

## كوفيد-19 والأشخاص النازحون داخلياً - الفئات الأكثر تضرراً والأقل حمايةً

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### الملخص

كان لجائحة كوفيد-19 المسببة لفيروس كورونا تأثيراً هائلاً على كل بلد تقريباً في العالم. تتناول هذه المقالة بيان الآثار المباشرة وغير المباشرة لهذه الجائحة، وعمليات الإغلاق التي حصلت خلالها وما رافقها من آثار اقتصادية فاقمت من تبعاتها على السكان الأكثر ضعفاً، والأشخاص النازحين داخلياً، على وجه التحديد. تشير نتائج المقالة إلى التزام الدول القانوني، بموجب قانون حقوق الإنسان، للتصدي لهذه الجائحة وحماية الأشخاص النازحين داخلياً، ومع ذلك، فإن بعض تدابير الاحتواء للجائحة التي اعتمدها الدول المختلفة تنطوي أيضاً على تدخلات شديدة في عدد من حقوق الإنسان، بما في ذلك - على سبيل المثال لا الحصر - حرية التنقل والحق في الحرية الشخصية والحق في العمل والحق في التعليم. وخلصت المقالة إلى ضرورة أن تكون الاستجابة شاملة ومتكاملة، وأن التدابير الوقائية يجب أن تكون قانونية وضرورية ومتناسبة مع هدف حماية الصحة العامة بما يتوافق مع المتطلبات والمعايير القانونية، وأن يتم إدراج الأشخاص النازحين داخلياً في خطط اللقاح واستراتيجيات الحماية.

### الكلمات المفتاحية:

النازحون داخلياً، جائحة كورونا، تأثير، حقوق الإنسان، النزوح الداخلي، الحماية، اللقاحات.

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## Introduction:

COVID -19 is having an unprecedented impact on all countries, both in terms of prompting the scaling of public health preparedness and response and protection of vulnerable populations, and in terms of requiring mitigation of broader social and economic impacts.<sup>4</sup> People affected by humanitarian crises, particularly those displaced and living in communal settings, are often faced with challenges including vulnerabilities distinct from those of the general population. These vulnerabilities are further heightened by the disparate health and socio-economic impacts of COVID -19, and if not appropriately addressed could push IDPs even further behind other populations.<sup>5</sup>

Internal displacement is a cause for concern as the number of internally displaced persons annually is astounding. In 2017, 30.6 million people were forced out of their homes due to conflict and disasters.<sup>6</sup> This slightly fell to 27.8 million in 2018 with 54.3% of total disaster displacement coming from the East Asia and Pacific while 69.1% of conflict displacement came from Sub-Saharan Africa.<sup>7</sup> Unfortunately, 2019 saw a huge spike in new displacements at 33.4 million, noted as the highest in 12 years. The long-standing conflict and violence led to approximately 4.57 million new conflict displacements. More alarming is that 2019 holds the highest ever recorded total of conflict displacement at 45.7 million people and a

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4- COVID-19 is a disease caused by a new strain of coronavirus. ‘CO’ stands for corona, ‘VI’ for virus, and ‘D’ for disease. Formerly, this disease was referred to as ‘2019 novel coronavirus’ or ‘2019-nCoV.’. On 11 March 2020, World Health Organisation (WHO) made the assessment that COVID-19 can be characterized as a pandemic. Further background information is available at: <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19> [accessed 03 April 2021].

5- International Organisation of Migration (IOM), COVID-19 Mobility Impacts Update Series, Impact on IDPs, 16th edition, 11 October 2020, available at: <https://dtm.iom.int/reports/covid-19-%E2%80%94-impact-idps-16> [accessed on 27 March 2021].

6- Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), Global Report on Internal Displacement, (2018). Geneva. Available at: <https://www.internal-displacement.org/global-report/grid2018/> [accessed 18 February 2021].

7- Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), Global Report on Internal Displacement, (2019). Geneva. Available at: <https://www.internal-displacement.org/sites/default/files/publications/documents/2019-IDMC-GRID.pdf> [accessed 20 February 2021].

first time estimate of 5.1 million total disaster displacements leading to a final tally of 50.8 million IDPs.<sup>8</sup>

The COVID-19 pandemic has created multiple crises for internally displaced persons. Lockdowns have affected the organisations they may usually receive assistance from, which in many cases have struggled to provide the same amount and type of support as they previously had, while travel restrictions have limited the access of both aid and personnel to many regions in need.<sup>9</sup> In camps as well as in dense urban areas where many IDPs reside, a lack of basic health infrastructure, overcrowding, and poor sanitation all contribute to the risk of transmission and infection. These direct health risks as well as secondary impacts on their protection, rights, livelihoods demonstrate the crucial need for increased and sustained investment in their protection and assistance around the globe.<sup>10</sup>

This article begins with the conceptual exploration of IDPs in the humanitarian setting, protection provided for their rights and the responsibility to protect them. It then examines the COVID-19 restrictions in the limits of human rights and determine on the consideration for compliance of the preventive measures with the international law. Findings indicated that public health is one of the identified legitimate aims which may be invoked as a ground for limiting certain rights in order to allow a State to take measures dealing with a serious threat to the health of the population or individual members of the population. The article also mapped the implications of COVID-19 on the lives of IDPs which not only increases humanitarian need but also exacerbates the existing and already complex barriers to IDPs seeking solutions. Among the dimensions are access to healthcare, issues of overcrowding, poor

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8- Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), "Global Report on Internal Displacement." (2020). Geneva. Available at: <https://www.internal-displacement.org/global-report/grid2020/> [accessed 20 February 2021].

9- Richard Skretteberg, "A global overview of displacement crises in 2019," available at: <https://www.nrc.no/shorthand/fr/79.5-million-people-displaced-in-the-age-of-covid-19/index.html> [accessed 01 April 2021].

10- IOM, "Populations at risk: Implications of COVID-19 for hunger, migration and displacement," November 2020, available at: [https://www.iom.int/sites/default/files/populations\\_at\\_risk\\_-\\_implications\\_of\\_covid-19\\_for\\_hunger\\_migration\\_and\\_displacement.pdf](https://www.iom.int/sites/default/files/populations_at_risk_-_implications_of_covid-19_for_hunger_migration_and_displacement.pdf) [accessed 02 April 2021].

shelter, scarce resources, limited access to reliable information and vaccines.

The article ends with highlighting the efforts to respond to IDPs related COVID-19 challenges, including The UN Special Rapporteur on the human rights of IDPs, International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and COVID-19 Global Humanitarian Response Plan (GHRP) considering the fact that the national authorities are responsible for public health responses and COVID-19 immunization while the role of the international organizations is complimentary. Access to vaccines shall be equal and non-discriminatory. The article draws attention to the international coordination mechanism support and the role of UNHCR and other UN agencies to ensure that IDPs are effectively included in national vaccine strategies.

### **Methods:**

The objective of this paper is to determine the impact and consequences of the COVID-19 pandemic on IDPs as well as ensuring informed national and international response and accountability for provision of humanitarian assistance and further development of recommendations

The academic related articles which link IDPs protection to the COVID-19 are very limited in the Arab world. Hence, the methodology includes integrating direct reporting from the reports of the United Nation agencies including the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and World Health Organisation (WHO) and international organisation of whom are the Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC). Sources are weighed for relevance and accuracy, and then condensed. Instances of reported cases of IDPs with COVID-19 are checked for confirmation as per reported by the IOM and UNHCR.

