higher risks of being attacked or experiencing violence (e.g.
Bohnet 2015; Fisk 2018; Johnson 2011; Salehyan and Gleditsch 2006). This has aggravated with Covid-19.

Moreover, in 2020, we observed a global increase in anti-refugee sentiments. Although the World Health Organization has urged governments to take a “whole of society approach” to Covid-19, refugees are often neglected, scapegoated and stigmatized (Lau et al. 2020). Also, refugees are often left out of disaster and pandemic planning (Høvring 2020), increasing inequality and dissatisfaction. Even before the pandemic, anti-refugee and migrant sentiment has risen globally, but with Covid-19, this has worsened. Feeding on the adverse impacts of Covid-19 on refugees, some populist politicians misuse refugees for negative politicization tactics, in order to implement stricter migration laws. For example, Matteo Salvini in Italy or Victor Urban in Hungary tried to establish a link between refugees and the Covid-19 outbreak, although no evidence exists that substantiates this connection (Høvring 2020). In particular, culturally different and large refugee groups are perceived as a threat to the native population (Ruedin 2017; Rüegger 2019; Salehyan and Gleditsch 2006; Tholen 2009). Consequently, the refugees are publicly resented, opposed and negatively politicised (see Ruedin 2017). Lau et al. (2020) underline that when travel restrictions are implemented and foreigners blamed for the virus, this can “incite and scapegoat migrant communities,” building the ground for conflict. Similarly, aid workers warned that if the virus takes hold in a minority community or refugee camp, the fear of spreading the virus “could whip up existing animus against already unwelcome outsiders” (Dozier 2020). For instance, Houthi forces in Yemen used Covid-19 as a pretext to violently expel thousands of Ethiopians in April 2020 (Hahn 2020; Human Rights Watch 2020).

Furthermore, misinformation and radical lockdowns can lead to grievances among refugees and consequent protests and riots, as well as mistrust and violent tensions between refugees and locals. Already during past crises, mistrust and protests against public health measures occurred, such as against curfews or limited movement rights, for example during the Ebola crisis in West Africa, owing to alleged politicization of the measures by governments that much rather wanted to increase their political power than promote public health (see e.g. Cohn and Kutalek 2016). In 2020, protests emerged in a reception center in Thüringen, Germany, after it has been closed in March 2020 after one of the 500 inhabitants was tested positive for Covid-19. As the reason for the restriction of movement was not clearly communicated, rumors spread and the refugees feared that this was “a prelude to mass deportation.” Consequently, several residents protested and tried to flee, but they were confronted by 150 police officers. In addition, the media diffused wrong, unverified information about fundamentalist protesters. The misinformation was then instrumentalized by right-wing extremists (Kamiab et al. 2020; TAZ 2020).

The Covid-19 crisis has also led to gender-based problems. Increased water demand for hand washing during Covid-19 particularly affects women, who are traditionally responsible for water collection (Rafa et al. 2020), while the lockdowns have further restricted the already limited female labor force participation (CARE 2020). Covid-19 dramatically increased sexual and gender-based violence incidences and hinders addressing them (Refugees International 2020). While domestic violence has increased for all populations during Covid-19 lockdowns, refugees are particularly endangered. Many refugees have limited access to the police, legal and social services and safe shelters owing to the lack of registration and a prevalent fear of authorities (Refugees International 2020). Movement restrictions have further decreased access to help. The overcrowded housing conditions prevent women from speaking privately on the phone about sensitive
issues, if they have a phone (see Plan International 2020). Alarmingly, CARE (2020) reports a significant increase in calls about abuse since spring 2020.

Moreover, owing to the lockdowns, many refugees have entirely lost access to education and jobs, which provides a fertile ground for forced recruitment by armed groups: Unemployed and uneducated populations, including refugees, are more susceptible and attracted to recruitment by armed groups (Gaynor 2020; Salehyan 2008). Human Rights Watch has highlighted how ISIS militarized people in Syrian refugee camps suffering from economic hardship and insecurity during Covid-19 (Dozier 2020). Finally, border closings impact flight directions, because they force fleeing people to make detours to reach safe havens. Yet, this often implies taking more dangerous routes that may expose the refugees to violence (International Rescue Committee 2020). In sum, Covid-19 not only endangers refugees health-wise, legally and economically, but also poses strong security risks for both refugees and locals.

