SITUTATIONAL BRIEF: REPORT ON EAST AFRICA AND HORN OF AFRICA

MIGRATION & HUMAN MOBILITY: NEW & OLD CHALLENGES FOR GLOBAL HEALTH SECURITY & PUBLIC HEALTH IN EAST AFRICA AND HORN OF AFRICA IN THE CONTEXT OF COVID-19

Authors: Michela Martini[1] and Mohammed Abdiker[2]

BACKGROUND AND CONTEXT

The East Africa and Horn of Africa (EHoA)[3] region is a crossroads of different migration and displacement patterns, with sending, transit and hosting countries sharing common challenges in terms of economic development, health, peace and security threats. Unemployment, protracted conflicts, and environmental degradation are some of the determinants that have characterized this region for decades, and they are also important causative factors for people to migrate. In the Horn of Africa, consequences of climate change and the impact of natural hazards such as frequent drought, flooding and more recently locust invasions (1) have exhausted the resilience of local communities, forcing many to migrate either internally towards the cities, or abroad. Africa is the continent with the highest intra-continental migration (2); 80% of intra-continental movement, characterized mainly by the migration of low-skilled workers, occurs toward bordering countries and through unofficial ground-crossing points along porous borders. According to UNHCR, four out of every five refugees globally have sought asylum in a bordering country (3). The EHoA region is no exception, and intense cross-border movements outside official points of entry (PoEs) impede effective border control and disease surveillance. According to UNHCR there were around 3.5 million refugees in the region by the end of 2019, among them 2.2 million South Sudanese refugees hosted in bordering Uganda, Ethiopia and Kenya (4). In addition, there are 6.3 million internally displaced persons (IDPs) in the region, with Somalia alone accounting for 2.6 million of them, and South Sudan for 1.7 million (5). The EHoA region includes important migration corridors, heading West towards the Central Mediterranean Route and Europe (to and through Ethiopia, Sudan & Libya); South towards South Africa; and East towards the Arabian Peninsula and Gulf countries (through Djibouti, Gulf of Aden, & Yemen). In 2019, over 400,000 movements were observed on the Eastern route by IOM. The largest proportions were tracked in Djibouti (43%), followed by Yemen (30%), Somalia (15%), and Ethiopia (13%); in most cases, the movements took place across unofficial ground-crossing points (5).

RISKS AND IMPACTS OF COVID-19 FOR MIGRANT POPULATIONS IN THE REGION

The COVID-19 pandemic poses an additional and critical challenge in a fragile humanitarian context, where the population is already highly vulnerable and lives in often overcrowded settlements where distancing is impossible, and with limited access to basic health services and hygiene. Further spread of COVID-19 in the EHoA region will burden the already complex humanitarian situation with devastating consequences.

FACTORS THAT COMPOUND THE IMPACT OF THE COVID-19 PANDEMIC IN THE EAST AND HORN OF AFRICA:

PRE-EXISTING CONTEXT

- Large populations in need of humanitarian assistance
- Already overstretched national and external aid capacities
- Fragile health systems poorly prepared to cope with new demands
- Large flows of irregular movements connecting communities despite travel restrictions

COVID-19 RESPONSE

- Border closures causing disruption to migration flows and people becoming stranded/detained
- Continuing deportations and forced returns and the problems associated with these
- Challenges around screening and surveillance being restricted to official points of entry

[1] Regional migration health specialist, IOM regional office for East and Horn of Africa – Author for correspondence [mmartini@iom.int]
[2] Regional Director of IOM Regional Office for East and Horn of Africa
[3] In this document East and Horn of Africa covers: Burundi, Djibouti, Ethiopia, Eritrea, Kenya, Rwanda Somalia, South Sudan, Tanzania and Uganda

COVID-19 containment measures, testing and care for millions of migrants, refugees and displaced people in the EHoA region is complicated since it implies intervening in different settings such as camps, detention centers, transit locations, urban environments and in cross-border areas. It is also challenging due to the dilemma of safeguarding resident populations through the closure and protection of borders while ensuring that this causes no harm to migrants stranded on-route. This might require a rethinking of current migration management approaches and traditional public health interventions to consider and respond to migrants' health needs along migration routing. The timely inclusion of a migration-specific awareness within the global COVID-19 and response is essential for the effective control of the pandemic, leaving no one behind, as also stated in the Lancet Migration global call for action (6).

