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Examining the Impacts of Covid-19 on Refugees and IDPS

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Abstract: The Coronavirus disease (Covid-19) which started out in Wuhan China and from there spread out to other parts of the world is leaving some devastating effects in its trail. Like the rest of the world, the humanitarian setting is not left out but, those in the humanitarian setting, refugees and IDPs, are amongst the most vulnerable groups in the world. As a result, this study examines the impact the on-going global pandemic has had, and is having on the humanitarian setting with focus on the refugees and Internally Displaced Persons (IDPs). The qualitative research method was employed in achieving this, and data was derived from secondary sources like organisational reports, journal papers, and publications on credible websites. Findings of the study show that the state of lack of facilities, congestion, and poverty that characterises many refugee and IDP camps, makes them more susceptible to the effects of the crisis. The health, education, and basic day to day living of these refugees have been affected. Also, some refugees have had their rights violated by countries under the guise of covid-19 preventive measures. The lockdown adopted as a preventive measure and the testing requirements by governments of some refugees have prevented those who want to return home from doing that. Additionally, the humanitarian sector needs more than ever, all the donations it can get at a time when donor countries are experiencing reducing donating power. The study concludes that in the face of a global pandemic, the refugees and IDPs are plunged into deeper humanitarian needs. Among the recommendations put forward by this study, while prevention and treatment facilities are being made available to address the outbreak of the virus among these groups, host countries should be given more support than ever by various humanitarian organisations.

Key words: Covid-19, Humanitarian Setting, Forcibly Displaced Individuals, Refugees, Internally Displaced Persons

Introduction

The humanitarian setting has been, and is experiencing overlapping humanitarian challenges and there is a notable increase in humanitarian needs around the world. Nations and peoples find themselves faced with more than one humanitarian crisis at a time and this is fast becoming the situation widespread, with conflict and natural disasters being at the forefront of factors responsible for many of the humanitarian crisis cases recorded. The recent outbreak of the coronavirus is another factor that has led to the huge humanitarian crisis that has hit countries around the world, leaving the already vulnerable even more vulnerable. The already vulnerable being those countries or regions that have been affected by previous crisis like conflict or natural disaster and have contributed to the number of forcibly displaced persons in the world. According to United Nation, the countries already facing one humanitarian crisis or the other are more susceptible to the devastating effects of the virus.

The Coronavirus disease that came up in 2019, otherwise known as covid-19, was first discovered in Wuhan, China and it differs from the common cold causing coronaviruses (Centers for Disease Control and Prevention [CDC], 2020a). The virus is usually transmitted between people who have come in close contact and as a result, social distancing has been advised. It is transmissible through particles and droplets from an infected person's cough, sneeze, breath, etcetera, and sustained contact with surfaces that are contaminated. Patients of old age or generally with other medical conditions risk being severely ill should they get infected (CDC, 2020a). Ever since it first reared up in China, it has been indiscriminately widespread and over 220 nations of the world have recorded cases of the virus (Worldometer, 2020). Since the outbreak of the virus was declared a global pandemic by the World Health Organisation on the 11th of March, 2020, some countries like Turkmenistan, North Korea, Niue, Saint Helena, Tokelau, and the Pitcairn Islands and Cook Islands, and some pacific island nations (Tuvalu, Kiribati, Tonga, Nauru) have claimed to have no case of the virus (Hubbard, 2021).

To contain the spread, different countries have taken measures ranging from closure of borders to lockdown across states, curfews and restriction of movements, as well as personal protective measures like wearing of masks and washing of the hands regularly. As at December 7, 2020, there were a total of 67,089,615 cases of coronavirus in the world, with the United States topping the charts at 14,695,363 cases. Total number of deaths across the world stood at 1,537,142, with the US also recording the highest mortality rate at 280,985 ("covid-19 pandemic", n.d.). By November 5, 2021 this was more than triple the number, with 249,547,013 cases of the virus and total deaths at 5,048,829 (Worldometer, 2021). While the numbers have declined in some countries, a few others have experienced a second wave and have had to shut down their borders again. These include some European countries like England, Portugal, Hungary ("Coronavirus: Hungary and Portugal", 2020). Mid 2021, a third wave was recorded in countries such as Nigeria, Sierra Leone, Haiti, etecetera, and as at September, this number increased to 43 countries in total (Getachew, 2021; Partners in Health, 2021).