Case Study: Moria Refugee Camp in Greece

In this section, we present evidence from Greece to exemplify why refugees and asylum seekers face protection and security risks during the Covid-19 crisis. In the Moria refugee camp on the Greek island Lesbos, tensions among refugees, as well as between refugees and local communities, already existed before Covid-19. Moria hosts mainly Afghan and Syrian refugees (UNHCR 2020c). The camp was built for approximately 3'000 people, hosted almost 20'000 people at peak times and more than 13'000 people when it burned down in September 2020. The camp was extremely overcrowded and lacked essential infrastructure (BBC 2020; Dahl et al. 2020). As in many other camps, the structures, such as for sanitation and housing, were planned for temporary use, but have been operational for many years. This resulted in inhumane conditions that include “the absence of basic amenities, poor sanitary conditions, medical personnel, equipment and pharmaceuticals,” posing immense health threats (Dahl et al. 2020). Moreover, the protracted refugee situation has created severe mental health problems (Médecins Sans Frontières 2020). Moria, thus, presents a situation where a Covid-19 outbreak is extremely dangerous and poses a direct threat to refugees’ health owing to the overcrowded housing situation and many prevalent comorbidities.

Also, grievances owing to very limited livelihood opportunities are widespread. The Council of Europe commissioner has consequently described the situation in the camp as an “explosive situation and a struggle for survival” (BBC 2019b). In 2019, two fires broke out with one casualty. When firefighters failed to quickly extinguish the fires, some refugees started to protest and riot against the burdensome situation. Police used tear gas against the refugees, causing more unrest (BBC 2019a). A doctor working in Moria pointed out that “the threat of violence and sexual violence is incredibly high” (The Guardian 2020). Due to a lack of electricity the camp is dark at night as well as understaffed, and communication is difficult as the staff does not speak the same language as the refugees (The Guardian 2020). Thus, refugees in Moria suffer from informational disadvantages owing to the lack of trustworthy medical personal to whom they could report symptoms.

With the lockdowns in summer 2020, the tensions and consequent violence increased dramatically (Médecins Sans Frontières 2020). The camp was put under quarantine after a refugee tested positive for Covid-19, banning refugees from leaving the camp premises. The quarantine measures had thus legal consequences because the refugees’ right of...
movement was renounced. **Economically**, the lockdown caused little differences, because already before opportunities in Lesbos were inexistent. By September 2020, there were 35 confirmed cases of Covid-19 (BBC 2020). Yet, in reality, there were possibly more positive cases, as testing was hardly available in the camp, and awareness about Covid-19 generally low among refugees. In August 2020, a new government-sponsored Covid-19 facility outside Moria was attacked by anti-migrant protesters, so that refugees were not able to use it (Da Silva 2020). The mayor of Lesbos, Stratos Kytelis, underlined that there were tensions in the past, but with Covid-19 the situation has exploded (Médecins Sans Frontières 2020), with both refugees and the local population becoming increasingly unsatisfied with the protracted situation.

On September 8, the situation completely escalated with dramatic **security implications**: Several fires broke out, burning down the entire camp (BBC 2020). Thousands of people were forced to evacuate and remained homeless. Some of those infected with Covid-19 disappeared. The refugee support group “Stand by me” declared that locals attacked some refugees and prevented them from fleeing to another village (BBC 2020). The government assumed that the fires were set by the refugees themselves to protest the Covid-19 quarantine measures (Tagesschau 2020). Although neither the refugees nor the locals want the refugees to stay in Lesbos, the Greek government started to rebuild Moria and refuses to bring the refugees to the mainland, in order to put pressure on other European countries to devise a common solution. However, European governments so far only accepted several hundreds of the most vulnerable refugees from Moria, such as unaccompanied children. New provisional tents were put up by the UNHCR, and the Greek government provided ships for the refugees to live on. Hundreds of refugees protested near the harbour of Mytilene that they do not want “another hell like Moria.” Police used tear gas to stop the protest (Tagesschau 2020).