Questions explored in the paper include: what are the short-and longer-term effects of the pandemic and concomitant challenges on protection of IDPs? How would the preventive measures to contain

the pandemic be non-discriminatory and warranted under human rights law? Who is responsible to provide vaccines to IDPs and are there any international coordination to ensure IDPs get vaccinated? It then offers key take-aways and recommendations aimed at a variety of actors.

### **Result and discussion:**

COVID-19 can affect anyone. For internally displaced people (IDPs), who already have difficulty accessing adequate housing essential services and a decent income, the impacts of the pandemic are likely to be significant. Although it is still too early to fully assess the effects of this unprecedented crisis on IDPs' lives, evidence is emerging of the ways in which the pandemic is heightening IDPs' existing vulnerabilities and creating new risks. Its immediate effects on health and wellbeing, and its longer term social and financial consequences mean that IDPs will need more assistance than ever.

### **Chapter One: Understanding internal displacement in the legal related context of COVID-19:**

Considering that displacement may occur across borders such as refugee influxes, or within a country because of disasters or armed conflict, this paper only concentrates on the internally displaced persons who have been forced or obliged to flee or to leave their homes and do not, unlike refugees, across the national borders.<sup>11</sup> The justification lies in the fact that IDPs are generally more vulnerable to contracting diseases, like COVID-19, because of where they initially find shelter in a host community. As they step into a new city, they usually have no access to safe housing, which is worsened by the lack of proper support and helpful information on what to do. They also lack the necessary support systems to promote a secure and healthy life.

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11- According to the 1951 Convention on the Status of Refugees, a "refugee" is a person who, "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country." The UN General Assembly, *Convention Relating to the Status of Refugees*, 28 July 1951, United Nations, Treaty Series, vol. 189, available at: <https://www.refworld.org/docid/3be01b964.html> [accessed 03 April 2021]

## **Section One: Exploring the concept and scope of definition of IDPs:**

According to the Guiding Principles on Internal Displacement, (IDPs) are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized border."<sup>12</sup> Analysis shows that the UN cites "armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters" as the causes of IDPs forced from their homes to another within an "internationally recognized state border". Is it time to expand and improve on this definition? Is an epidemic or a pandemic a new driver to displacement? Or has it always been an unseen or unrecognized variable? Beyond immediate responses to the growing social, economic, and physical insecurity globally, how do we address issues of the internally displaced in the face of a pandemic as they are more likely being excluded from the general narrative?

### **1. Rights of IDPs during pandemics:**

Internally displaced persons enjoy human rights that are articulated by international human rights instruments and customary law. In situations of armed conflict, moreover, they enjoy the same rights as other civilians to the various protections provided by international humanitarian law. The pandemic further undermines progress on all dimensions of fragility. In times of crises, the most essential right is to access health.<sup>13</sup> Once persons have been displaced, they retain a

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12- While the UN Guiding Principles on Internal Displacement are not legally binding, their authority has been recognized globally, particularly as they draw from international humanitarian and human rights law. The Africa Union in particular has codified the UN Guiding Principles on Internal Displacement with the 2009 Convention for the Protection and Assistance of Internally Displaced Persons in Africa (the so-called "Kampala Convention," preceded by the 2006 Great Lakes Protocol on the Protection and Assistance to Internally Displaced Persons). The UN High Commissioner for Refugees (UNHCR), Guiding Principles on Internal Displacement, 22 July 1998, available at: <https://www.refworld.org/docid/3c3da07f7.html> [accessed 03 April 2021]

13- IOM, UNHCR and WHO (2020), *Joint Press Release: The rights and health of refugees, migrants and stateless must be protected in COVID-19 response*, available at: <https://www.unhcr.org/news/press/2020/3/5e836f164/rights-health-refugees-migrants-stateless-must-protected-covid-19-response.html>. [accessed 03 April 2021]

broad range of economic, social, cultural, civil and political rights, including the right to basic humanitarian assistance (such as food, medicine, shelter), the right to be protected from physical violence, the right to education, freedom of movement and residence, political rights such as the right to participate in public affairs and the right to participate in economic activities (Principles 10-23).<sup>14</sup>

## **2. Responsibility to protect IDPs in humanitarian and emergency settings:**

The primary responsibility for protecting internally displaced persons, and all persons within their own country, rests with the national authorities of the country. National responsibility is a core concept of any response to internal displacement. It is a fundamental operating principle of the international community and is routinely emphasized by governments themselves, as a function of their sovereignty.<sup>15</sup> Yet, it is sometimes the very governments responsible for protecting and assisting their internally displaced populations that are unable or even unwilling to do so, and might even be directly involved in forcibly uprooting civilians.<sup>16</sup>

Reflecting on the realities of COVID-19, Authorities must ensure that internally displaced people have access to public health information in a relevant local language and a format that is easy to access, including for children and people with disabilities, and that they are covered by prevention and control measures. Authorities must adopt the necessary legal, policy and/or ad hoc measures to remove any barriers preventing internally displaced people from accessing health care and make sure that they have equal access to life-saving testing and treatment. Ensuring the participation of internally displaced people and host communities in decision-

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14- The Guiding Principles on Internal Displacement compiles human rights and humanitarian law relevant to internally displaced persons. Further background are available at: <https://www.ohchr.org/EN/Issues/IDPersons/Pages/Standards.aspx> [accessed 04 April 2021]

15- Global Protection Cluster (GPC), Handbook for the Protection of Internally Displaced Persons, June 2010, available at: <https://www.refworld.org/docid/4790cbc02.html> [accessed 3 April 2021]

16 Addressing Internal Displacement: Framework for National Responsibility, The Brookings Institution-Bern Project on Internal Displacement, 2005. Available at: [https://www.brookings.edu/wp-content/uploads/2016/06/04\\_national\\_responsibility\\_framework\\_Eng.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/04_national_responsibility_framework_Eng.pdf) [accessed 04 April 2021]

making and implementation processes is also key to the success of any national and local response measures.<sup>17</sup>

## **Section Two: Examining the COVID-19 restrictions in the limits of human rights:**

The national responses to the pandemic have been characterized by the taking of measures severely limiting the enjoyment of personal freedoms, to an extent that was unprecedented in democratic countries in times of peace. While taking different forms in various countries, the measures adopted broadly aim at enforcing social distancing among the population.<sup>18</sup> The COVID-19 pandemic threatens the enjoyment of human rights, most prominently the right to life and the right to health. The right to life is most evidently affected by the outbreak of COVID-19, which has already killed tens of thousands of individuals around the world. States have a due diligence obligation to protect individuals from deprivation of life caused by private persons.<sup>19</sup> This due diligence obligation could be read as including protecting individuals from threats to life posed by others carrying an infectious and deadly disease, such as COVID-19. Indeed, the obligations of States to respect and ensure the right to life also encompass foreseeable threats and the taking of measures to address life-threatening diseases.<sup>20</sup> One of the rights most clearly affected by the measures adopted by many States in response to the COVID-19 pandemic is freedom of movement. Many countries restricted movement within their borders.

