Africa's refugees and internally displaced: The weakest link in the human chain

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As the saying goes, a chain is only as strong as its weakest link.

The coronavirus pandemic's death toll has until now largely been confined to the advanced industrialized countries, whose health care systems have nevertheless proved unable to cope. But as the pandemic spreads to Africa, Asia and Latin America, the coronavirus will hit the world's most vulnerable, including refugees, asylum seekers and internally displaced people (IDPs) even harder.

Africa's public health provisions are totally inadequate, with little in the way of emergency care facilities to save lives; the Central African Republic has just three ventilators for its 5 million citizens. Endemic poverty and densely packed cities teeming with slums make social distancing and self-isolation restrictions well-nigh impossible. The potential for a continent-wide humanitarian catastrophe is clear.

But far less has been said about Africa's refugees, asylum seekers and internally displaced persons (IDPs), who constitute more than a quarter of the world's 71 million forcibly displaced people. This is the highest number since World War II, the result of terrible armed conflicts, persecution and natural disasters. Their numbers—in the Sahel, East Africa, the Horn of Africa and the Great Lakes region—continue to increase due to ongoing conflicts that rarely get mentioned in the media and the devastation caused by locust swarms.

In the Sahel, populations and conflicts move freely across borders arbitrarily drawn up by the former colonial powers, meaning the disease will almost certainly spread to Senegal, Mauritania, Mali, Burkina Faso, southern Algeria, Niger, northern Nigeria, parts of Cameroon and Central African Republic, Chad, central and southern Sudan, the extreme north of South Sudan, Eritrea, and the extreme north of Ethiopia—nearly all of which are home to IDPs.

Decades of wars have ravaged Somalia, giving rise to more than 870,000 refugees in the Horn of Africa and Yemen and more than 2.6 million IDPs within the country itself. Much of the country is under the control of al-Shabaab, a militant Islamic group affiliated with Al Qaeda, limiting access by the state and aid agencies to those in need. With no COVID-19 test kits, swabs must be sent to South Africa for analysis.

There are ongoing conflicts in northeast Nigeria, where over 2 million people are internally displaced. In neighbouring Cameroon, fierce conflicts between the government and separatist fighters in the north and west have forced nearly a million to flee their homes.

The Democratic Republic of Congo (DRC) has over 5 million displaced persons, by far the largest number in the region, thanks to civil wars and armed clashes that have ravaged the resource-rich country for more than two decades. The DRC now faces the coronavirus pandemic just as it is marking the end of the two-year-long Ebola outbreak.

Oil-rich South Sudan, which has suffered years of civil wars since declaring independence from Sudan in 2011, has about 1.6 million IDPs, some living in densely packed tent camps inside UN peacekeeping bases, with a further 2.2 million refugees in neighbouring countries. More than half the country's population faces acute food insecurity, while the leading causes of death are treatable diseases and conditions like malaria, tuberculosis and diarrhoea.

Countries bordering on conflicts and wars host huge numbers of refugees, with limited resources. Uganda has over 1.6 million refugees, three quarters of them from South Sudan. Kenya hosts 500,000 refugees, making it the tenth largest refugee-hosting country in the world and the fourth largest in Africa, following

Uganda, Ethiopia and DRC. Most of its refugees are from Somalia. Others have fled conflicts in South Sudan, Ethiopia, DRC and Sudan. Dadaab, near Kenya's eastern border with Somalia, with a population of nearly 218,000 refugees and asylum seekers, is the third largest refugee settlement in the world.

This toll of suffering has in the final analysis been provoked, fuelled and paid for by the imperialist powers in pursuit of cheap and untrammelled access to raw materials and markets in the interests of the corporations they represent. The priority of the local oligarchies is to remain competitive for foreign investments, while at the same time continuing debt payments to the financial vultures and expanding their armed forces.

With no official count of coronavirus cases among displaced populations—impossible without testing--cases have been reported in places with humanitarian emergencies in Bangladesh, Iran, Iraq, Nigeria, Afghanistan, Sudan, Venezuela, Somalia and Burkina Faso.

Many refugees and IDPs live in cramped conditions in camps, informal settlements or population-dense shanty towns, sharing the same bathroom, cooking and bathing facilities—if they have access at all. Some are forced to share the same tent, while in some countries, asylum seekers and irregular migrants are put in detention, in appalling conditions, making the rapid spread of the virus inevitable.

Refugee camps, often referred to as "humanitarian silos," are typically located in remote, arid and dangerous areas and almost always have strict prohibitions on socio-economic activity. Longer-term economic needs go unaddressed, exacerbating helplessness and dependency on aid agencies. To cite one example, many of the 350,000 Somali refugees in Kenya's Dadaab camps have been there since the early 1990s—and none have the right to work.

Taken together, overcrowding, limited access to WASH (water, sanitation and hygiene) facilities and even less access to basic health care make refugee camps particularly susceptible to the pandemic. Poverty is staggering, access to food limited. Refugees buy Paracetamol, antibiotics and other anti-inflammatory medications by the pill rather than the packet, if they are able to buy them at all. Most are unable to afford sterilizers, gloves and masks, even if they were available.

Further compounding the plight of refugees, the aid organisations are struggling to get relief to people in need in conflict zones, such as Somalia, Mali and Burkino Faso, because local militias block access or target doctors and medical facilities. Elsewhere, they are hampered by flight bans and travel restrictions, resulting in a shortage of food, goods and the personnel to tackle the crisis.

Travel restrictions are affecting arrangements to resettle refugees. Last month, the UNHCR and the International Organization for Migration (IOM) announced the temporary suspension of travel for refugees approved for resettlement, while states have called a halt to new arrivals. This is a disaster for those who have had their travel cancelled, sold most of their possessions and given notice to their employers (if permitted to work) and landlords to vacate their homes.

As host countries themselves become embroiled in conflict, displaced people will once again be on the move. In Burkina Faso, where violence has forced more than 700,000 people to flee their homes over the past year and compelled more than 135 health centres to close, more than 1.6 million people living in conflict-affected areas of the country have little or no access to medical care. Malian refugees, who had sought refuge in Burkino Faso, are fleeing back to Mali despite the ongoing violence and with no assurance of safety, exacerbating the risk of the virus spreading. This in turn may lead the authorities or local people to use force to stop them, creating the potential for escalating violence.

COVID-19 is a truly global crisis. Without controlling the spread of the virus and treating its victims among the world's most vulnerable peoples, the human toll will grow exponentially. The disease will become embedded in the host nations, repeatedly spreading across the world through migration, travel and human movement, causing second- and even third-wave pandemics.