

COVID-19

Government measures: Impact on displaced populations

About this report

An outbreak of respiratory disease caused by a novel coronavirus (abbreviated “COVID-19”) (CDC 2020) was first reported in China in December 2019. The outbreak was declared a pandemic by the World Health Organization (WHO) on 11 March 2020 (WHO 11/03/2020).

Displaced populations, including refugees, asylum seekers, and internally displaced people (IDPs), have been identified as particularly vulnerable to negative impacts of COVID-19 (UNHCR 2020). Considering their pre-existing vulnerabilities, they also disproportionately face negative implications stemming from the government measures taken in response to the pandemic.

This report explores how refugees and other displaced populations are affected by government measures, whether intentionally or unintentionally. The impact on humanitarian operations serving displaced populations, such as limited humanitarian access (NRC 25/03/2020), will not be included in this report. Country-specific analysis of the COVID-19 situation and analysis of challenges for humanitarian operations can be found [here](#).

This analysis provides an update to previous ACAPS reports that explore measures adopted by governments in response to the COVID-19 pandemic, which can be found [here](#). Our reports are a component of ACAPS’ broader effort to monitor the secondary impacts of the pandemic and are based on publicly available data assembled by our team through a wide scanning of information across the globe.

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Methodology

This report explores the relationship between displaced populations and government measures taken in response to the COVID-19 pandemic, which have been identified using data collected in the [ACAPS #COVID19 Government Measures Dataset](#) (updated 16/04/20). Data is available for over 190 countries.

The Secondary Data Review that populated the dataset was structured around **five broad categories of measures** used to group the interventions governments were taking in response to COVID-19:

- Movement restrictions
- Social distancing
- Public health measures
- Governance and socioeconomic measures
- Lockdown

For an overview of the **Government Measures Taxonomy**, including overall structure and definitions, please see the *Annex*. The taxonomy is frequently updated to reflect the evolving situation as governments adopt and amend measures.