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17- Reducing the impact of the COVID-19 pandemic on internally displaced people, ICRC and IFRC, 16 June 2020, available at: <https://www.icrc.org/en/publication/reducing-impact-covid-19-pandemic-internally-displaced-people> [accessed 28 March 2021]

18- Helen Davidson, 'Around 20% of global population under coronavirus lockdown' *The Guardian* (24 March 2020), available at: <https://www.theguardian.com/world/2020/mar/24/nearly-20-of-global-population-under-coronaviruslockdown> [accessed 04 April 2021]

19- Alessandra Spadaro, COVID-19: Testing The Limits of Human Rights, European Journal of Risk Regulation as part of the Cambridge Coronavirus Collection, available at: <https://www.cambridge.org/core/journals/european-journal-of-risk-regulation/article/covid19-testing-the-limits-of-human-rights/DED8334F9C1D793ACDB43054A2A9F19C> [accessed 25 March 2021]

20- General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000, available at: <https://www.refworld.org/pdfid/4538838d0.pdf> [accessed 04 April 2021]



## **1. Compliance of preventive measures with the international law:**

The question naturally arises of whether the measures briefly outlined above are legitimate. Human rights treaties specifically envision two tools which can and are being used by States to take measures to manage the COVID-19 pandemic which interfere with some human rights: limitations and derogations. Limitations allow precisely for the balancing of individual and collective interests and are built into several provisions of the International Covenant on Civil and Political Rights (ICCPR) and of the European Convention on Human Rights (ECHR) and its Protocols. Limitations to non-absolute rights are allowed when they are prescribed by law, pursuant to a legitimate aim and when such limitation is necessary in a democratic society and proportionate to the identified legitimate aim, meaning that no other less restrictive alternative is available.<sup>21</sup> Covid- related legislations must comply with legal principles and should be scrutinized thoroughly by parliamentarians and human rights commissions. Any temporary legislation that potentially impacts a state's human rights legislation must be legal and proportional. While human rights law permits certain limitations on human rights in narrowly applicable situations, these should comply with the Principles on the Limitation and Derogation of Provisions.<sup>22</sup> This is grounded in the general principle of 'non-retrogression', meaning that states should not permit human rights protections to deteriorate unless there are strong justifications, which puts the burden of justification on the state to demonstrate that it has only adopted a retrogressive measure after it has considered all the options carefully, has assessed the impact, and has fully used its maximum available resources. Public health is one of the identified legitimate aims which may be invoked as a ground

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21- The UN Human Rights Committee, Statement on derogations from the Covenant in connection with the COVID-19 pandemic, adopted on 24 April 2020, available at: <https://www.ohchr.org/Documents/HRBodies/CCPR/COVIDstatementEN.pdf> [accessed 04 April 2021]

22 UN Commission on Human Rights, The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, 28 September 1984, available at: <https://www.refworld.org/docid/4672bc122.html> [accessed 04 April 2021]

for limiting certain rights in order to allow a State to take measures dealing with a serious threat to the health of the population or individual members of the population.<sup>23</sup>

## **2. Legal considerations in connection with the COVID-19 pandemic:**

States must take effective measures to protect the right to life and health of all individuals within their territory and all those subject to their jurisdiction. They must observe the following requirements and conditions when exercising emergency powers in connection with the COVID-19 pandemic:<sup>24</sup>

2.1 Where measures derogating from the obligations of States parties under the Covenant are taken, the provisions derogated from and the reasons for the derogation must be communicated immediately to the other States parties through the Secretary-General.

2.2 Derogating measures may deviate from the obligations set out by the Covenant only to the extent strictly required by the exigencies of the public health situation. Their predominant objective must be the restoration of a state of normalcy, where full respect for the Covenant can again be secured. Derogations must, as far as possible, be limited in duration, geographical coverage and material scope, and any measures taken, including sanctions imposed in connection with them, must be proportional in nature.

2.3 States parties should not derogate from Covenant rights or rely on a derogation made when they are able to attain their public health or other public policy objectives by invoking the possibility to restrict certain rights, such as article 12 (freedom of movement), article 19 (freedom of expression) or article 21 (right to peaceful assembly), in conformity with the provisions for such restrictions set out in the Covenant, or by invoking the possibility of introducing reasonable limitations on certain rights, such as article 9 (right to

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23- UN Economic and Social Council, 'The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights' (28 September 1984) UN Doc E/CN.4/1985/4, para 22. Available at: <https://undocs.org/en/E/CN.4/1985/4> [accessed 04 April 2021]

24- Op.Cit. The UN Human Rights Committee, Statement on derogations from the Covenant in connection with the COVID-19 pandemic, P.2.

personal liberty) and article 17 (right to privacy), in accordance with their provisions.

2.4 States parties may not resort to emergency powers or implement derogating measures in a manner that is discriminatory, or that violates other obligations that they have undertaken under international law, including under other international human rights treaties from which no derogation is allowed.

## **Chapter Two: Mapping the impact and implications of Covid-19 on IDPs:**

The movement restrictions and other measures imposed by countries as a response to the pandemic are directly impacting the daily lives and circumstances of IDPs and host communities.<sup>25</sup>

Livelihoods are being interrupted and access to healthcare, where it is available, remains limited. Many communities hosting internally displaced populations lack adequate investments in health, water and sanitation infrastructure, in addition to the issues of overcrowding, poor shelter, scarce resources, limited access to reliable information, social discrimination, and marginalization of certain groups, all of which have the potential to exacerbate social tensions and increase the risk of emergent localized conflict. The impact felt by these communities not only increases humanitarian need but also exacerbates the existing and already complex barriers to IDPs seeking solutions. When addressing COVID-19 and its impacts on IDPs, it is first important to understand how IDPs experience the pandemic and related challenges. This section briefly presents key areas where IDPs are most negatively affected.

### **1. Health implications:**

IDPs are one of the most adversely affected populations by COVID-19. A recent World Health Organization editorial discusses the challenge of addressing COVID-19 within displaced populations due to factors such as the impossibility of social distancing in many contexts; poor treatment outcomes due to other infectious diseases such as tuberculosis and malaria; misinformation, and

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25- Op.Cit. IOM, Populations at risk: Implications of COVID-19 for hunger, migration and displacement, November 2020, available at: [https://www.iom.int/sites/default/files/populations\\_at\\_risk\\_-\\_implications\\_of\\_covid-19\\_for\\_hunger\\_migration\\_and\\_displacement.pdf](https://www.iom.int/sites/default/files/populations_at_risk_-_implications_of_covid-19_for_hunger_migration_and_displacement.pdf) [accessed 16 April 2021].

stigmatization that reduce IDPs' ability to receive information, testing, and treatment.<sup>26</sup> These issues are compounded by the broader structural issues of poor health and sanitation infrastructure in many countries where IDPs live.<sup>27</sup> The lack of testing and limited access to data on the pandemic in crisis-affected countries in Africa, for example, has led to fears that the COVID-19 response is fighting the epidemic in the dark, with widespread ramifications both within countries and around the globe.<sup>28</sup> It is assumed that in many low-income countries, particularly those affected by conflict, cases are much higher than official numbers suggest. Given the under-testing in many refugee camps, it is hard to fully understand the impact of the virus and the level of support required to combat it.