The closure of borders and the quarantining of people who might have crossed them has created an additional crisis along migratory routes, and in communities of destination or return. As a result of border closures in Yemen, many migrants transiting through Djibouti towards Gulf countries remain stranded en route. IOM registered a total of 1,426 migrants in 23 different sites in Djibouti (7), with no possibility of returning to their home countries. Currently, 214 migrants are hosted in the Loyada IOM transit center, while another 54 are waiting assisted voluntary return (AVR) at the Migration Response Center (MRC) in Obock (7). Unfortunately, the AVR programme is presently suspended due to travel restrictions. Yet, despite the restrictions on movement imposed due to COVID-19, the inflow of irregular migrants in extremely vulnerable situations continues in the absence of mechanisms of adapted surveillance, social distancing, and health screening. The evolution of these influxes is unpredictable, but the situation is overwhelming the capacity of existing reception centers where COVID-19 mitigation measures are becoming impossible.

Djibouti is currently experiencing a COVID-19 pandemic growth with a linear daily increment since its first case was reported on the 17th March; currently it is the country reporting the most cases in the EHoA (cumulative total 2468 cases as of the 27th May). There is a real risk of spreading the infection among stranded migrants who cannot observe self-isolation. A similar situation is seen in Somalia, another transit country on the way back from Yemen and the Gulf, where many irregular migrants are now stranded. According to OCHA (8), less than 20 per cent of health facilities in Somalia have the minimum required infrastructures, equipment and supplies to manage COVID-19 cases; the increasing number of stranded migrants could become an unmanageable burden should transmission increase. Some of these migrants are attempting to make their own way back to neighboring Ethiopia to face similar difficulties. Somalia registered its first case of COVID-19 on the 16th of March and after a period of zero cases is showing a daily increase, reaching 601 cases on the 1st May and doubling the cases to 1219 by the 14th May with a cumulative total of 1711 cases as of the 27th May.

In Uganda, despite the closure of borders due to COVID-19 containment measures, South Sudanese refugees are still entering through unofficial ground border crossing points on their way towards refugee camps (9). Uganda hosts the highest number of refugees in the EHoA, accommodating more than 1.4 million refugees (5). While Uganda had always applied an open border policy welcoming all refugees, some 100 South Sudanese were recently repatriated in light of the COVID-19 pandemic and national capacity (9). They were left stranded in South Sudan under mandatory quarantine in compliance with South Sudanese COVID-19 public health requirements.

According to the United Nations Economic Commission for Africa (10) between 300,000 and 3.3 million people in Africa could die as a direct result of COVID-19 infection. The transmission and mortality rate will depend on the effectiveness of mitigation and containment measures that should take into consideration the contextual differences, specific susceptibility and vulnerability of African populations, including social structure, culture, and mobility patterns. The number of COVID-19 cases diagnosed in the EHoA is relatively low compared with Western countries with current high transmission rates; this could be attributed to the relatively fewer tests conducted in the region. However, several African countries have seen a rapid increase in the curve of the pandemic in the last few weeks with a steep infection trajectory in some countries. According to the Africa Centres for Disease Control and Prevention (CDC), as of the 27th May there were over 119,391 confirmed cases of COVID-19 in

Africa and the numbers increase daily. The contribution of the African continent to the global pandemic has risen to 2.2% as of the 27th May with the EHoA region reporting 8216 cases, equal to 6.8% of the overall African disease burden. Kenya and Ethiopia announced the first cases in the region on the 13th March, with Rwanda being the third country in the region to report confirmed cases on the 14th March. Somalia reported its first cases on the 16th of March. Five weeks later, all 10 countries of the region have confirmed COVID-19 cases. Disparities in the number of COVID-19 cases and different incidence rates might be due to differences in epidemiological and population factors, testing capacities and criteria, as well as clinical and public health practices. Furthermore, discrepancies in the modality of implementation of COVID-19 containment strategies across the region might have contributed to variations in incidence and current prevalence. The coming weeks will be critical to better understand the trajectory of the pandemic across this region. Currently all countries have put in place travel restrictions, and all main PoEs are closed to travelers including official land-crossing points. All international flights are suspended, and only cargo flights are authorized.