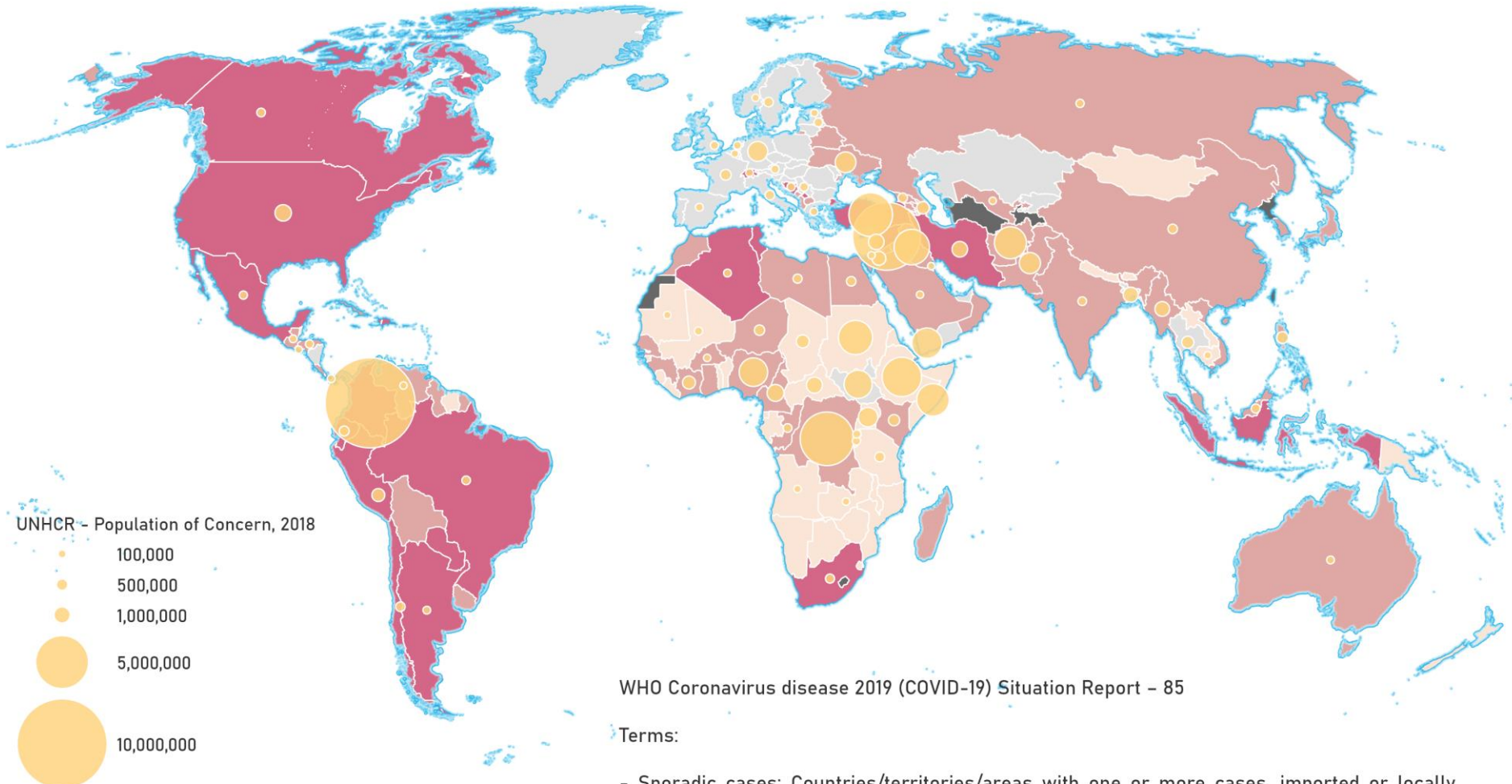
Limitations

The COVID-19 response provides abundant sources of information. Care is needed to identify the most reliable sources.

This report includes information on government measures available as of 16 April 2020.

Government measures are changing rapidly. Often information is outdated by the time it has been identified. The number of countries implementing or amending measures increases daily. Given the speed in which governments are amending or introducing new measures in response to COVID-19, the dataset and analysis are likely to have information gaps.

Transmission type of COVID-19 and population of concern by country



WHO Coronavirus disease 2019 (COVID-19) Situation Report – 85

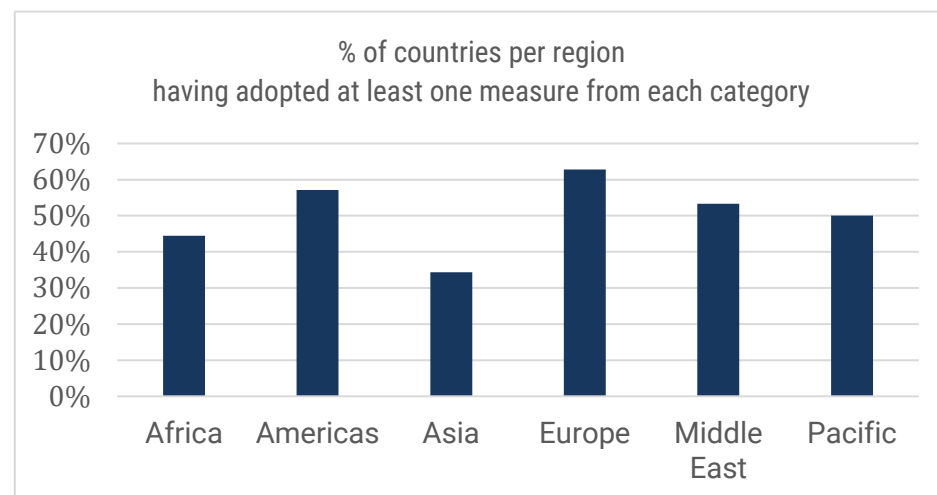
Terms:

- Sporadic cases: Countries/territories/areas with one or more cases, imported or locally detected
- Clusters of cases: Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
- Community transmission: Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:
 - *Large numbers of cases not linkable to transmission chains
 - *Large numbers of cases from sentinel lab surveillance
 - *Multiple unrelated clusters in several areas of the country/territory/area

Source: UNHCR Population Statistics Database, WHO (14/04/2020)

Overview government measures

As of 16 April, 97 countries have implemented at least one measure from each of the five categories identified.