The Internal Displacement Monitoring Centre (IDMC) has published some reports and expert opinions regarding the internal displacement situation during the pandemic. In the 2020 mid-year update<sup>29</sup> there have been estimated 3.6 million displaced in Yemen. In addition, 2362 COVID-19 infections and 643 deaths have been confirmed in this country. until 04 March.<sup>30</sup> However, it is highly likely that these numbers are underestimated due to the low testing capacity and the current conflict situation in Yemen. An IDMC survey has reported that 45% of internally displaced people have reported symptoms consistent with COVID-19, as compared to 30% of non-displaced people.<sup>31</sup> This could be motivated by displacement

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26- Alemi, Q., Stempel, C., Siddiq H. & Kim, E. (2020) Refugees and COVID-19: achieving a comprehensive public health response. Bulletin of the World Health Organization. Available at: <https://www.who.int/bulletin/volumes/98/8/20-271080/en/> [accessed 16 April 2021].

27- Lancet, The. "COVID-19 will not leave behind refugees and migrants." *Lancet (London, England)* 395.10230 (2020): 1090. Available at: <https://pubmed.ncbi.nlm.nih.gov/32247379/> [accessed 16 April 2021].

28- IRC (2020) Press Release: As confirmed COVID cases more than double in July across African countries, a lack of testing in crisis-affected contexts keeps responders in the dark about the real spread of the disease, warns IRC. Available at: <https://www.rescue-uk.org/press-release/confirmed-covid-cases-more-double-july-across-african-countries-lack-testing-crisis> [accessed 16 April 2021].

29- Internal Displacements Monitoring Centre (2021) Internal Displacements Monitoring Centre. Available at: <https://www.internal-displacement.org/>. [accessed 17 April 2021].

30- Sydney C (2021) Displacement severity on the rise after a challenging year. Internal Displacements Monitoring Centre. <https://www.internal-displacement.org/expert-opinion/displacement-severity-on-the-rise-after-a-challenging-year>. [accessed 16 April 2021].

31- Yasukawa L (2021) New survey shows how COVID-19 exacerbates the critical needs of Yemens's IDPS. Internal Displacements Monitoring Centre. <https://www.internal->

conditions, lack of water, hygiene and overcrowding. This type of survey has been useful to produce estimates of the impact of the pandemic on the number of potential infected and to analyze barriers to access to treatment in positive cases. As of the September 2020, there were 186 confirmed COVID-19 cases reported among IDPs, with a total of 200 in Nigeria, 116 in Iraq, 03 in Somalia, 08 in Mali and 57 in South Sudan.<sup>32</sup> The limited conduction of COVID-19 tests and the absence of reporting of infected cases resulted in the absence of any updated database of the full number of people infected with COVID-19.<sup>33</sup>

## 2. Movement restrictions and immediate protection needs:

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, international flight suspensions and visa restrictions or suspensions.<sup>34</sup> Other measures directed at control of internal movement are curfews, and the establishment of surveillance and monitoring systems.

Lockdowns and restrictions on freedom of movement mean IDPs in both camps and urban areas face the risk of starvation amid lost livelihoods and limited assistance, as well as increased insecurity. Lockdowns have also affected the organisations they may usually receive assistance from, which in many cases have struggled to

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[displacement.org/expert-opinion/new-survey-shows-how-covid-19-exacerbates-the-critical-needs-of-yemens-idps](https://displacement.org/expert-opinion/new-survey-shows-how-covid-19-exacerbates-the-critical-needs-of-yemens-idps). Accessed 4 Mar 2021

32- Op.Cit. IOM, Populations at risk: Implications of COVID-19 for hunger, migration and displacement, November 2020, available at: [https://www.iom.int/sites/default/files/populations\\_at\\_risk\\_-\\_implications\\_of\\_covid-19\\_for\\_hunger\\_migration\\_and\\_displacement.pdf](https://www.iom.int/sites/default/files/populations_at_risk_-_implications_of_covid-19_for_hunger_migration_and_displacement.pdf) [accessed 16 April 2021].

33- Alexandra Bilak, IDMC Annual Report (2020), available at: <https://www.internal-displacement.org/sites/default/files/inline-files/Alexandra%20Bilak%20GRID%202020%20opinion%20piece%20AR.pdf> [accessed 17 April 2021].

34- IOM, Global Mobility Restriction Overview, Weekly Update: 12 April 2021, available at: <https://displacement.iom.int/system/tdf/reports/DTM-COVID19%20Global%20Overview%20Output%2012.04.2021%20FINAL.pdf?file=1&type=node&id=11253> [accessed 17 April 2021].

provide the same amount and type of support as they previously had, while travel restrictions have limited the access of both aid and personnel to many regions in need. In camps as well as in dense urban areas where many IDPs reside, a lack of basic health infrastructure, overcrowding, and poor sanitation all contribute to the risk of transmission and infection.<sup>35</sup> In Iraq, service delivery to some formal IDP camps improved due to easing of movement restrictions but service delivery remains a challenge in nine of the 62 camps in which humanitarian actors have recorded partial or no-access to the camps.<sup>36</sup>

### **3. Livelihoods and Economic Impacts:**

With possible long-term effects, internally displaced families are extremely vulnerable to livelihood loss and financial insecurity compared to members of the host city or community.<sup>37</sup> IDPs have suffered some of the largest economic impacts of lockdowns and restrictions on movement. These direct health risks as well as secondary impacts on IDPs protection, rights, livelihoods, and access to basic services. Many internally displaced people will be disproportionately affected by the economic repercussions of lockdown measures, given their already precarious circumstances and heavy dependence on casual labour and/or external support (from host communities, authorities and humanitarian organizations) to meet their basic needs. As such, they will be even more vulnerable to exploitation and abuse, including sexual violence.<sup>38</sup>

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35- UNHCR, Impact of COVID-19 on the protection of displaced and stateless populations, West Africa, 15 April 2020, available at: <https://data2.unhcr.org/en/documents/details/77587> [accessed 12 April 2021].

36- Op.Cit. IOM, COVID-19 Mobility Impacts Update Series, Impact on IDPs, 16th edition, 11 October 2020.

37- The World Bank (2019) Informing durable solutions for internal displacement, <https://www.worldbank.org/en/topic/poverty/publication/informing-durable-solutions-for-internal-displacement>. [accessed 17 April 2021].

38- Reducing the impact of the COVID-19 pandemic on internally displaced people, ICRC and IFRC, 16 June 2020, Page 02, available at: [Reducing the Impact of the COVID-19 Pandemic on Internally Displaced People | International Committee of the Red Cross \(icrc.org\)](https://www.icrc.org/en/document/reducing-the-impact-of-the-covid-19-pandemic-on-internally-displaced-people) [accessed 13 April 2021].

