

The world's refugee camps are a coronavirus disaster in waiting

Most are still free of the virus, but desperately ill-equipped to withstand it

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COX'S BAZAR, ISTANBUL AND NYARUGUSU

Editor's note: The Economist is making some of its most important coverage of the covid-19 pandemic freely available to readers of The Economist Today, our daily newsletter. To receive it, register [here](#). For our coronavirus tracker and more coverage, see our [hub](#)

EERIE SILENCE shrouds the shops of the Lambasia refugee camp in Bangladesh, broken only by the tinny summons of the call to prayer, echoing down deserted streets. As if from nowhere, Rohingya men and boys emerge, filling the narrow trenches that run between their bamboo-and-tarpaulin shelters. Some wear masks that match their prayer caps—lip-service to the soldiers on patrol as their wearers flout a ban on gatherings.

They are refugees from Myanmar, where the army has been mass-murdering Muslim Rohingya and burning their villages. Many have lost faith in earthly authorities to protect them. “Allah will save us from corona,” says one mosque-goer.

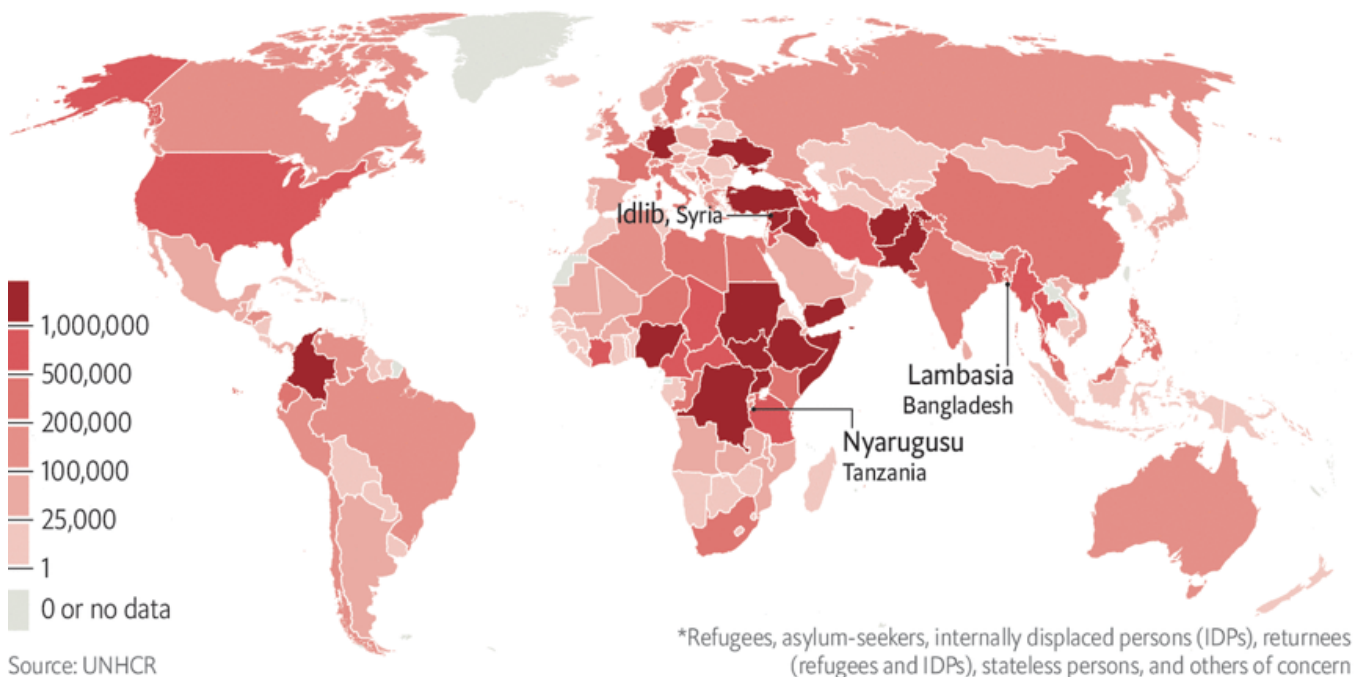
As covid-19 ravages the globe, more and more governments are urging their citizens to stay at home. Such advice is impossible to follow for those who have been driven from theirs. The United Nations High Commissioner for Refugees (UNHCR) estimates that there are more than 70m forcibly displaced people worldwide, including almost 30m refugees and more than 40m who have fled to other parts of their own country. The refugee camps and informal settlements where many now dwell were ill-equipped to meet

their basic needs, even before the pandemic broke out. Already Greece has quarantined two refugee camps—one on the island of Euboea and one near Athens—after residents tested positive for the virus. If, or more likely when, it arrives in other camps, it will find the environment far more hospitable than the refugees themselves did.

Conditions in the camps are ideal for the virus to spread. For a start, many are crowded. Lambasia is one part of the refugee settlement—made up of 34 camps—in the border district of Cox's Bazar. Home to more than 850,000 Rohingya, the camps house 40,000 people per square kilometre. For comparison, it is twice as densely populated as the Diamond Princess, a cruise ship quarantined in a Japanese port in February, on which more than 700 cases were confirmed within a month of the first passenger testing positive. And some camps are even more jam-packed—Moria, on the Greek island of Lesbos that is home to refugees from across the Middle East and Africa, has a density five times that of the Cox's Bazar camps. Social distancing, the mainstay of covid response in the rest of the world, is not possible.

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In many countries, social-isolation policies have created anxiety, and led to

some panic-buying and hoarding. For refugees, worries about the supply of essential goods are more fundamental. Many receive the bulk of their food from NGOs. Almost half of the Rohingya in the camps do not have enough to eat. Residents of the Nyarugusu camp in north-western Tanzania, home to refugees from Burundi and the Democratic Republic of Congo, also complain about their rations. “Sometimes we receive flour mixed with sand, or beans so old they have to be cooked for two days,” complains a former teacher called Céline, who is now one of their elected representatives.