Movement Restrictions

As of 16 April, at least 188 countries have taken measures that restrict movement. Measures identified in this category are either introduced to control entry onto the territory of a State or to control movement within a territory. Measures directed at control of entry are the most commonly implemented movement restrictions. They include partial border closures (145 countries), international flight suspensions (141 countries) and visa restrictions or suspensions (111 countries). Other measures that fall into this sub-category are requirements of additional health documents at entry points and intensified border controls. Among measures introduced to control internal movement, domestic travel restrictions are the most commonly implemented measures (100 countries). Other measures directed at control of internal movement are curfews, and the establishment of surveillance and monitoring systems such as movement tracking through mobile phone data.

Top 3 Movement restrictions measures implemented	Total	Africa	Americas	Asia	Europe	Middle East	Pacific
Border closure (partial)	145	37	30	18	36	12	12
Int. flight suspension	141	45	21	22	29	13	11
Visa restrictions	111	25	14	26	20	14	12

Social distancing

As of 16 April, more than 170 countries have implemented social distancing measures, which seek to reduce physical social contact and ensure physical distance between individuals, particularly in public spaces. In terms of government actions, the measures being taken include limiting public gatherings, closure of public services, school closures, and changes to prison policies. The most common social distancing measure is limiting public gatherings, currently taken in at least 155 countries.

Top 3 Social distancing measures implemented	Total	Africa	Americas	Asia	Europe	Middle East	Pacific
<i>Limit public gatherings</i>	158	48	26	21	41	12	10
<i>Schools closure</i>	149	45	26	15	39	15	9
<i>Public services closure</i>	120	29	19	10	39	14	9

Public health measures

A range of public health measures are being taken by 188 governments to prepare, mitigate, and respond to COVID-19. The 12 identified measures include promoting public health awareness, introducing isolation and quarantine policies, health screenings at border points, testing for COVID-19, mass population testing, obligatory medical tests not related to COVID-19, psychological assistance and medical social work, amendments to funeral and burial regulations, general recommendations, other public health measures enforced, requirement to wear protective gear in public, and strengthening public health systems.

Top 3 Public health measures implemented	Total	Africa	Americas	Asia	Europe	Middle East	Pacific
<i>Introduction of isolation and quarantine policies</i>	157	46	27	25	33	13	13
<i>Health screenings at border points</i>	127	43	21	23	31	9	10
<i>Strengthening public health systems</i>	125	24	20	19	40	8	14

Governance and socioeconomic measures

Over 160 governments are implementing a variety of governance and socioeconomic measures to respond to the COVID-19 pandemic. Among the five measure types identified in this category is the introduction of emergency legislation, which grants governments extended powers. As of 16 April, 92 governments operate under emergency legislation frameworks. Other measures in this category include the specific economic measures, the deployment of military forces, and changes to import/export regulations.

Top 3 Governance and socio-economic measures	Total	Africa	Americas	Asia	Europe	Middle East	Pacific
<i>Economic measures</i>	130	31	28	15	36	8	12
<i>Emergency administrative structures activated or established</i>	96	26	18	12	25	4	11
<i>State of emergency declared</i>	92	27	18	7	25	3	12

Lockdown

Lockdowns of varying degree are currently implemented in over 107 countries. The degree of lockdown differs between countries and can be scaled up gradually. Generally, lockdown protocols limit individual movement and require populations to only leave their homes for essential purposes. In addition, authorities suspend economic activity of sectors considered non-essential during lockdowns. Lockdowns can be implemented nation-wide or in some cases on a regional or municipal level only. A specific type is lockdown in refugee or IDP camps. These are currently imposed in at least 8 countries.