Authorities are primarily responsible for assisting internally displaced people within their jurisdiction, without discrimination. Many internally displaced people living in camps depend on humanitarian aid for survival.<sup>39</sup> Those living outside camps mostly depend on informal livelihood opportunities and support from host communities, both of which may be affected by COVID-19 containment measures and their economic repercussions. Where containment measures are imposed, authorities must organize and/or facilitate alternative methods of delivering aid and providing services to internally displaced people and host communities that protect the health of internally displaced people and humanitarian workers, taking into account the specific needs of older people, people with disabilities, children and other vulnerable groups.<sup>40</sup> In camps and camp-like settings, the provision of aid should be organized in line with appropriate measures for physical distancing, infection prevention and control and crowd management, to prevent too many people gathering in one place at the same time.<sup>41</sup>

#### **4. Access to education:**

Displaced children may face additional barriers in accessing education as schools or the organisations providing special educational programmes have been forced to close. This may include situations where displaced children have no access to the technological means or other support structures to continue their education from home.<sup>42</sup> The negative outcomes of prolonged closures disproportionately impact displaced children. This situation is especially precarious for girls, most at risk of permanently

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39 Op.Cit. UNHCR, Impact of COVID-19 on the protection of displaced and stateless populations, West Africa, 15 April 2020

40 UNHCR, Livelihoods, food and futures: COVID-19 and the displaced, a series of stories published on 11 April 2021, available at: <https://storymaps.arcgis.com/stories/4b999f79628644df84ccb7c10a9edd9e> [accessed 13 April 2021].

41- IASC, Interim Guidance: Scaling-up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings, March 2020, available at: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-responseoperations-camps-and-camp> [accessed 29 April 2020].

42- COVID-19 and the human rights: Guidance, OHCHR, available at: [https://www.ohchr.org/Documents/Issues/Migration/OHCHRGuidance\\_COVID19\\_Migrants.pdf](https://www.ohchr.org/Documents/Issues/Migration/OHCHRGuidance_COVID19_Migrants.pdf) [accessed 14 April 2021].

dropping out. In response, UNHCR has taken measures to ensure displaced children and youth can access distance learning alternatives as part of national responses and offered health training for teachers and community awareness-raising activities on COVID-19, while upgrading water and sanitation facilities in and around learning spaces.<sup>43</sup>

### **5. Gender-based violence (GBV) and child protection concerns:**

Crises exacerbate age, gender, and disability inequalities and place women, girls, and other vulnerable populations at increased risk of sexual and gender-based violence, specifically intimate partner violence (IPV)<sup>44</sup>. In fact, IPV may be the most common type of violence that women and girls experience during emergencies, resulting in profound physical and psychosocial harm. In the event of COVID-19 outbreaks in development and humanitarian settings, IPV incidents may surge if movement restrictions or quarantine measures are put in place. However, at the time when many women and girls need life-saving care and support more than ever, evidence suggests that those services are likely to decrease as service providers are overburdened and preoccupied with handling COVID-19 cases.<sup>45</sup> In principle, life-saving SGBV interventions should continue to ensure critical SGBV response services are available all the time for those who are in need, while non-life-saving activities with a large number of people (e.g., community sensitization/outreach, group awareness /information sessions) can

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43- UNICEF, Policy Brief: Education during COVID-19 and beyond, August 2020, available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg\\_policy\\_brief\\_covid-19\\_and\\_education\\_august\\_2020.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf) [accessed 14 April 2021].

44- Intimate partner violence", can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone. UNHCR, Protecting forcibly displaced women and girls during the covid-19 pandemic, March 2021 available at: <https://reporting.unhcr.org/node/30367> [accessed 14 April 2021].

45- United Nations Population Fund (UNFPA), Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, published on 27 April 2020, available at: [Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage | UNFPA - United Nations Population Fund](#) [accessed 14 April 2021].



be temporarily held off, or redesigned in a way to minimize the risks of infection.<sup>46</sup>

UNICEF also estimates that more than 150 million children vulnerable during COVID-19, for three main reasons:<sup>47</sup> children have specific susceptibilities to infection during infectious disease outbreaks; Infectious diseases can disrupt the environments in which children grow and develop; and measures used to prevent and control the spread of infectious diseases can expose children to protection risks. Moreover, children face additional protection risks, if schools are closed, girls in development or humanitarian settings maybe less able to access health, hygiene, and protection messaging and their caregiving burdens may increase. The economic impact of public health emergencies may force families to take their children, particularly their daughters, out of school to work, potentially leading to transactional sex, or child early or forced marriages. All children are at risk of becoming separated from their caregiver during infectious disease outbreaks, as their caregiver may die, be quarantined, or become unavailable for other reasons.<sup>48</sup>

### **Chapter Three: International efforts to respond to IDPs related COVID-19 challenges:**

The COVID-19 pandemic has proved that it does not respect borders and cannot be faced by one country alone. The Covid- 19 complexity of challenges and its various forms and impacts entail a collective response to be multifaceted. For this reason, multilateralism, not unilateralism must be fostered to respond to the occurring multilateral challenges. The challenges that may be faced by global health efforts have Social, political, and economic dimensions, but despite those challenges, there's a critical need for synergy between all the global actors.

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46- Ibid. UNFPA, Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, p. 3.

47- UNICEF, COVID-19 and children, UNICEF Data hub, March 2020, available at: <https://data.unicef.org/covid-19-and-children/> [accessed 15 April 2021].

48- UNICEF, Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what can we do to help, June 2020, available at: <https://www.unicef.org/media/83546/file/Migrant-and-displaced-children-in-the-age-of-COVID-19.pdf> [accessed 15 April 2021].

## 1. The UN Special Rapporteur on the human rights of IDPs:

IDPs are at heightened risk of exposure to COVID-19 due to limited access to healthcare, water, sanitation, food and adequate housing, and often face discrimination. The UN Special Rapporteur on the human rights of internally displaced persons<sup>49</sup> called on governments to exercise their sovereign responsibility to protect them based on the Guiding Principles on Internal Displacement and without diverting from existing delivery of humanitarian assistance.<sup>50</sup> States must scale up humanitarian assistance to internally displaced persons in light of the pandemic, while taking the appropriate measures to prevent the transmission of COVID-19 and protect humanitarian workers. The Special Rapporteur highlighted that the situation of displacement might increase the already high vulnerability of older people and people with underlying health conditions to COVID-19. Displaced people with disabilities or belonging to minority groups or indigenous communities might face even more barriers in accessing essential services and healthcare.

## 2. The International Organization for Migration (IOM):

IOM<sup>51</sup> has mentioned IDPs facing increasing risks of exposure to the virus and other diseases, further amplified by the rising number of the displaced, thus the need for relocation and improved monitoring. Likewise, the COVID-19 pandemic provides opportunities to closely examine the actual direct and reverberating impacts of an

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49 The Special Rapporteur on the human rights of internally displaced persons is an independent human rights expert appointed by the United Nations Human Rights Council. The first Special Rapporteur on the human rights of internally displaced persons was appointed in September 2010, with the same functions as the former Representative of the Secretary-General on the human rights of internally displaced persons. Further background is available at: <https://www.ohchr.org/en/issues/idpersons/pages/idpersonsindex.aspx> [accessed 17 April 2021].

50 OHCHR, COVID-19: Do not forget internally displaced persons, UN expert urges Governments worldwide, 01 April 2020, available at: <https://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25763&LangID=E> [accessed 17 April 2021].