Contrary to the expectations earlier on in 2020 that the spread of the virus in the humanitarian setting, among refugees and Internally Displaced Persons (IDPs) was a disaster waiting to happen, the virus has in fact been slow in spreading among these groups, especially the refugees, as the various camps for a long time recorded low numbers of infected persons (Berger, 2020, Norwegian Refugee Council, 2021). Some have attributed this to reduced movement around camps saying that camps were spared for a long time due to their isolation from communities around and the movement restrictions placed on them, while some are of the opinion that more testing would lead to the record of more cases across these groups. According to the United Nations Refugee Agency, UNHCR, the age range of more than half of refugees are 18 and below and CDC (2020b) records that people of this age group have milder symptoms as compared to the elderly. This is another explanation for the limited number of cases.

The difficulty faced by humanitarian health workers in determining the number of cases among these groups however can be because of the non-accessibility of camps and IDPs, the non-availability of testing materials and shortage in health workers, or the reluctance and unwillingness of the refugees and IDPs to get tested. Reluctance to get tested is believed to be born out of the fear of isolation, separation from relations, stigmatisation or even the fear of being killed as was obtainable in Rohingya camps (Alemi, Stempel, Siddiq & Kim, 2020). With a sharper rise of cases among refugees, the ease of lockdown across countries has made it so that there are higher chances of the spread of the virus in refugee camps (Godin, 2020).

Despite the slow spread of the virus, these groups of people have not been exempted from the impacts the virus is leaving in its trail. Directly or indirectly, the refugees and IDPs and forcibly displaced persons in general have been affected by the outbreak of the virus. This research work aims at highlighting the impacts felt by the humanitarian space with emphasis on refugees and the IDPs since the outbreak of covid-19, as well as the implication of the outbreak on humanitarian response across the globe, and also

recommends some alleviating measures that can be adopted by the humanitarian workers. The qualitative research method was employed in achieving this, and data was derived from secondary sources like organisational reports, journal papers, and publications on credible websites.

Refugees and Internally Displaced Persons in the Humanitarian Setting

Refugees and IDPs are categorised under forcibly displaced persons around the world, and have increased considerably in the last ten years. IDPs face similar challenges faced by the refugees, such as loss of properties, jobs, or completely no means of livelihood. Refugees and IDPs flee for the same reasons of persecution, conflict, natural disasters, threat to life and freedom, etcetera. Under the international law, refugees would be individuals needing international protection outside their countries due to severe threat to life, physical integrity, or freedom in their home states, which is born out of conflict (armed), severe public disorder, natural disasters, violence or persecution, which their countries cannot protect them from. For the single reason that their countries cannot make this protection available, they therefore seek international protection (UNHCR, 2018).

The fundamental difference between IDPs and refugees is in crossing the borders of their home countries (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], n.d). While refugees are able to seek safety outside of their home countries, IDPs are dispersed and seek safer regions inside of their home countries. Another difference is that IDPs have to rely on their own governments for protection while refugees rely on international protection. This would put an IDP as a person that is in need of protection inside his/her country due to severe threat to life, physical integrity, or freedom, which is born out of conflict (armed), severe public disorder, natural disasters, violence or persecution (UNRIC, n.d). IDPs account for the largest percentage of forcefully displaced individuals. According to UNHCR, more complexity is involved in rendering help to IDPs and they are one of the most vulnerable groups in the world for factors such as inability or unwillingness of their governments to provide needed assistance, and also for the fact that they most times seek hideouts in regions inaccessible to humanitarian workers, and are on constant movement from place to place (OCHA, n.d).

The total number of forcibly displaced persons today almost doubles the total number recorded in 2010. According to the UNHCR report on refugees and displaced persons, at the end of 2010, there were a total of 43.7 million forcibly displaced people in the world, of which 15.4 million were refugees and 27.5 million, IDPs (UNHCR, 2010). At the end of 2020 around 82.4 million of the world's total population (7.8 billion) were reported as displaced from their home countries; almost two times the number recorded in 2010. In that number, over 26.4 million people were refugees, and 48.0 million were IDPs. There were also 4.1 million asylum seekers, and 3.9 million displaced Venezuelans who moved abroad and away from their country of origin. This goes to show the alarming increasing number of those in humanitarian need (UNHCR, 2021a).

The increase in the number of forcibly displaced persons over time is responsible for the congestion of refugee camps as well as the strain on humanitarian aids. The state most refugee camps are in, usually overcrowded and lacking basic necessities such as clean water, medical facilities, proper sanitation and hygiene facilities exposes them to communicable diseases, which spread faster due to these factors too. These factors also characterise many refugee camps; malnutrition, lack of access to education. etcetera. The living condition of forcibly displaced persons already is a factor in the spread of the coronavirus among refugees and the IDPs as it exposes them to the risk of getting infected (United Nations, 2020a).