Lockdowns imposed	Total	Africa	Americas	Asia	Europe	Middle East	Pacific
Partial lockdown	93	24	17	12	23	10	7
Full lockdown	25	4	5	6	6	4	0

Implications for displaced populations

As of 14 April, the WHO reports COVID-19 cases for almost all countries worldwide as indicated in the map above (WHO 14/04/2020). Given the global scope of the pandemic, displaced populations worldwide are affected by COVID-19. As of 9 April, UNHCR considers over 100 countries hosting more than 20,000 people of concern (i.e., refugees, asylum seekers, returnees, IDPs, and stateless people) as affected by local transmission. In some countries transmissions include cases of coronavirus among displaced populations (UNHCR 09/04/2020).

Displaced populations are not only affected by the risk of infection but are also strongly impacted by the government measures currently taken in response to the pandemic. Additionally, displaced populations are increasingly being stigmatised due to the COVID-19 outbreak, resulting in targeted government measures that hinder the safety and well-being of the displaced (UNHCR 31/03/2020; Foreign Policy 27/03/2020; NRC 16/03/2020). As of 16 April, data collected in the ACAPS Government Measures Dataset illustrates that almost all countries worldwide implement measures to mitigate the impacts of the pandemic. This report takes a preliminary look at how these COVID-19 related government measures may affect 'displaced populations', which in this report, refers mainly to refugees, asylum seekers, and IDPs.

Access to territory

Refugees and asylum seekers are particularly affected by measures that restrict entry and access to territory. The closure of formal border crossings can **push refugees into riskier routes** (Cosgrave et al., 2016). The closure of the Colombian-Venezuelan border for instance is leading to Venezuelans trying to enter Colombia through informal border crossings controlled by armed groups (Aljazeera 14/03/2020).

Rescue operations at sea in the Mediterranean are impacted by the decision of the Italian and Maltese governments to not let ships carrying rescued refugees disembark at their ports during the pandemic (DW 12/04/2020).

Border closures and flight suspensions have resulted in the interruption of many national voluntary **repatriation and resettlement programmes**. In Pakistan, the recently resumed voluntary repatriation of Afghan refugees has been suspended following the government's decision to close the official border crossings with Afghanistan (UNHCR 17/03/2020). In Niger, over 2,000 migrants who are part of the IOM's voluntary return programme are currently unable to leave the country due to border closures, and remain in transit centres (IOM 01/04/2020). Responding to the challenges travel restrictions create for arranging travel for refugees, UNHCR and IOM have announced a temporary suspension of refugee resettlement travel (UNHCR 17/03/2020).

Access to asylum

Border closures and entry bans for non-nationals or non-residents can result in **restricted access to asylum**. As of 31 March, UNHCR estimated that at least 30 countries no longer accepted asylum seekers due to entry restrictions (UNHCR 31/03/2020). In Uganda, for instance, the government has closed all reception centres and introduced a one-month long entry ban for all refugees (TNH 25/03/2020). On 20 March, the USA invoked a new order that suspends entry into the country by individuals coming from a country where COVID-19 exists (with certain exceptions) (US Government 20/03/2020). While apparently this order is to protect public health, it is being used to deny asylum seekers arriving at the Mexico-U.S. border entry to the country and access to asylum, as they are said to pose a public health risk (BBC 10/04/2020).

Since refugees and asylum seekers depend on border policies that safeguard their access to territory and asylum procedures, border closures may increase protection needs. In light of suspended refugee receptions, there is particular concern over **potential violations to the principle of non-refoulement**. The principle requires States to ensure individuals arriving at their borders will not be returned to countries where they are at risk (UNHCR 16/03/2020). Under its entry ban for refugees, Uganda for example forcibly returns South Sudanese refugees who still enter the country (Monitor 30/03/2020).

