

Addressing Refugee Health During the COVID-19 and Future Pandemics

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Abstract

We conducted a literature review exploring how refugee health has been affected by the COVID-19 pandemic. Since the declaration of the pandemic on March 11, 2020, the lives of billions of people around the world have changed. Every country has scrambled to institute plans to slow the spread of COVID-19 among its population. Yet, many governments have not yet created a response plan for vulnerable populations (for example, refugees, migrants, and asylum seekers) residing within their borders, leaving this population even more vulnerable than before. We conducted a comprehensive literature review, supplemented by key informant interviews, in order to learn more about the unique challenges that displaced persons (asylum seekers, migrants, and refugees) face during the COVID-19 pandemic.

Introduction

Displaced persons face unique challenges:

- 'Social distancing' in crowded refugee camps;
- Lack of access to routine care for chronic illnesses and acute care in case of emergencies;
- Lack of access to mental health care;
- Failure to engage the community in pandemic response planning;
- Ongoing fears of deportation and threats to legal immigration status.
- According to the literature, developing countries and the U.S. have failed to meet the many challenges facing refugees during COVID and other pandemics.
- Historically, refugees have not been incorporated in pandemic response plans. For example, a lack of response to cholera beginning in 2005 in the Mae La refugee camp in Thailand allowed four cholera outbreaks to ensue.
- **Objective** This review summarizes the current literature on refugee health in response to COVID-19 and other pandemics. It also highlights changes that need to occur in order to better assist this population.

Hypothesis/Aims

- **Hypothesis:** There has been little to no support offered to the refugee community during the COVID-19 pandemic.
- Aim 1) To better understand the international response to refugee health during global pandemics.
- Aim 2) To determine the effects COVID-19 has had on refugee health and lives.
- Aim 3) To suggest a focused plan of action in order to address the critical needs of the refugee community during COVID-19 and future pandemics.

Methods

What?	Systematic literature review and key informant interviews.
Who?	Structured interviews were conducted with: Refugees(n=2); physicians (n=3); and NGO workers (n=2).
Sources?	<ul style="list-style-type: none"> • Main online databases (PubMed, Web of Science, Google Scholar) for literature search • Keywords: 'COVID-19;' 'refugee health;' 'migrants;' 'refugee camps;' 'pandemic' 'asylum seekers;' 'infectious diseases;' 'displaced person;' and 'U.S. Detention Centers.'
How?	Structured interviews were conducted via Zoom, using pre-determined questions focusing on COVID-related experiences, challenges, health consequences, unmet needs and recommended solutions

Results

Existing Challenges	Recommendations
'Social Distancing' and COVID-specific needs in Refugee Camps	<ul style="list-style-type: none"> • Decongest refugee camps by relocating refugees and provide safer housing options. • Build more sanitation centers in refugee camps. • Provide basic hygiene kits to allow refugees to follow WHO's hand washing guidelines. • Increase access to COVID-19 testing.
Treating Chronic Illnesses	<ul style="list-style-type: none"> • Utilize community health workers to help displaced persons access care for their chronic conditions. • Incorporate refugees into the host countries' national healthcare system.
Mental Health	<ul style="list-style-type: none"> • Incorporate language interpreters into telehealth phone calls with mental healthcare providers.
Community Engagement	<ul style="list-style-type: none"> • Survey this population utilizing text messaging and phone calls to better assess their needs. • Provide training and support to frontline workers in refugee camps.
Displaced persons' legal status	<ul style="list-style-type: none"> • Countries should implement policies that separate legal status from healthcare access. • Displaced persons' legal status should not be negatively affected when they report COVID-19 symptoms. • Although not citizens of the host country, this population needs to be incorporated into national response plans.

Conclusion

- As nations continue to battle the COVID-19 crisis, displaced persons must be included in response plans.
- A delayed response only leaves this population more susceptible to COVID-19, mental illness, untreated acute and chronic illnesses, and other hardships.
- The response effort will not be effective if the weakest links in the healthcare system are not strengthened.

Limitations

- Literature review conducted in the middle of the pandemic.
- More literature will be published on this topic, and new studies will be conducted, adding to the evidence regarding "what works" to slow the spread of COVID-19 in refugee populations.
- Key informant interviews were only conducted with a small sample of refugees and providers living in Aurora and Denver, CO.
- In person interviews were not possible.

Disclosures

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- Formal IRB approval not required, after protocol reviewed by COMIRB

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