BOX: COVID-19 EPIDEMIOLOGICAL INFORMATION IN EHOA AS OF 27 MAY 2020

Figure 1 below shows cumulative COVID-19 cases in the EHoA region by country and Figure 2 shows incidence trends of COVID-19 cases in the region from the first reported case.[4]

Figure 1: Cumulative COVID-19 cases by country from the first reported cases (27th May 2020)

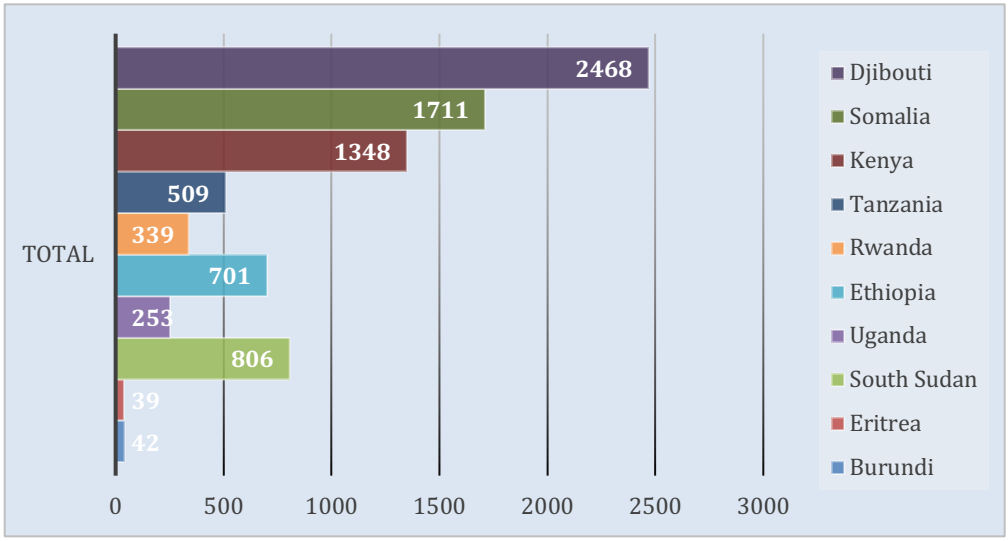
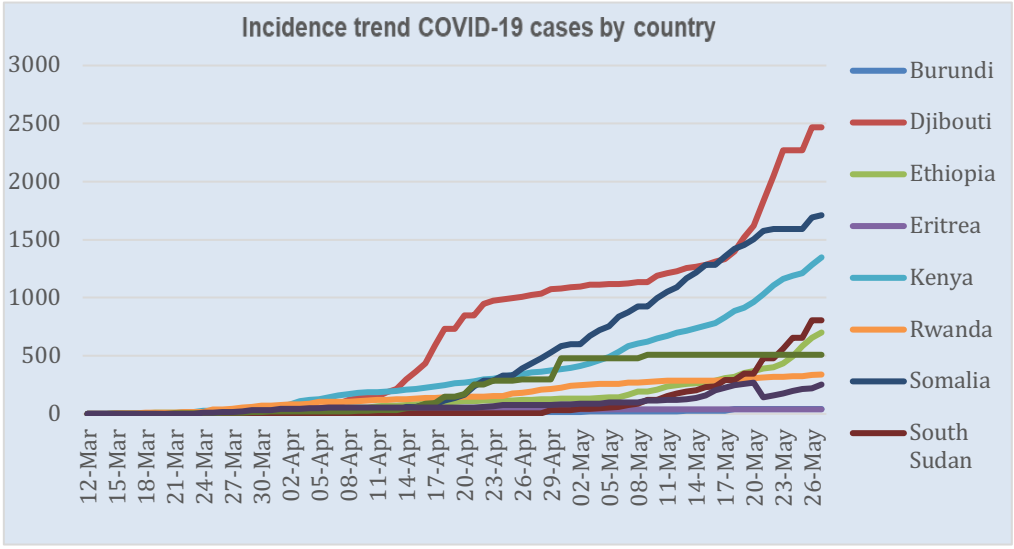


