



## Silently Locked Out: COVID-19 Responses for Refugees and Migrants in Africa

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A year ago, the World Health Organization (WHO) declared COVID-19 a global pandemic, noting that the virus had found its way to almost every corner of the world. Subsequently, WHO observed that adhering to all safety protocols is important, but our best weapon for fighting this new threat is global solidarity. Without the inclusion of all population segments, our efforts to resolve COVID-19 and its attendant crises are bound to fail. Governments' adherence to this suggestion seems to be one of the main challenges as they provide policy directions amidst the pandemic's uncertainties. Instead, we observe a situation of outright citizen-biased, exclusive approaches or silence over the presence and needs of non-citizens.

During the pandemic, there have been reported changes in asylum and refugee regimes in countries, most of them very restrictive and denying fundamental rights, particularly in the West. The African context, however, has not seen such shifts.

In most of Africa—where until the end of 2020, the death toll and effect on healthcare systems associated with the pandemic were lower than other parts of the world—most governments were silent on provisions for the needs of non-citizens, including refugees.

Thus, in terms of response, national governments have been relatively silent on refugees, internally displaced persons (IDPs), and non-citizens more generally. This situation is not new as, generally, very few African countries actively engage in

policymaking or adopt/adapt policies targeted at migrants, refugees, asylum seekers, stateless persons, and IDPs. A cursory overview of the few countries with specific refugee laws and policies indicates they mainly adopt and domesticate United Nations conventions and protocols and the Organization of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa.

Below is a summary of some of the policy effects of the pandemic on refugees and asylum seekers in a few African states.

In South Africa, the COVID-19 containment measures adopted by the S.A. government through the lockdown of the nation have tremendously deepened the unequal treatment of asylum seekers and refugees. This can be seen through the government's lack of consideration of this marginalized population in poverty and hunger alleviation schemes. In a state where structural and practical xenophobia has driven asylum seekers, refugees, and undocumented migrants to abject poverty, leaving this category of society out of the national response's safety nets may lead to negative coping strategies.

Uganda's inaction has made previously self-reliant refugees destitute and desperate, and those in camps are cramped under conditions ripe for the rapid spread of the virus. Refugees previously reliant on the informal economy are no longer able to feed their families. Anxiety is high in remote refugee camps, like Kakuma in Kenya, and in urban contexts, like Dar es Salaam in Tanzania, due to a lack of

information, basic sanitation, or other capacity to respond to the pandemic.

Similarly, in Ghana, the government has been largely silent on social interventions that target refugees, asylum seekers, and migrants. It is important to note that Ghana's approach is not an outlier in the West Africa region. Before the pandemic, West African states had removed all barriers to persons' movement through the Economic Community of West African States free movement protocols. However, in responding to the pandemic, each member state shut their borders and effectively reversed all community citizenship gains.

### Responding to a Pandemic amidst Policy Silence

The United Nations High Commissioner for Refugees (UNHCR) has issued guidelines in response to the challenges it expects to be faced by refugee women, older persons, survivors of gender-based violence, children, youth, persons with disabilities, and LGBTQI persons during the pandemic. There is a need for urgent action for refugees. Nevertheless, equally important is the need to recognize, support, and amplify refugees' actions already being undertaken.

Around the globe, refugee leaders and refugee-led organizations have mobilized to provide support and essential information in response to the pandemic within their regions. I observe a similar localized response among refugees, IDPs, and other migrant groups across Africa.

Refugees provide information and training, direct food distribution, arrange transportation for those in need of medical care, and fill critical gaps in essential

services from health to education, protection, and economic empowerment. Refugees are also mobilizing to raise awareness of how their fellow refugees are being affected by both the virus and governments' responses.

These localized responses by refugees and migrants are just the latest examples of how they are typically first responders to crises that affect their communities. These responses will need to be more fully understood and supported if we are to effectively meet the critical challenges facing refugees during the COVID-19 pandemic, especially where international actors—United Nations agencies, international non-governmental organizations (NGOs), and governments—are constrained by regulations that require them to shelter in place.

These are important lessons not only for our response to COVID-19 but beyond. It remains to be seen if governments, international organizations, NGOs, and other actors will emerge from the pandemic willing to recognize the role that refugee-led responses can play or default to the old model of viewing refugees as passive recipients of assistance. As the global refugee regime seeks to rebuild from this pandemic, robust, meaningful, and substantive refugee participation can ensure that we build back better.

### Global Cooperation to Guarantee Refugee and Migrant Access to COVID-19 Vaccines

Over time, the world has learned more about the virus and has advanced in developing vaccines for our protection against the virus. Countries, including those in Africa, are easing their movement restrictions by opening international

borders and removing internal barriers. Unfortunately, with the structural inequalities in the vaccination program, African countries do not have the financial and manufacturing capacity to purchase or produce sufficient quantities. Thus, the few countries that can afford it concentrate on their citizens to the exclusion of non-citizens. Indeed, even recipient states of the global solidarity program of COVAX are focusing on their citizens. need for global cooperation.

For example, in February 2021, Ghana became the first recipient of COVAX distribution of the COVID-19 vaccines program. The vaccines have since been administered to a specific segment of the population due to the limited number. The vaccine administration required proof of a national photo identification card only available to citizens, excluding non-citizens, including refugees, asylum seekers, and migrants. The exclusion of refugees and migrants from the vaccine program has implications for their movements. They will likely be restricted in their movements as they will not have a vaccine passport/card to facilitate their movements around the world in the future.

From the uneven distribution of the vaccine, African states seem to have their hands tied and unable to stretch their vaccine program towards refugees and migrants. Overcoming these challenges calls for governments and businesses to share doses and technology, so supply goes further and distribution goes faster. The world will have to make the vaccine a global public good and engage African states to include refugees and migrants in their strategies. As the pandemic has revealed, no country can overcome this crisis in isolation, thereby reinforcing the