51- IOM, or as it was first known, the Provisional Intergovernmental Committee for the Movement of Migrants from Europe (PICMME), was born in 1951 out of the chaos and displacement of Western Europe following the Second World War. Further background is available at: <https://www.iom.int/iom-history> [accessed 17 April 2021].

epidemic or pandemic on IDPs.<sup>52</sup> During 2020, the Organization successfully supported nearly 35 million people in 60 countries impacted by humanitarian crises with COVID-19 related interventions; close to 37 million people with COVID-19-related risk communication messages and community engagement efforts; over 2,600 stranded migrants to return home in a safe and dignified manner; approximately 240,000 people to rebuild their livelihoods; 570 health facilities in dozens of countries with essential health services, including routine immunizations; and 19 million people with critical water, sanitation and hygiene supplies, and installed or rehabilitated over 19,200 handwashing facilities.<sup>53</sup>

### **3. United Nations High Commissioner for Refugees (UNHCR):**

UNHCR<sup>54</sup> is committed to working in close concert with national authorities and other relevant actors to ensure that all COVID-19 related prevention and response initiatives at the national level include persons of concern, while at the same time closely monitoring the application of these measures to ensure that people are not exposed to specific protection risks.<sup>55</sup> UNHCR and The Global Alliance for Vaccines and Immunizations (GAVI)<sup>56</sup> signed a Memorandum of Understanding (MoU) on 03 February 2020, with the overall goal of ensuring refugees and other forcibly displaced can access vaccines on par with nationals. The MoU also looks at

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52- Op.Cit. IOM, COVID-19 Mobility Impacts Update Series, Impact on IDPs, 16th edition, 11 October 2020.

53- IOM, COVID-19 Response Report during 2020, available at: <https://www.iom.int/news/iom-looks-back-one-year-covid-19-response-appeals-usd-812-million-2021> [accessed 17 April 2021].

54 The office of the United Nations High Commissioner for Refugees (UNHCR) was created in 1950, during the aftermath of the Second World War, to help millions of Europeans who had fled or lost their homes. Further background is available at: <https://www.unhcr.org/history-of-unhcr.html>

55- Impact of COVID-19 on the protection of displaced and stateless populations, UNHCR, April 2020, <https://data2.unhcr.org/en/documents/details/77587> [accessed 17 April 2021].

56 The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation) is a global health partnership of public and private sector organizations dedicated to “immunisation for all”. It provides a unique opportunity for a wide-range of partners to build consensus around policies, strategies, and priorities and to recommend responsibility of implementation to the partner with the most experience and insight in the area. GAVI has developed innovative approaches to international health and development. Further background is available at: [https://www.who.int/workforcealliance/members\\_partners/member\\_list/gavi/en/](https://www.who.int/workforcealliance/members_partners/member_list/gavi/en/) [accessed 17 April 2021].

expanding coverage and quality of immunization services, promoting equity in access and uptake of vaccines, and strengthening health systems at community and primary care level.<sup>57</sup> UNHCR has been advocating for the equitable inclusion of refugees, internally displaced and stateless populations in national vaccines plans through the COVAX Facility<sup>58</sup>, a global initiative that brings together governments and manufacturers to ensure that COVID-19 vaccines reach all populations, including those in low income countries and those at risk of being left behind, such as refugees and stateless. Since the vast majority of the world's refugees are hosted in low- and middle-income countries, support of host country governments is crucial to ensure that refugees are also included in the roll-out of the vaccine.<sup>59</sup>

#### **4. COVID-19 Global Humanitarian Response Plan (GHRP):**

The COVID-19 Global HRP is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGOs with a humanitarian mandate, to analyse and respond to the direct public health and indirect immediate humanitarian consequences of the pandemic, particularly on people in countries already facing other crises.<sup>60</sup> The GHRP addresses the additional needs from the COVID-19 pandemic building on, but without prejudice to the ongoing humanitarian operations for pre-COVID-19 emergencies. Funding ongoing plans

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57- UNHCR COVID-19 Preparedness and Response, 17 February 2020, available at: <https://reporting.unhcr.org/sites/default/files/UNHCR%20Global%20COVID-19%20Emergency%20Response%2017%20February%202021.pdf> [accessed 17 April 2021].

58 COVAX is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which was launched in April by the World Health Organization (WHO), the European Commission and France in response to this pandemic. Bringing together governments, global health organisations, manufacturers, scientists, private sector, civil society and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments and vaccines. The COVAX pillar is focussed on the latter. Further background is available at: <https://www.gavi.org/vaccineswork/covax-explained> [accessed 17 April 2021].

59- UNHCR, Global COVID-19 Response Report during 2020, available at: <https://reporting.unhcr.org/sites/default/files/COVID-19%20progress%20report%20-%2004.10.20%20-%20FINAL.pdf> [accessed 17 April 2021].

60- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Global Humanitarian Response Plan COVID-19, December 2020, available at: <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf> [accessed 17 April 2021].

remains an utmost priority given that people targeted in these plans will be the most affected by the direct and indirect impact of the pandemic. Ensuring that humanitarian plans are fully resourced is essential to avoid further loss of lives and suffering, and the aggravation of vulnerabilities. It will also help affected people to better cope with the new emergency and will be an important stabilizing factor in these fragile contexts.<sup>61</sup>

#### **Chapter Four: Responsibility to provide vaccines to IDPs:**

The national authorities are responsible for public health responses and COVID-19 immunization. The delivery and administration of the vaccines to beneficiaries will be coordinated by the national health authorities. National, international organizations and civil society partners may be requested to support these efforts.<sup>62</sup>

##### **1. Ensuring equal and non-discriminatory access to vaccines:**

Everyone is entitled, on an equal footing with others, to enjoy access to all the best available applications of scientific progress necessary to enjoy the highest attainable standard of health.<sup>63</sup> The International Covenant on Economic, Social and Cultural Rights (ICESCR) requires States to achieve the progressive realisation of the rights protected by the Covenant, including the right to health, both individually and through international assistance and co-operation.<sup>64</sup> States which are able to do so should provide assistance, especially economic, scientific and technical, to developing countries for immunisation against major infectious diseases and for the prevention, treatment and control of epidemic

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61- Ibid. OCHA, Global Humanitarian Response Plan COVID-19, December 2020, P. 4.

62- Op.Cit. ICRC and IFRC, Reducing the impact of the COVID-19 pandemic on internally displaced people, P. 03.

63- Committee on Economic Social and Cultural Rights (CESCR), General Comment No. 25 (2020) on science and economic, social and cultural rights (article 15 (1) (b), (2), (3) and (4) of the Covenant), para. 70. Available at: <https://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx> [accessed 18 April 2021].

64- ICESCR article 2.1. See also CESCR General Comment No. 3 (1990) on the nature of States parties' obligations (art. 2, para. 1, of the Covenant). Available at: <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx> [accessed 19 April 2021].

and endemic diseases.<sup>65</sup> Access to vaccines and medicines is disturbingly uneven in many places, with poorer health outcomes for women and girls, national, ethnic, religious, racial and linguistic minorities, indigenous populations, persons living in poverty, persons with disabilities, migrants, particularly undocumented migrants, stateless persons, and others experiencing marginalisation. COVID-19 infection rates and outcomes for minorities and people in vulnerable groups have mirrored these patterns, in part due to structural inequalities and discrimination. These facts raise a substantial risk that these populations and groups will fall behind in vaccines rates relative to others. Women and girls risk discrimination in vaccine distribution for many reasons, including higher rates of poverty and the impact of societal norms.<sup>66</sup> Focused efforts are essential to remove barriers, pre-empt potential discrimination, and monitor distribution to ensure equality and avoid discrimination. These efforts are not only essential to protect human rights, but to ensure the effectiveness of the vaccines campaign. Vaccines distribution plans need to ensure full accessibility for persons with disabilities. Similarly, emerging issues including testing access and protocols, data collection and retention, “immunity passports”, surveillance and tracking tools, and the discriminatory treatment of persons who have recovered from COVID-19 all require intensive attention in this context.<sup>67</sup>

## **2. The international coordination mechanism support:**

As for the international coordination or donor support mechanisms for countries to roll out vaccines, the COVAX, the vaccines pillar of

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65- CESCR, General Comment No. 14 (2000) on the right to the highest attainable standard of physical and mental health (art.14 of the Covenant), paras. 43-45. See also UN Human Rights Experts: Universal access to vaccines is essential for prevention and containment of COVID-19 around the world (9 November 2020), available at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26484&LangID=E> [accessed 19 April 2021].