Figure 2: Incidence trends of COVID-19 cases in the region from the first reported case (27th May 2020)



[4] Data are extracted from https://africacdc.org/covid-19/

Exponential growth has been registered in countries like Djibouti which had exceeded 2000 cases (2468) by the 27th May, making Djibouti the country with the highest number of cases in the region and the twelfth highest among African countries. The large number of cases in Djibouti is also due to the large number of tests by 1 million population (23,455). Tanzania had reported 509 cumulative cases by the 14th May with a significant increment of new cases in the last few days of April that might hide the beginning of an alarming peak. There have been no new reported cases since 29th April in Tanzania, but the US Embassy has released a health alert declaring the risk in Tanzania of COVID-19 is high despite limited official case reports (11). Under reporting of Tanzania is also creating tension among neighboring countries as consequence on the increased number of Tanzanian truck drivers confirmed positive to COVID while tested at the Kenya point of entry.

Somalia shows the most alarming trend, especially considering its health system capacity. Cases have risen in a month from 60 cases on the 14th April to 1,711 cases on 27th May, with a continuous sharp daily increase in new cases and rapid growth in recent days. Given the extensive cross-border movement with neighboring countries Djibouti, Ethiopia and Kenya, often through unofficial ground crossings, Somalia is an important country for the trajectory of the epidemic in the region. Rwanda appears to be controlling the pandemic, maintaining a slow daily case increase but with major concerns related to imported cases through transport corridors and cargo drivers arriving from other countries. Eritrea, which had initiated timely containment measures, also appears to have controlled the epidemic. In other countries such as Burundi the low number of detected cases seems linked to inadequate testing capacity. Data is however fast changing, and these dynamics need and will require further analysis. Uganda initially had an increasing number of cluster cases and has seemed to have the community spread under control thanks to prompt surveillance measures set up by the government. However, the country is experiencing a surge in imported cases among truck drivers arriving from neighboring countries. Efforts have been put in place to increase testing at border points with an average of 2 new cases detected daily amongst truck drivers. As of the 27th May, over 236 cases have been identified among truck and cargo drivers at border PoEs, with 43 cases reported on 16th May (IOM Regional Office internal data), the highest so far. Following a Presidential Directive of deducting all foreign truck drivers from Uganda's cumulative case count (12), as of 27th May, there are 253 confirmed cases. 261 foreign truck drivers have been handed over to their country of origin since the presidential directive.

Kenya reports 1,348 cases as of the 27th May, with 1,111 (82%) of the cases due to community transmission. The increase in community spread is alarming with the most cases reported in the capital Nairobi, particularly in urban area and in slums. South Sudan's cases have risen from 4 cases on the 14th April to 806 cases on the 27th May. Two cases have been confirmed in the Juba Protection of Civilian (PoC) settlement and one in Bentiu PoC. Although the numbers might appear relatively small in comparison with neighboring countries in the region, this is mostly due to a dearth of testing capacity, and in fact the country is entering the steeper increase of the curve. In consideration of the humanitarian crisis undergoing in South Sudan, a COVID-19 outbreak might have catastrophic consequences. Furthermore, the country saw an increase in incidence in the first two weeks of May and has identified approximately 10 cases among truck and cargo drivers from different PoEs.