Access to water and sanitation can be tricky, too. To go to the toilet or wash their hands, the residents of the Cox’s Bazar camps must stand in long queues. Deepmala Mahla, Asia regional director of CARE International, a charity, worries that the water-point could be where they catch covid-19. Soap and other sanitary products are often in short supply. Before the pandemic, residents of Nyarugusu received free one small bar of soap a month for personal hygiene and cleaning clothes, and distribution could be irregular. “You have to choose between buying food and buying soap,” says Marie, leader of a Christian civil-society group.

Most troubling of all, as camps around the world brace for the pandemic’s arrival, is the lack of access to medical care. Syrian refugees who make it to Turkey can rely on a robust system of free health care. Those on the other side of the border, in Idlib province, have no such protection. Having escaped one indiscriminate killer, Bashar al-Assad, they risk being cut down by the pandemic. Hundreds of thousands have huddled into squalid tent camps or abandoned homes.

Hospitals across the region are unprepared to cope with covid-19. About 70 have been bombed. Many others have had to relocate. Those still operational have fewer than 100 ventilators between them, says Abdul Hakim Ramadan, public-health co-ordinator at the Idlib Health Directorate. The province is now home to at least 3m people. Exhausted health workers lack the most basic equipment. Waseem Zakaria, an Idlib city doctor, says many do not even have surgical masks. If the virus spreads

unchecked, he says, up to 100,000 people would need a place in intensive care. Only 200 are currently available.

Things are often little better in formal refugee camps. Nyarugusu used to have a surplus of medicine, drawing in Tanzanians from the local villages unable to afford health care. Since then, medicine has become scarcer. In February camp residents began to demand that the Tanzanian Red Cross, which supplies health services to the camp, leave. “People are angry because there is no medicine,” says Céline. “As we are talking, people are dying.” If the virus reaches the camps, this combination of inadequate medical resources and strained relations between camp residents and health-care providers could prove fatal.

The conditions in the camps are bad enough. And even host governments willing to help refugees do not always have the resources to do so. More than 80% of refugees and almost all internally displaced people have taken shelter in low- and middle-income countries. As the virus rages, many are struggling to meet the needs of their own citizens.

Often their hosts are only too keen to see the displaced go home. In Nyarugusu, since July last year residents have endured the sort of lockdown now in place in many countries because of the pandemic. Concerts and sports were banned because of the supposed risk of violence. These restrictions were followed by efforts to encourage Burundians to go home. In August 2019 the Tanzanian and Burundian governments agreed that 180,000 refugees should go back to their country of origin “whether voluntarily or not”. Both governments claim that Burundi is now safe. Human-rights activists disagree, and given the current Tanzanian government’s callous attitude to refugees, it is hard to imagine that it will do enough to protect them.

In Cox’s Bazar, the Bangladeshi authorities, in order to stop the Rohingya mobilising and staging protests, have banned them from using mobile phones and shut down the internet in the camps. This prevents NGOs, whose access to the camps has been curtailed, from disseminating crucial information about the virus using WhatsApp and other social media (a

technique that has proved effective with refugees in, for example, Kenya and the Philippines). Human Rights Watch, a pressure group, has urged the Bangladeshi government to lift the ban but has received no response.

Without the internet, NGOs are disseminating information through pamphlets, megaphones and radios. But these methods are far less pervasive, leaving a void, easily filled by rumours. Some call covid-19 “morona bhairas”, meaning dying virus, believing it to be fatal. Others claim it can be prevented by consuming various concoctions, including a mixture of salt and sugar, a popular diarrhoea cure. Some even believe that doctors kill those who are found to have the virus. According to one aid worker, hostility to the humanitarian organisations is rising as long-standing distrust is exacerbated by worries about aid workers bringing the disease into the camps. This is not a baseless fear. In the wake of the 2010 earthquake in Haiti, Nepalese peacekeepers were responsible for the first outbreak of cholera in the country in more than a century. Covid-19 is far easier to transmit.

Despite this, humanitarian groups are making efforts to prepare refugee camps worldwide for the virus. Health-care centres, hand-washing stations and medical-isolation facilities have been hastily thrown up. At Nyarugusu, the UNHCR has doubled soap rations and spread food distribution out over several days to thin crowds. It has undertaken similar efforts in Bangladesh and at camps across the world. Time is of the essence—cases of covid-19 have been reported on Lesbos, leading doctors to call for a complete evacuation of Moria.

Whatever help NGOs can provide, it is unlikely to reach Idlib, where sometimes several families are forced to share one tent, access to running water, food, and electricity remains scarce and there is no authority to impose any form of lockdown. Asking people to wash their hands thoroughly in warm water sounds like a cruel joke. “There is not enough water to start with,” says Mr Ramadan, the public-health co-ordinator. He says an outbreak in the camps would be calamitous: “the knock-out blow”. For the time being, a ceasefire negotiated by Turkey and Russia in early

March seems to be holding. Should the fighting resume, it would mean yet more displacement, increasing the risk of the virus spreading. The frozen front-line may be Idlib's last line of defence against covid-19.

If the virus arrives at the camps, it will inevitably breach the NGOs' hastily thrown up fortifications. "We, the humanitarian community, are definitely not ready," says CARE International's Ms Mahla. Social distancing is usually impossible and lockdowns are already second nature to refugees, leaving little room for manoeuvre. Existing scarcities—of medicine and protective equipment, of food and clean water—will be exacerbated. Aid workers are right to be terrified of the potential impact of the virus. Sadly, at a time of global panic, it will be all too easy for the rest of the world to ignore their pleas.