66- OHCHR Guidance Note on CEDAW and COVID-19, available at: [https://www.ohchr.org/Documents/HRBodies/TB/COVID19/Guidance\\_Note.docx](https://www.ohchr.org/Documents/HRBodies/TB/COVID19/Guidance_Note.docx) and COVID-19 and Women’s Human Rights (OHCHR), available at: [https://www.ohchr.org/Documents/Issues/Women/COVID-19\\_and\\_Womens\\_Human\\_Rights.pdf](https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf) [accessed 18 April 2021].

67- Racial Discrimination in the COVID-19 Context (OHCHR), available at [https://www.ohchr.org/Documents/Issues/Racism/COVID19\\_and\\_Racial\\_Discrimination.pdf](https://www.ohchr.org/Documents/Issues/Racism/COVID19_and_Racial_Discrimination.pdf)

the Access to COVID-19 Tools Accelerator (ACT) is the global collaboration to accelerate the development, production, and equitable access to COVID-19 vaccines.<sup>68</sup> It aims to coordinate a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines: 187 countries and donors are engaged. More than 2 billion USD have been raised to support vaccines procurement for 92 Low- and Middle-Income Countries (LMICs) which have been identified as priority countries for support. Many of those countries are refugee hosting countries. The COVAX Fair Allocation Framework provides the guiding principles for an equitable distribution. Governments are encouraged to include all populations, independent of their residency and legal status, including refugees, IDPs, stateless persons, migrants, and other Persons of concern. The key to achieving this is inclusion of all populations into national vaccines strategies. However, recognizing that there may be humanitarian populations not included, COVAX partners have proposed a humanitarian buffer which commits 5% of real time COVID-19 vaccine volumes until the end of 2021 (~100m doses) to populations affected by conflict and humanitarian emergencies. The humanitarian buffer is expected to be approved in March 2021. The buffer is expressly reserved as a measure of last resort, not as substitute for not including refugees in national plans.<sup>69</sup>

### **3. The role of UNHCR to support access of IDPs to vaccinates:**

The IASC Principles are working very closely with GAVI, WHO, UNICEF and others within COVAX on the fulfilment of the allocation framework to all persons, including humanitarian populations, refugees, stateless, IDPs and migrants. To ensure that IDPs situations are effectively included in national vaccine

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68- The ACT-Accelerator is organized into four pillars of work: diagnostics, treatment, vaccines and health system strengthening. Each pillar is vital to the overall effort and involves innovation and collaboration. Available at: <https://www.who.int/initiatives/act-accelerator> [accessed 18 April 2021].

69- The COVAX Humanitarian Buffer, 30 March 2021, available at: <https://www.gavi.org/vaccineswork/covax-humanitarian-buffer-explained> [accessed 18 April 2021].

strategies and the roll-out, advocacy efforts must be focused on all vulnerable groups, yet indiscriminatory. The health cluster will be a key partner in the work of UNHCR to support the access of IDPs to vaccines.<sup>70</sup>

### **Conclusion:**

This paper has shown the limited protection provided to contain and mitigate the spread of the COVID-19 pandemic across the world's most vulnerable, displaced populations is breath-taking in scope. The challenges 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. IDPs should be included in the national and local preparedness and response strategies and social protection plans relating to the Covid-19 pandemic. Authorities must ensure that internally displaced people have access to public health information in a relevant local language and a format that is easy to access, including for children and people with disabilities, and that they are covered by prevention and control measures. Authorities must adopt the necessary legal, policy and/or ad hoc measures to remove any barriers preventing IDPs from accessing health care and make sure that they have equal access to life-saving testing and treatment. They must ensure that all internally displaced persons have access to water, sanitation, facilities for personal hygiene, adequate housing and food.

The response to COVID-19 must be inclusive to be effective. International assistance to address the pandemic must reach all vulnerable populations, including the refugees, asylum seekers, and the internally displaced. Governments should ensure that the forcibly displaced living in both camp and non-camp settings are included in prevention and mitigation efforts. Humanitarian actors shall improve access to water, sanitation, and hygiene (WASH)

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70- UNHCR, COVID-19 Vaccinations: Update No. 2, 24 March 2021, available at: <https://data2.unhcr.org/en/documents/download/85682> [accessed 19 April 2021].



facilities. International organisations should prioritize the deployment of qualified medical personnel to 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. They 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. The operational humanitarian response shall also enhance communications and the flow of information through developing information campaigns to ensure displaced communities have accurate and current information about the coronavirus and response efforts. Humanitarian actors shall ensure that psychosocial support is available for women and girls' survivors of GBV and adapt to working modalities where IDPs can be further reached and assisted. Eventually, the United Nations shall accelerate the international efforts to provide vaccines to IDPs through consistent mechanisms with the States where they live in the letter and word of the international law. The COVID-19 pandemic does offer a critical moment to push for new forms of multi-stakeholder multilateralism and create multilateral innovation that offers a window of opportunity to help advance a long-overdue overhaul of global cooperation structures to advance protection of IDPs.

## Bibliography:

### 1- Books and articles:

- Yasukawa L (2021) New survey shows how COVID-19 exacerbates the critical needs of Yemens's IDPS. Internal Displacements Monitoring Centre. <https://www.internal-displacement.org/expert-opinion/new-survey-shows-how-covid-19-exacerbates-the-critical-needs-of-yemens-idps>.
- Sydney C (2021) Displacement severity on the rise after a challenging year. Internal Displacements Monitoring Centre. <https://www.internal-displacement.org/expert-opinion/displacement-severity-on-the-rise-after-a-challenging-year>.
- Alessandra Spadaro, COVID-19: Testing The Limits of Human Rights, European Journal of Risk Regulation as part of the Cambridge Coronavirus Collection, 2020, available at: <https://www.cambridge.org/core/journals/european-journal-of-risk-regulation/article/covid19-testing-the-limits-of-human-rights/DED8334F9C1D793ACDB43054A2A9F19C>
- IOM, Populations at risk: Implications of COVID-19 for hunger, migration and displacement, November 2020, available at: [https://www.iom.int/sites/default/files/populations\\_at\\_risk\\_-\\_implications\\_of\\_covid-19\\_for\\_hunger\\_migration\\_and\\_displacement.pdf](https://www.iom.int/sites/default/files/populations_at_risk_-_implications_of_covid-19_for_hunger_migration_and_displacement.pdf)
- Reducing the impact of the COVID-19 pandemic on internally displaced people, ICRC and IFRC, 16 June 2020, available at: <https://www.icrc.org/en/publication/reducing-impact-covid-19-pandemic-internally-displaced-people>