There are currently (27th May) 170 reported deaths in the region, with a Case Fatality Rate (CFR) of 2.1%, remaining much below the global average of 6.3%. Somalia has the highest reported number of deaths with 67 deaths (3.9% CFR), Kenya with 53 deaths (3.9% of cases) followed by Tanzania with 21 deaths (4.1% of cases), Djibouti with 14 deaths (0.6% of cases), Eight deaths in South Sudan, Six deaths in Ethiopia and one in Burundi. Eritrea, Rwanda and Uganda have no reported deaths. There were 170 deaths reported in the region as of the 27th May, and there has been an increase in the second week of May with an average of two COVID-19 related deaths reported daily. Djibouti, which currently has the highest number of cases in the region, currently reports fourteen deaths so far, with a low fatality rate of 0.6%; this is perhaps due to a timely testing strategy identifying asymptomatic cases. As of the 27th May 2020, 2465 people have recovered from COVID-19 in the region.

Table 1. Summary of epidemiological data by country as of the 27th May 2020

Country	Total Confirmed Cases	Total Confirmed New Cases	Total Deaths	Days since last reported case	Total Recovered	Transmission Classification
Burundi	42	0	1	9	20	Cluster of Cases
Djibouti	2468	0	14	1	1079	Cluster of Cases
Ethiopia	701	46	6	0	167	Cluster of Cases
Eritrea	39	0	0	37	39	Sporadic Cases
Kenya	1348	62	53	0	405	Community Transmission
Rwanda	339	3	0	0	244	Sporadic Cases
Somalia	1711	22	67	0	253	Sporadic Cases
South Sudan	806	0	8	1	6	Cluster of Cases
Tanzania	509	0	21	18	183	Community Transmission
Uganda	253	31	0	0	69	Sporadic Cases
Grand Total	8216	164	170		2465	

PREPAREDNESS AND RESPONSE TO COVID-19 IN MIGRANT POPULATIONS IN THE REGION

The Inter-Agency Standing Committee (IASC) has recently released a new publication, '*Interim guidance: Scaling up COVID-19 outbreak readiness and response operations in humanitarian situations*' (13), to support humanitarian actors in scaling up COVID-19 preparedness and response plans. The WHO has developed a comprehensive guidance package to help re-program health service delivery during the COVID-19 pandemic (14) and dedicated guidelines for refugees and migrants in non-camp settings (15). African Member States under the leadership of the African Union and the Africa CDC launched the '*Africa Joint Continental Strategy for COVID-19 outbreak*' (16) which addresses refugees and IDPs as other populations in need of additional ethical, legal and operational attention. However, adaptation of COVID-19 guidelines is complex and currently humanitarian agencies are making tremendous efforts to translate COVID-19 risk mitigation measures into practice without specific evidence and research-based guidance adapted to the context.

The restrictive measures enacted by some countries in the Gulf area – the main destination of migrants from the EHoA region - has brought about the repatriation of thousands of irregular migrants. In early April 2020, one of the Gulf countries alone returned close to 3,000 Ethiopian migrants to Addis Ababa. The Government of Ethiopia is currently having to assist these returnees who are being quarantined in Addis Ababa. Another 1,400 returnees from Djibouti are quarantined in Dire Dawa and 169 from Kenya are quarantined in Moyale (17). The Government of Ethiopia is currently having to assist these returnees; however, it has declared that containment of the virus is becoming a challenge in this situation: the UN humanitarian coordinator for Ethiopia is calling for a suspension of deportations during COVID-19 (18). Large numbers of quarantined people require the mobilization of resources that significantly exceed the existing capacity. In countries with a pre-existing fragile COVID-19 preparedness and response capacity, the added burden requires significant resources and may undermine the overall national COVID-19 response. Additionally, many irregular migrants might have been detained before being repatriated to their home countries and therefore were exposed to a high risk of infection during detention.

