Refugees, asylum seekers and COVID-19: Canada needs to do more to protect at-risk refugees during the current pandemic

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Dear Editor,

As the number of global confirmed infection rates linked to COVID-19 has now surpassed 5 million, and at least 300,000 confirmed mortalities have been recorded, many human rights organizations have already raised the alarm about the plight of refugees and asylum seekers (Evans, 2020). This is particularly important as the number of asylum seekers and refugees displaced due to war and conflicts has reached its highest level since World War II (United Nations High Commissioner for Refugees, 2017a,b). At the same time, many refugees faced numerous health-related concerns even before the COVID-19 pandemic, such as infectious outbreaks that are caused by a lack of essential health care and social services (Sharara, 2014). The most commonly reported health outbreaks in refugee camps prior to the COVID-19 pandemic are measles, hepatitis A or B, leishmaniasis, poliomyelitis, meningitis, scabies, typhoid, tuberculosis, cholera, and dysentery, as well as diseases spread by rats and mosquitoes (Sharara, 2014). Mental health and substance use-related disorders linked to refugees and asylum seekers do not require elucidating (Jozaghi, 2019; Langlois et al., 2016).

As COVID-19 cases are being reported at an increasing rate in many refugee camps (Tinmaung, & Jaafar, 2020; Carassava, 2020), we would like to raise concerns about the conditions at many refugee camps that may place elderly individuals and people with pre-existing health conditions at an inevitable risk

of death. While the conditions at many refugee camps do not need elucidating, it is important to note that many refugee camps are located in poor countries that would have problems meeting the demands of their own populations' health care needs under normal circumstances. For example, in Bangladesh, which is home to nearly a million Rohingya refugees, there are only 2000 ventilators for all Bangladeshis (Thomson Reuters, 2020). At the same time, many refugee camps do not have access to water or soap, and social distancing and self-isolation are not possible because the population density levels in many camps are the highest in the world (e.g., 40,000 to 70,000 people/km² in a refugee camp, as compared with New York, which contains 6000 people/km²) (Chotiner, 2020).

While Canada is facing its own challenges in combatting and protecting vulnerable and at-risk populations, the federal government needs to increase its aid to non-government agencies, including, but not limited to, Médecins Sans Frontières, who are directly involved on the ground with many at-risk populations across the globe (France24, 2020). Currently, Canada's humanitarian assistance is well below other nations in the Organisation for Economic Co-operation and Development (Sevunts, 2018). For example, Canada currently spends 0.26% of its gross national income, which is far below the 0.32% of the other 29 nations on the Development Assistance Committee (Sevunts, 2018). Therefore, during the current pandemic, the federal government needs to at least reach the 0.7% target established by the United Nations resolution in the 1970s (Sevunts, 2018).

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