- IASC, Interim Guidance: Scaling-up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings, March 2020, available at:  
<https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-responseoperations-camps-and-camp>
- UNICEF, Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what can we do to help, June 2020, available at:  
<https://www.unicef.org/media/83546/file/Migrant-and-displaced-children-in-the-age-of-COVID-19.pdf>
- UNHCR COVID-19 Preparedness and Response, 17 February 2020, available at:  
<https://reporting.unhcr.org/sites/default/files/UNHCR%20Global%20COVID-19%20Emergency%20Response%2017%20February%2020201.pdf>
- OHCHR Guidance Note on CEDAW and COVID-19, available at:  
[https://www.ohchr.org/Documents/HRBodies/TB/COVID19/Guidance\\_Note.docx](https://www.ohchr.org/Documents/HRBodies/TB/COVID19/Guidance_Note.docx) and COVID-19 and Women's Human Rights (2020), available at:  
[https://www.ohchr.org/Documents/Issues/Women/COVID-19\\_and\\_Womens\\_Human\\_Rights.pdf](https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf)
- OHCHR, Racial Discrimination in the COVID-19 Context, 2020, available at  
[https://www.ohchr.org/Documents/Issues/Racism/COVID19\\_and\\_Racial\\_Discrimination.pdf](https://www.ohchr.org/Documents/Issues/Racism/COVID19_and_Racial_Discrimination.pdf)
- Impact of COVID-19 on the protection of displaced and stateless populations, UNHCR, April 2020,  
<https://data2.unhcr.org/en/documents/details/77587>
- Alemi, Q., Stempel, C., Siddiq H. & Kim, E. (2020) Refugees and COVID-19: achieving a comprehensive public health response. Bulletin of the World Health Organization.

- Available at: <https://www.who.int/bulletin/volumes/98/8/20-271080/en/>
- UNHCR, Impact of COVID-19 on the protection of displaced and stateless populations, West Africa, 15 April 2020, available at: <https://data2.unhcr.org/en/documents/details/77587>
  - IRC (2020) Press Release: As confirmed COVID cases more than double in July across African countries, a lack of testing in crisis-affected contexts keeps responders in the dark about the real spread of the disease, warns IRC. Available at: <https://www.rescue-uk.org/press-release/confirmed-covid-cases-more-double-july-across-african-countries-lack-testing-crisis>
  - OHCHR, COVID-19 and the human rights: Guidance, 2020, available at: [https://www.ohchr.org/Documents/Issues/Migration/OHCHR\\_Guidance\\_COVID19\\_Migrants.pdf](https://www.ohchr.org/Documents/Issues/Migration/OHCHR_Guidance_COVID19_Migrants.pdf)
  - The World Bank (2019) Informing durable solutions for internal displacement. <https://www.worldbank.org/en/topic/poverty/publication/informing-durable-solutions-for-internal-displacement>.
  - Lancet, The. "COVID-19 will not leave behind refugees and migrants." Lancet (London, England) 395.10230 (2020): 1090. Available at: <https://pubmed.ncbi.nlm.nih.gov/32247379/>
  - Richard Skretteberg, A global overview of displacement crises in 2019, available at: <https://www.nrc.no/shorthand/fr/79.5-million-people-displaced-in-the-age-of-covid-19/index.html>
  - Addressing Internal Displacement: Framework for National Responsibility, The Brookings Institution-Bern Project on Internal Displacement, 2005. Available at: [https://www.brookings.edu/wp-content/uploads/2016/06/04\\_national\\_responsibility\\_framework\\_Eng.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/04_national_responsibility_framework_Eng.pdf)

## 2- Report:

- UNHCR, COVID-19 Vaccines: Update No. 2, 24 March 2021, available at: <https://data2.unhcr.org/en/documents/download/85682>
- Internal Displacements Monitoring Centre (2021) Internal Displacements Monitoring Centre. Available at: <https://www.internal-displacement.org/>.
- IOM, Global Mobility Restriction Overview, Weekly Update: 12 April 2021, available at: <https://displacement.iom.int/system/tdf/reports/DTM-COVID19%20Global%20Overview%20Output%2012.04.2021%20FINAL.pdf?file=1&type=node&id=11253>
- UNHCR, Livelihoods, food and futures: COVID-19 and the displaced, a series of stories published on 11 April 2021, available at: <https://storymaps.arcgis.com/stories/4b999f79628644df84ccb7c10a9edd9e>
- Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), Global Report on Internal Displacement, (2018). Geneva. Available at: <https://www.internal-displacement.org/global-report/grid2018/>
- Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), Global Report on Internal Displacement, (2019). Geneva. Available at: <https://www.internal-displacement.org/sites/default/files/publications/documents/2019-IDMC-GRID.pdf>
- Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC), Global Report on Internal Displacement." (2020). Geneva. Available at: <https://www.internal-displacement.org/global-report/grid2020/>

- International Organisation of Migration (IOM), COVID-19 Mobility Impacts Update Series, Impact on IDPs, 16th edition, 11 October 2020, available at: <https://dtm.iom.int/reports/covid-19-%E2%80%94-impact-idps-16>
- Alexandra Bilak, IDMC Annual Report (2020), available at: <https://www.internal-displacement.org/sites/default/files/inline-files/Alexandra%20Bilak%20GRID%202020%20opinion%20piece%20AR.pdf>
- UNICEF, Policy Brief: Education during COVID-19 and beyond, August 2020, available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg\\_policy\\_brief\\_covid-19\\_and\\_education\\_august\\_2020.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf)
- UNICEF, COVID-19 and children, UNICEF Data hub, March 2020, available at: <https://data.unicef.org/covid-19-and-children/>
- IOM, COVID-19 Response Report during 2020, available at: <https://www.iom.int/news/iom-looks-back-one-year-covid-19-response-appeals-usd-812-million-2021>
- UNHCR, Global COVID-19 Response Report during 2020, available at: <https://reporting.unhcr.org/sites/default/files/COVID-19%20progress%20report%20-%2004.10.20%20-%20FINAL.pdf>

### 3- Conventions and statements:

- General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000, available at: <https://www.refworld.org/pdfid/4538838d0.pdf>
- The UN Human Rights Committee, Statement on derogations from the Covenant in connection with the COVID-19 pandemic, adopted on 24 April 2020, available at:

[https://www.ohchr.org/Documents/HRBodies/CCPR/COVID\\_statementEN.pdf](https://www.ohchr.org/Documents/HRBodies/CCPR/COVID_statementEN.pdf)

- The UN Commission on Human Rights, The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, 28 September 1984, available at: <https://www.refworld.org/docid/4672bc122.html>
- The UN High Commissioner for Refugees (UNHCR), Guiding Principles on Internal Displacement, 22 July 1998, available at: <https://www.refworld.org/docid/3c3da07f7.html>
- IOM, UNHCR and WHO (2020), Joint Press Release: The rights and health of refugees, migrants and stateless must be protected in COVID-19 response, available at: <https://www.unhcr.org/news/press/2020/3/5e836f164/rights-health-refugees-migrants-stateless-must-protected-covid-19-response.html>.
- OHCHR, COVID-19: Do not forget internally displaced persons, UN expert urges Governments worldwide, 01 April 2020, available at: <https://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25763&LangID=E>

