

# COVID-19 & humanitarian response : leave no-one behind

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*Global Health Security*

## **COVID-19 & Humanitarian Response: Leave No-One Behind**

*By Alistair D. B. Cook*

### **SYNOPSIS**

*As more countries become affected by the COVID-19 pandemic, it is important to keep in mind vulnerable groups and those already affected by other humanitarian emergencies such as conflicts, disasters and climate change placing them in acutely precarious situations.*

### **COMMENTARY**

THE RED Cross Movement has had an active global awareness raising campaign during the COVID-19 outbreak along with other international organisations and NGOs. They all highlight those most vulnerable to coronavirus, but many media outlets miss out a number of these categories: the elderly, healthcare workers, people with chronic diseases, disabled people, detainees, homeless people, prisoners, refugees and displaced people.

People living in refugee or displaced persons camps often face overcrowded housing situations which increases the risk of the quick spread of COVID-19 through their communities. It often means they are also already exposed to other infectious diseases.

### **Impact on Refugees and Vulnerable Groups**

Across the world, the top five countries with the most refugees per 1,000 inhabitants were Lebanon (164), Jordan (71), Turkey (43), Uganda (32), and Chad (28). In the

Asia-Pacific, [Kutupalong](#) in Cox's Bazar, Bangladesh, is the world's largest refugee settlement housing more than 630,000 people spread across only five square miles.

It is important to keep these communities and countries in mind when developing a global response to the pandemic – we need to be ready and prepared to help those most in need. All national action plans for COVID-19 for countries hosting refugees and irregular migrants need to explicitly include these communities.

COVID-19 is now found in more than 140 countries. Some of these are already exposed to humanitarian situations as a result of conflicts, disasters and climate change. On 17 March 2020, both the International Organisation for Migration (IOM) and the UN Refugee Agency [announced](#) that they are suspending resettlement travel for refugees.

As countries have closed their borders to the fast-evolving COVID-19 situation, some families have experienced delays, been stranded or separated. Both agencies pledged to continue their work in refugee-hosting countries to ensure processing claims continue. They also noted that international travel could also increase exposure to COVID-19.

Therefore, it is necessary to raise awareness about COVID-19 among the refugee and displaced person community. It is essential for governments, international organisations and the humanitarian bodies to develop consistent crisis communications on COVID-19 to avoid mixed messages and confusion which can spread fear and misinformation.

Some efforts have already taken shape with community-based organisations and diaspora groups translating public health practices into vernacular languages for refugee and displaced person camps.

### **Disabled People & Paradox of Developing Countries**

Another concern is for those most vulnerable within such communities. As Catalina Devandas, United Nations Special Rapporteur on the rights of persons with disabilities, warns there is [little guidance and support for disabled people](#) who can be disproportionately affected by social distancing and containment measures.

In Singapore, the [Superhero ME](#) is an educational resource package for children and people with disabilities which has added COVID-19 response measures to its online platform offering guidance and support for disabled people. This is an example of how online awareness raising activities during the pandemic response can reach vulnerable communities.

These are some isolated examples on how to address these challenges but a more comprehensive and inclusive COVID-19 pandemic response is needed with funds to match.

There is a paradox, [according to Dr Michael Ryan](#), who leads the WHO's Health Emergencies Programme and a trained epidemiologist: many systems in developing countries and conflict settings are more resilient than some settings in the West.

This is because camp managers know that measles, meningitis or cholera epidemics severely impact these communities, so there are active early warning and public health-focused systems in place that can be repurposed to fit the new pandemic. However, for COVID-19, items such as respirators, personal protective equipment and reliable laboratory testing will still be in short supply.

### **Who Pays?**

At the beginning of March 2020, the UN Emergency Relief Coordinator released US\$15 million from the UN Central Emergency Response Fund (CERF) to support WHO and UNICEF efforts to contain COVID-19 in vulnerable countries. The World Bank is [offering](#) \$1.1 billion in grants of new money and repurposing \$2.2 billion for lower income countries to tackle the pandemic.

This \$3.5 billion amount raised from donor countries and other stakeholders like philanthropic institutions and the private sector compares to the UK Chancellor [announcing](#) last week in his budget a £30 billion package (\$36.3 billion) of support for people and businesses in the UK.

This was followed on Tuesday 17 March with an additional £330 billion (\$400 billion) of guarantees – equivalent to 15% of the UK's GDP. This is a stark difference and while the global funds for lower income countries are welcome, they are insufficient.

### **Leave No-One Behind**

The World Health Organisation (WHO) has developed the COVID-19 Strategic Preparedness and Response Plan for countries most at risk and with the weakest health systems. This effort will be supported by the recently announced COVID-19 Solidarity Response Fund. This fund was launched by the US-registered United Nations Foundation and Swiss Philanthropy Foundation with the WHO on 13 March.

It [aims](#) to finance protective equipment for healthcare workers; equip laboratories; improve surveillance and data collection; establish and maintain intensive care units; strengthen supply chains; accelerate research and development of vaccines; and the broader public health response to COVID-19. The fund looks to individual and institutional donors to support its efforts.

These affected communities already reside in precarious situations with limited access to healthcare and other daily essentials. It is important for countries and other stakeholders to come together to support the refugees and displaced persons, and their host countries with and those expecting COVID-19. This will require coordinated international support to assist those most in need.

It is in times of such global insecurities that the most vulnerable can be left out-of-sight, out-of-mind. As many UN officials now signal, it is important to leave no-one behind and make the COVID-19 pandemic response one founded on global solidarity. This is necessary because ultimately the coronavirus knows no borders or nationalities, only viral hosts.

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