A few months later, in winter 2020/2021, the situation on the island Lesbos has not improved, because the living conditions in the newly constructed site in Kara Tepe are equally problematic as in the Moria camp (Zeit Online 2020). The refugees there have to cope not only with Covid-19 infections but also with other severe health risks. Common problems are scabies and lice, owing to the lack of washing facilities and damp sleeping conditions, as well as open sores, diarrhea and respiratory illnesses. Despite the Greek government’s claim that housing in the camp is winter proof, the refugees there repeatedly have to deal with flooding and inadequate supplies (Standard 2021; Zeit Online 2020). A doctor on site summarized to the point that “the living conditions here make the people ill” (Zeit Online 2020), all while medical care is at the lowest level. Above all, psychological problems are prevalent owing to the hopeless and desperate situation. Alarming, many young people and children have suicidal thoughts (Thoma 2020). Also Kara Tepe experiences repeated outbreaks of violence, sometimes even including minors (Zeit Online 2020). Owing to the dire situation and high grievance levels among refugees, the radicalization of refugees could potentially increase, similarly to previously in Moria (Deutsche Welle 2018; Eleftheriadou 2020). As Eleftheriadou (2020) explains “Greece’s policy of uninvolved tolerance creates a vacuum that might be filled with radical groups.” The lack of perspectives might further cause refugees to resort to negative coping mechanisms.

Yet, despite these severe security risks that the current pandemic multiplies, the political will to change the situation of refugees on Lesbos and elsewhere is still lacking and largely ignored at the international level. The lack of politicization is partly explained by the fact that reporting from the camp is not allowed or impeded (Geisel 2021). Even though the
Greek government promised to establish a permanent new camp with better facilities until September 2021 (Geisel 2021; Zeit Online 2020), the situation is unlikely to improve without radical changes and commitment from the international community. The case of Moria, and its follow-up camp Kara Tepe, highlights that overcrowded settlements pose particular health risks to refugees. Covid-19 further threatens the stability and security in these large settlements when dissatisfaction, owing to the lack of opportunities and protection from the Covid-19 virus, channel into tensions, violent protest or clashes with the authorities. While Moria is an extreme case, similar conditions occur in other large settlements, for example in Germany, Jordan, Saudi Arabia, South Africa and Spain (Neuroth 2021). In all these cases there is an imminent risk that the Covid-19 pandemic catalyzes grievances, problems and conflicts (see e.g. Dickow 2021).

Conclusion and Policy Implications

To conclude, we present a list of policy recommendations on how refugee protection can be upheld in the context of increased hygienic needs, lockdowns and border closings. Solutions to the needs of refugees during the Covid-19 pandemic owing to increased health threats, economic, legal, informational and security implications center around three major topics: Prevention, preparedness and communication (see Høvring 2020).

To prevent the outbreak and spread of Covid-19 in refugee settlements, especially in large, densely populated and badly equipped camps, such as Moria and Kara Tepe in Greece or Cox' Bazar in Bangladesh, these settlements must ultimately be evacuated (see e.g. Razum et al. 2020). However, owing to the lack of political will of either host governments to integrate refugees or third states to participate in resettlement programs, calls for clearance of large camps are difficult to realize. Despite the recent “New Pact on Migration and Asylum” between the EU member states, which was called a “fresh start” (European Commission 2020), in reality not much has changed. Border security still remains the main focus, instead of asylum. Moreover, the guidelines of the Global Compact on Refugees, such as equitable responsibility sharing, have not been put into practice and consequently lack foundation (Kirisci et al. 2020). The problem is aggravated by EU states who have “agreed to disagree,” creating a latent conflict about the refugee issue (Van der Brug et al. 2015). Solving refugee issues generally remains a low priority on the political agenda.

However, governments should finally act not only motivated by altruism but also by self-interest, as Hargreaves et al. (2020) point out: Preventing the outbreak of contagious diseases in refugee camps is a question of national interest and security, because an outbreak would put immense pressure on the local health system, and, if uncontained, would also infect the local population. Moreover, the fight against Covid-19 requires a global approach and that every country can contain it (Ebrahim et al. 2021). Consequently, it is pivotal that national pandemic planning includes refugees, their settlement situation and their access to health services. Infectious diseases like Covid-19 can only be controlled in an integrative, impartial and neutral health system that includes all members of society, citizens and (forced) migrants alike (see Razum et al. 2020). Yet, where political will to support refugees is limited, pragmatic solutions have to recognize that refugees may not have access to national health systems and thus, “plans should consider novel and radical strategies to reduce infectious contacts and fill health worker gaps” (Truelove et al. 2020). Some improvements have already been made in refugee camps, such as establishing isolation areas or cluster quarantining. Also, installing
portable hand washing facilities can be a first temporary solution (Vince 2020). Providing face masks for all refugees and effective isolation of infected persons would also help to “flatten the curve” (Gilman 2020).

