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Letter to the Editor

The forgotten people: impacts of COVID-19 on refugees



The evolution of COVID-19 has exposed many shortages in the social, healthcare, and economic systems around the world. This report intends to discuss the COVID-19 impact on an often-neglected population, refugees. The situation of refugees and other marginalized populations including the displaced and asylum seekers depends mainly on their legal situations in host countries.¹ Small fractions of refugees were lucky enough to get permanent residence or citizenship, whereas most refugees face disastrous conditions in reception camps or identification centers on countries' borders, and many of them reside and work without legal documentation. In addition to their traumatic experience with war, persecution, and poverty, refugees suffer in their host countries from overcrowded and unsanitary living conditions, inadequate education and healthcare, discrimination, and xenophobic attitudes.¹ Thus, it should not be unexpected that they are disproportionately affected by the COVID-19 pandemic. A retrospective analysis of COVID-19 outbreaks among refugees in Greece showed that refugees in reception and identification centers were 2.5 and 2.9 times, respectively, more likely to acquire COVID-19 infection than the general population. This is despite that refugees were significantly younger than the general population.² It is even widely thought that COVID-19 infections are under-reported among refugees because of their fear of serious ramifications such as deportation.³ This fear is enhanced by the fact that refugees are often blamed by radical politicians and their supporters for the spread of infections to host communities.³ Furthermore, it seems that COVID-19 put heavy psychological burdens on refugees, with reports showing higher rates of depression, stress, anxiety, and post-traumatic stress disorders in postpandemic than in prepandemic time among refugees coming from Syria, Iraq, and Uganda.^{4–6} Moreover, other drawbacks of the COVID-19 pandemic that affected the population as a whole, including job loss and economic hardships, delayed health care, and educational disruptions, showed exacerbated impacts on refugees.⁷ Some countries even used the COVID-19 pandemic as an excuse not to receive or resettle refugees, making them more vulnerable to COVID-19 consequences.⁷

From a global health perspective, the failure to address health-care inequity can certainly hinder the world's efforts to contain the COVID-19 pandemic. Although the refugee crisis has several intersecting aspects including humanitarian, political, social, and economic aspects, the complexity of this crisis should not distract policymakers from a concomitant health crisis hitting refugees as a consequence of the COVID-19 pandemic. Because solving the refugee crisis is not predicted within the next few years, many urgent policies should be considered to lessen health inequity among refugees during the COVID-19 pandemic. First, to reduce overcrowdedness and allow social distancing, refugees should be resettled and current refugee camps should be renovated and expanded as early as possible. Second, health education, using refugees' own

languages, should be promoted. Third, mental health counseling services should be available on a wider scale. Fourth, the World Health Organization and other high-indexed income countries should dispatch more COVID-19 jobs to refugees. These policies should be accompanied by a media campaign aiming to raise awareness about the refugee crisis. More importantly, refugees, themselves, should be incorporated into national and global health plans pertaining to alleviating COVID-19 impacts.^{6–8}

In conclusion, addressing health inequity among refugees during the COVID-19 pandemic should be a global health priority. A call to urgent actions seeking to improve the health conditions of refugees should be encouraged by global health specialists worldwide.

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