Surveillance and containment measures need to consider irregular flows of migrants, even when borders are officially closed. For example, this could include screening and active surveillance along mobility pathways and where migrants congregate in border areas. This approach embraces the concept of 'border space' as opposed to a focus solely on PoEs. Such an approach was implemented during the West Africa Ebola response and more recently during the Ebola outbreak in the Democratic

Republic of Congo (DRC) (19). The broadening of disease control measures to 'border spaces' during outbreak responses was recommended by the review committee on the role of the IHR in the Ebola outbreak in 2016 (20).

In view of the increased number of truck drivers testing positive in the region, the East Africa Community (EAC), WHO and IOM are currently developing a regional strategy and standard operating procedures to support member States to address this concern along transport corridors. Despite the fact that COVID-19 is mainly spread on the continent through regular movement and international travel, migrants, refugees and displaced people are the ones who risk suffering the avoidable collateral damages of public health restrictions (21). Only a deep re-thinking of the public health consequences of migration policies will ensure that no harm is done to vulnerable people by the response to this unprecedented pandemic.

URGENT MIGRANT HEALTH NEEDS IN THE REGION: BROAD RECOMMENDATIONS

In agreement with and supporting the joint IOM statement on COVID-19 response and the Lancet Migration Global Call to Action to include migrants and refugees in the COVID-19 response, the following recommendations should be considered in addition to those already implemented:

Urgent inclusion of all migrants, including the most vulnerable, in access to COVID-19 testing, treatment and related healthcare through immediate suspension of immigration laws, health decrees and policies that might limit migrants' access to healthcare services and economic support programmes. Solidarity and international collaboration are critical to curb the pandemic, such as granting migrants COVID-19 testing and care regardless of legal status.

Inclusion of all migrant populations in prevention, preparedness for and response to Covid-19 through the adaptation of COVID-19 risk mitigation and containment measures for fragile state and humanitarian operations. We call for further research to guide evidence-based humanitarian programming.

Suspension during the COVID-19 pandemic of the administrative detention of migrants through identification of non-custodial alternatives to detention as a measure to mitigate the spread of COVID-19. This is in line with international appeals (22,23).

The forced repatriation of migrants during the COVID-19 pandemic should be suspended through a solidarity agreement among countries.

Strengthen surveillance and adequate containment measures along mobility pathways and where migrants congregate in border areas through activation of health surveillance along border spaces. This is in alignment with article 9 of the recommendations from the review committee on the role of the IHR in the Ebola outbreak in 2016 (20).

Organisations and acknowledgements

This situational report was authored by Michela Martini[5] and Mohammed Abdiker[6]; and expert reviewed by Davide Mosca[7]. Overall direction and review on behalf of the Lancet Migration global collaboration was provided by Miriam Orcutt and editorial review by Elspeth Carruthers. This brief represents the views of the authors. Special appreciation from the authors to the IOM Chief of Missions and IOM staff on the frontline for continuing to address the needs of migrants in vulnerable situations.

This series of situational and policy briefs summarises key aspects of the COVID-19 response in relation to migrants and refugees at country or regional level. They include public health and policy recommendations and perspectives and build on the Lancet Migration Global Statement recommendations to ensure migrants and refugees: have access to healthcare; are included in prevention, preparedness and response; and are part of responsible and transparent public information strategies, during the COVID-19 pandemic. Policy and situational briefs have been authored by experts working in academia, operational, or clinical areas of migration and COVID-19, and are hosted on the Lancet Migration website (www.migrationandhealth.org). Lancet Migration is a global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change building on the recommendations of the UCL-Lancet Commission on Migration and Health published in December 2018.