The closure of public services has led to **the suspension or modification of many asylum procedures**. As of 8 April, at least 22 countries in Europe have modified

asylum processes due to the COVID-19 outbreak (ECRE 08/04/2020). A number of countries, including Mexico, Greece, and Australia have halted the asylum process altogether (SBS News 22/03/2020; Reuters 25/03/2020; Refugees International 03/2020). In the US, hearings for those asylum seekers within the “remain in Mexico”¹ programme have been postponed (CBS 23/03/2020). In some countries, particularly in Europe, aspects of the asylum claim process have been moved online or through post, in order to reduce physical contact (Reuters 25/03/2020; BAMF 17/03/2020). However, switching to online or written methods for asylum applications may present additional barriers to refugee status determination, such as a lack of access to technology and language or literacy issues.

Suspending asylum systems may leave asylum seekers with **reduced rights, and limited access to healthcare, legal advice, livelihoods, and protection**. If unable to regularise their status, asylum seekers may be at risk of detention or forced return. Asylum seekers who have not yet applied may also lack the correct paperwork to receive adequate healthcare. In most circumstances, only tentative dates are set for when asylum processes may return to normal. Even when they return to normal, additional capacity would likely be needed to respond to the backlog of claims. Despite these challenges, a few countries have made steps to ensure refugees and asylum seekers are not left unassisted because of the pandemic. In Portugal, as of 30 March asylum seekers have been granted temporary residence status, and therefore have access to health services, bank services, welfare schemes, and the ability to engage in contracts, such as work and rental agreements (The Guardian 30/03/2020).

Restrictions on freedom of movement

Country-wide lockdowns and curfews generally apply to refugees and host communities indiscriminately. However, special protocols that **restrict the individual movement** of refugees or asylum-seekers may be implemented by

authorities in refugee or IDP camps that prevent or restrict not only movement in the camps, but also in and out camps. Such policies could be **curfews, quarantines or lockdowns of camps**. For instance, Syrian refugee camps in Jordan are under lockdown that prevents residents from leaving the camps and external visitors from entering (MERIP 08/04/2020). In Bangladesh, all Rohingya refugee camps have been put under lockdown, banning refugees from leaving their camps (Anadolu 26/03/2020).

Greece imposed quarantines on entire camps after residents tested positively for COVID-19 (Aljazeera 05/04/2020) also banning movement in and out of the camps. The camps are notorious for overcrowded and unsanitary living conditions (Independent 02/04/2020; MSF 03/2020). Strict quarantine measures imposed specifically on displaced people may challenge human rights and fundamental freedoms (WHO 19/03/2020).

Access to healthcare

Even without the challenge of COVID-19 pandemic, refugees, IDPs, and asylum seekers encounter **barriers in accessing healthcare**. The provision of essential healthcare – regardless of citizenship status – is an internationally recognised human right (HRW 25/03/2020). However, according to UNHCR, three-quarters of the world’s refugees live in situations that lead to inadequate healthcare and sanitation (UNHCR 31/03/2020). Furthermore, nearly the entire world’s IDPs and 80% of the global refugee population are living in low to middle-income countries that typically have weaker health systems (UNHCR 01/04/2020). Lockdowns, movement restrictions, and social distancing requirements may further exacerbate displaced populations’ inability to access healthcare.

¹The U.S Remain in Mexico programme, under the Migration Protection Protocols (MPP), has resulted in the return of 60,000 asylum seekers from U.S. to Mexico, to await asylum hearings in the U.S (Refugees International 03/2020).