To tackle the general need for increased hygiene, including clean water, more sustainable planning of refugee settlements is demanded from host governments and should be put into practice with the help of the UNHCR (see Dahl et al. 2020). Camps generally should be avoided by all implementing actors. Rather, the UNHCR itself and host governments should comply with the Policy on Alternatives to Camps (UNHCR 2014). Settlements that are designed for long-term or permanent stays and that are not overcrowded have several advantages: A permanent infrastructure and smaller settlements are better able to provide adequate health services to refugees and the local population. More thorough planning by governments, the UNHCR and NGOs can reduce overcrowding, for example through preventing people from clustering at food-distribution points, thereby preventing the spread of Covid-19. Thanks to better infrastructure in better planned settlements, including water cycles that prevent waste water to run into the environment, water quality can be increased (Kassem and Jaafar 2020). However, many host governments are reluctant to invest in better infrastructure and in smaller settlements owing to political objections towards permanent refugee accommodation and limited available settlements for refugees (Kassem and Jaafar 2020). During crises, such as the Covid-19 pandemic, donors often cut development aid. However, the public and governments need to understand that aiding refugees, particularly those in developing countries, will also help reduce the risk of infections in their own countries (Kobayashi et al. 2021). Furthermore, the planning of refugee relief during the Covid-19 crisis can also benefit from the knowledge of aid workers who have invaluable experience in communicating health advice, preventing and handling contagious diseases that are prevalent in refugee camps, such as diphtheria or cholera, and mass-vaccinating refugees (Vince 2020; WHO 2016).

Another pivotal step in preventing the further spread of the virus involves the vaccination of refugees against Covid-19. National governments are responsible for providing vaccines to their population, and the UNHCR urges them to include forced migrants in the same way as the resident population (UNHCR 2021). In order to avoid ongoing transmissions and spillovers and to successfully end the pandemic, vaccination strategies must include all people equally (see Mukumbang 2020), as is promoted by the WHO’s COVAX initiative (WHO 2021). For example, Jordan already started to vaccinate refugees free of charge (Wallis 2021). Yet, many countries do not specifically include refugees in their vaccination strategies, while some even explicitly exclude refugees from vaccine provisions, such as Colombia (The Washington Post 2021). In addition to the various national policies, access to vaccines is particularly difficult for undocumented refugees (see Mukumbang 2020).

To be better prepared for Covid-19 infections, an early diagnosis as soon as symptoms arise is key. Increasing virus tracking is therefore also necessary and could, for instance, rely on community level reporting apps (Betts et al. 2021). Refugees should be able to register with local health systems without fear of financial burdens, detention, deportation or stigmatization (Hargreaves et al. 2020; Kluge et al. 2020). Also, governments have to make sure that closed borders and travel restrictions in connection with Covid-19 do not prevent forced migrants from seeking asylum and accessing health care. Foremost, refugee refoulement on false premises owing to Covid-19 is unjustified and illegitimate. In fact,
evidence shows that migrants, including refugees, seldom transmit contagious diseases to host populations (Kluge et al. 2020).

Providing reliable and trustworthy information is essential during the Covid-19 pandemic. Refugees and the local population alike need to have clear information on why increased hand washing, social distancing, self-isolation and quarantine are necessary. If people do not clearly understand why these radical rules are introduced, they might not follow them or feel disadvantaged if they are forced to quarantine, thus causing further contagion of the virus, protest or clash with authorities (Razum et al. 2020). Successful communication depends on understandable messages and trust in the carrier of the message. Hence, Covid-19-related information must be made available in the languages spoken by the refugees. For example, in Bangladesh, information to communicate the WHO’s public guidance on frequent and thorough hand washing with soap and water, protecting coughs with an elbow or sneezing into a tissue are shared in the three most frequently spoken languages by refugees: Rohingya, Bengali and Chittagonia (Vince 2020). Furthermore, aid workers should rely on community leaders, including elderly, imams and women’s group leaders, to deliver guidance in a trusted way (Vince 2020). Trust is not only crucial for implementing the new sanitary and social rules, but also for reporting potential Covid-19 cases to health workers or authorities without fear of backlashes, such as stigmatization or deportation (Kassem and Jaafar 2020; Lau et al. 2020). Therefore, refugee-led organizations could play a pivotal role, as they can provide the necessary trust (Betts et al. 2021), such as the organization “Stand by me Lesvos” or the “Moria Corona Awareness Team”.¹

To conclude, political science research has shown that unequal treatment of social groups, including refugees, is a source of grievances and conflict (e.g. Cederman et al. 2010; Rüegger 2019). Therefore, policy-makers should adopt an inclusive approach towards refugees in order to prevent not only the spread of the Covid-19 virus, but also that of insecurity.

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Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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