[5] Regional migration health specialist, IOM regional office for East and Horn of Africa – Author for correspondence
[6] Regional Director of IOM Regional Office for East and Horn of Africa
[7] Realizing Health SDGs for Migrants, Displaced and Communities; Honorary Associate Professor, UCL Institute for Global Health

REFERENCES

1. BBC (2020) 'Somalia declares emergency over locust swarms' [online]. Available at https://www.bbc.com/news/world-africa-51348517
2. IOM (2018) 'World Migration report' [online] available at https://www.iom.int/sites/default/files/country/docs/china/r5_world_migration_report_2018_en.pdf
3. UNHCR (2017) 'Global Report' [online]. Available at https://www.unhcr.org/publications/fundraising/5b4c89bf17/unhcr-global-report-2017.html
4. UNHCR (2019) South Sudan Situation Update https://data2.unhcr.org/en/documents/download/73852
5. IOM (2019) 'A Region on the Move Report' [online]. Available at https://ronairobi.iom.int/sites/default/files/document/publications/IOM_RoMR_2019.pdf
6. Orcutt M., Patel P., Burns R., Hiam L., Aldridge R., Devakumar D., Kumar B., Spiegel P., Abubakar I. (2020) ' Global call to action for inclusion of migrants and refugees in the COVID-19 response' Lancet (2020) [online] Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30971-5/fulltext
7. IOM (2020c) 'Stranded Migrants – Djibouti' [online]. Available at https://displacement.iom.int/system/tdf/reports/DJI_MigrantPresence_EN_200509.pdf?file=1&type=node&id=8593
8. OCHA (2020) 'COVID-19 Impact Update No.1' [online]. Available at https://reliefweb.int/report/somalia/somalia-covid-19-impact-update-no1-12-april-2020-enso
9. IOM (2020a) 'DTM South Sudan — COVID-19 Mobility Update 2 (30 March - 5 April)' [online]. Available at https://migration.iom.int/reports/dtm-south-sudan-%E2%80%94-covid-19-mobility-update-2-30-march-5-april
10. UNECA (2020) 'COVID-19 in Africa Protecting Lives and Economies' [online]. Available at https://www.npr.org/sections/coronavirus-live-updates/2020/04/17/836896562/u-n-agency-fears-vulnerable-africa-may-suffer-at-least-300-000-covid-19-deaths
11. US Embassy Tanzania (2020) 'Health Alert: U.S. Embassy Dar es Salaam' [online]. Available at: https://tz.usembassy.gov/health-alert-u-s-embassy-dar-es-salaam-may-13-2020/
12. Ministry of Health Uganda (2020) 'Twitter Status' [online]. Available at: https://twitter.com/MinofHealthUG/status/1263208340114542592
13. IASC (2020) 'Scaling up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings' [online]. Available at https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp
14. WHO (2020) 'Country & Technical Guidance - Coronavirus disease (COVID-19)' [online]. Available at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance
15. WHO (2020_b) 'Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings – Interim guidance' [online]. Available at https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings
16. Africa CDC (2020) 'Africa continental strategy for COVID-19 outbreak' [online]. Available at https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/
17. IOM (2020b) 'IOM Ethiopia COVID-19 Response Overview - 10 April 2020' [online]. Available at https://reliefweb.int/report/ethiopia/iom-ethiopia-covid-19-response-overview-10-april-2020
18. UN Capital Development Fund (2020) 'Ethiopian Government on the Forefront of COVID-19' [online]. Available at https://www.uncdf.org/article/5528/ethiopian-government-on-the-forefront-of-covid-19
19. WHO (2019) 'Disease outbreak news: Update 7 November' [online]. Available at https://www.who.int/csr/don/07-november-2019-ebola-drc/en/
20. IHR (2016) 'The Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response' [online] Available at https://www.who.int/ihr/review-committee-2016/en/
21. Reidy E. (2020) 'The COVID-19 excuse? How migration policies are hardening around the globe' [online] Available at. https://www.thenewhumanitarian.org/analysis/2020/04/17/coronavirus-global-migration-policies-exploited
22. OHCHR (2020) 'COVID-19 does not discriminate; nor should our response' online]. Available at https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25730&LangID=E
23. Radio France Internationale (2020) 'IOM calls for halt of Ethiopia repatriations amid Covid-19 concerns' [online]. Available at http://www.rfi.fr/en/africa/20200416-iom-calls-for-halt-of-ethiopia-repatriations-amid-covid-19-screening-concerns-djobouti-coronavirus