Prevention, testing, & treatment

Medical treatment of displaced people is crucial; everyone, regardless of legal status (UN News 02/04/2020; UNHCR 31/03/2020). Language, treatment cost, discrimination, administrative obstacles, and living conditions are factors that may limit access to appropriate healthcare during the pandemic (Al Jazeera 06/04/2020; WHO 25/04/2019). Many displaced populations live in crowded situations, including camp-like settings, making **preventative measures such as isolation and quarantine challenging or impossible**. Proof from government bodies that an application for asylum has been made is required for COVID-19 testing and treatment in some countries, posing challenges for those without legal status to be tested (NHS 01/04/2020). Fears around arrest or deportation deter some refugees and asylum seekers from accessing proper treatment. Some countries, including Malaysia and Ireland, have stated they will not arrest undocumented people who come forward for testing (UNHCR 01/04/2020; Reuters 31/03/2020; The Guardian 30/03/2020).

Access to information

Public information campaigns on COVID-19, such as education on individual protection measures, can help reduce disease spread (Gov UK 4/03/2020). However, issues such as language, technology, and mistrust of authorities may pose **barriers for displaced populations in accessing accurate and appropriate information**. In Rohingya refugee camps, ongoing government restrictions on communication networks, such as phone and internet access, have impeded access to credible information and encouraged the spread of false information regarding the virus (Refugees International 29/03/2020).

Access to education

Government actions, such as school closures and lockdowns, may disrupt education for displaced populations, **challenging their right to education**. A number of refugee camps have closed schools, including Za'atari refugee camp in Jordan, Moria refugee camp in Greece, and the Rohingya refugee camps in Bangladesh (Theirworld 09/04/2020; UNHCR 02/04/2020; HRW 19/03/2020; Save the Children 03/2020). Continuing education for displaced children and youth may be an additional

challenge for a number of reasons, such as lack of electricity or a lack of access to technology: in Jordan, for example, only 2% of Syrian refugees own computers (Fafo 04/2019). Interruptions to education during COVID-19 may have additional consequences for displaced children, **exposing them to further protection risks**, reducing their access to child-friendly spaces, and lowering the likelihood of returning (ECW 27/03/2020; HRW 19/03/2020). The potential negative outcomes of prolonged school closures for displaced children are likely to disproportionately impact girls (Washington Post 14/04/2020; UNESCO 31/03/2020).

Access to food and WASH

In many countries, displaced people lack the resources to mitigate the restricted access to food items that may occur as a result of government COVID-19 measures. For instance, refugees may **lack the resources to stockpile food** to prepare for a lockdown (Guardian 24/02/2020). The risk of food insecurity due to limited resources may be heightened by loss of livelihood and an increase of food prices. Rohingya refugees living under lockdown in India have reported reducing their meals because they **can no longer afford food items** as a result of loss of income during the country-wide lockdown (Aljazeera 31/03/2020). In refugee camps under lockdown in Jordan, price increases at the camp's market are reported (MERIP 08/04/2020).

The requirement to isolate may be impossible for some displaced populations, such as those in northern France, who rely on external aid agencies for food (The Guardian 18/03/2020). Due to school closures, more than 360 million children around the world are currently missing out on daily school provided meals (WFP 2020). Displaced children may be among the most affected, as this may mean missing out on the only nutritious meal per day (IPS News15/04/2020).

While social distancing measures aim to reduce the spread of COVID-19, they may pose additional challenges if imposed in camps and camp-like settings. In France, accessible water points and shower access have been reduced in the camps in Calais, in an attempt to improve physical distancing (The Guardian 29/03/2020). It is reported that more than 1,000 people are sharing only one waterpoint across the camps, making preventative practices nearly impossible (Utopia56 19/03/2020).

Livelihoods

While social distancing and movement restrictions are important elements of government prevention and containment strategies for the COVID-19 pandemic, they have severe economic and livelihood impacts on affected populations.

Particularly in lockdown situations, displaced people are **vulnerable to the loss of income-earning opportunities**. This is especially the case for refugees or asylum-seekers without the legal right to work, who may depend on informal sectors.

A key factor determining the impact on displaced people is their legal status. This is specifically the case for the eligibility for financial support and assistance governments may release for workers. Only refugees and asylum seekers who have the right to work may be able to access such support, and in some cases might be restricted to nationals.

Loss of livelihood is likely to increase the risk of food insecurity. A secondary economic consequence of refugees and migrants not being able to earn money in their host country – whether in the formal or informal sector – is the **potential disruption of remittances** to family members staying in countries of origin or transit (WFP 30/03/2020).

Work regulations

In some countries, like in the United Kingdom or Germany, authorities are discussing eased work bans and changed accreditation for asylum-seekers with a professional background, such as doctors and health workers, although bureaucratic obstacles remain a challenge (Guardian 25/03/2020, DW 31/03/2020). In France's Seine-et-Marne department, local authorities employed refugees as agricultural labourers substituting for the foreign seasonal workers who currently cannot travel to France (The Guardian 03/04/2020). Although such recruitments might provide livelihood opportunities for refugees and asylum-seekers, there is concern about the risk of exposure to COVID-19 for displaced people recruited as health workers. Moreover, there are concerns that asylum-seekers in particular might feel compelled to respond to such requests, fearing a negative effect on their final asylum decision if they decline.

Gender-based violence

Government measures may have disproportionately negative impacts on the safety of women and children, since domestic abuse increases while movement restrictions are in place (NYT 06/04/2020). School closures may expose young and adolescent girls to domestic abuse in the household (ECW 27/03/2020). While these are concern worldwide and for host and displaced populations alike, a particular risk exists in camps under lockdown. Children and women here may face an increased risk of violence due to the closure of designated community centres for women or children that otherwise provide a safe space and assistance (Third Pole 02/04/2020).

Detention

In some countries, due to the closure of asylum courts, immigration detainees are being held in overcrowded centres **without access to necessary hygiene and sanitation items, legal aid, or justice** (Inquest 23/03/2020; SBS News 22/03/2020; Refugees International 03/2020). Immigration detainees in a number of countries, including Australia, Greece, and Cyprus, are unable to practice social distancing or proper hygiene etiquette due to inadequate facility conditions (KISA 13/04/2020; Prison Insider 10/04/2020; HRW 02/04/2020 SBS 25/03/2020). Asylum seekers within the Remain in Mexico programme await their indefinitely postponed hearings in the U.S in informal, unsafe shelters in Mexico (Refugees International 03/2020). Due to the potential impact of a COVID-19 outbreak in migrant and refugee detentions centres, UN agencies and NGOs have called for the release of refugees and migrants who are being held without legal basis (HRW 02/04/2020; OHCHR 31/30/2020). Regardless of legal status, access to measures that reduce their risk of contracting COVID-19, such as adequate sanitation, hygiene, and healthcare are essential.

Annex - Government measures taxonomy

Category	Measure
Movement restrictions	1 Additional health or other document requirements upon arrival
	2 Border checks
	3 Border closure
	4 Complete border closure
	5 Checkpoints within the country
	6 International flights suspension
	7 Domestic travel restrictions
	8 Visa restrictions
	9 Curfews
	10 Surveillance and monitoring
Public health measures	11 Awareness campaigns
	12 Introduction of isolation and quarantine policies
	13 General recommendations
	14 Health screenings in airports and border crossings
	15 Obligatory medical tests not related to COVID-19
	16 Psychological assistance and medical social work
	17 Mass population testing
Public health measures	18 Strengthening the public health system
	19 Testing policy
	20 Amendments to funeral and burial regulations
	21 Requirement to wear protective gear in public (e.g. face mask or gloves)
	22 Other public health measures enforced
Governance and socioeconomic measures	23 Economic measures
	24 Emergency administrative structures activated or established
	25 Limit product imports/exports
	26 State of emergency declared
	27 Military deployment
Social distancing	28 Limit public gatherings
	29 Public services closure
	30 Changes in prison policies
	31 Schools closure
Lockdown	32 Partial lockdown
	33 Full lockdown
	34 Lockdown of refugee/IDP camps or other minorities