Asides refugees in camps or temporary settlements, the IDPs are as well exposed as they majorly lack the aforementioned basic necessities and access to them (Internal Displacement Monitoring Centre, n.d.). As at mid November 2020, 32,000 of forcibly displaced persons were tested positive with Covid-19. Compared to the middle of the year, the cases are spreading in camps across 103 countries (UNHCR, 2020a). Having established the vulnerability of these groups in the humanitarian setting, it is pertinent to know that despite the fact that for a number of months, they did not get infected by the virus as much as expected, they have had to struggle with the direct and indirect impact of the outbreak of Covid-19.

Impacts of Covid-19 Outbreak on the Humanitarian Space: Refugees and IDPs

Just like the rest of the world, the humanitarian space has to deal with the effects of the coronavirus outbreak and spread, and seek ways to adjust humanitarian aids and assistance to suit the new reality in this period. As earlier stated, refugee camps and IDPs settlements started off recording low numbers of persons infected with the virus but this does not exempt them from the secondary impacts and aftermath of its spread.

First off, the pandemic has led to an increased case of lack of access of humanitarian aid workers to refugees, which was already a thing of concern in the humanitarian space before the outbreak (The Lancet, 2020). This is due to the various lockdowns, curfews

and movement restrictions enforced by host states to curb the spread of the virus. In an already challenging situation for humanitarian access, as is the case for most of West and Central Africa, the covid-19 outbreak comes as an additional complicating factor.

Across some refugee camps like the Bangladesh Cox Bazar refugee camps and Colombia refugee camps mobility was reduced at the earlier stages of the pandemic outbreak due to restrictions placed on these camps by host countries (OCHA. 2021; International Federation of Red Cross and Red Crescent Societies, 2021). These restrictions extend to aid workers too in that frequency of humanitarian visits to refugee camps and the number of aid workers allowed in refugee camps at once has been reduced. This equally means a reduction in the supply of humanitarian aids and care and shortage of man power needed in administering care. With reduced access and contact between IDPs, refugees and humanitarian workers, many forcibly displaced persons cannot access aid materials like soap, water, tent, drugs, etcetera, and those that do have had to wait long periods between deliveries, thereby having to make do with what they have until the next delivery (The Lancet, 2020).

Another result of this is the complexity introduced in the area of finding solutions for those displaced persons that want to return to their home countries and those who await resettlement in other countries. Lockdown across countries has prevented the exercise of resettling or returning displaced persons as borders remained closed for so long and are still closed in some countries. Following from the various covid-19 preventive measures adopted by states, some refugees have had their rights violated. This flows from the lockdown and testing requirements by governments of refugees wanting to return home (UNHCR, 2020a). Testing requirements before settling asylum seekers have also been a hindrance because many of the home countries of asylum seekers lack testing facilities and capacities. Some countries have blatantly refused to consider asylum seekers and with the limited possibility of forcibly displaced persons seeking asylum and safety in these regions, many displaced individuals have been forced back to the danger they were running from (UNHCR, 2020a; UNHCR, 2020b).

Expanding on the effects of curfews and movement restrictions, gender based violence (GBV) is one of the challenges in the humanitarian setting. Women and girls among forcibly displaced persons have faced increasing GBV as they are one of the most vulnerable groups. UNHCR's global covid-19 emergency response report for November 2020 showed that the call for protection in this regard had increased ten times more than before the pandemic. This poses a huge problem as humanitarian workers and programs that help to sensitize the women and girls face the challenge of access and continued restriction. The result is that some of these women and girls without help, a means of livelihood and proper sensitisation have been pushed to sex for survival and child marriage (UNHCR, 2020b).

One major effect of the Covid-19 in the humanitarian setting is that it has affected the response capacity of host states, NGOs and humanitarian organisations to humanitarian needs. Donations made to the humanitarian cause have witnessed a decline since the outbreak (MOAS, 2020). A reason for this is that these host states and donors have also had their economies hit by the resulting economic crisis thereby putting a strain on finances and reducing their donating powers. Also in this period, it is only rational that leaders would put their national interest and citizens first. Statistics show that prior to the pandemic, the humanitarian funding already had a widening gap (19). What Covid-19 has done is that it has increased this gap between needs and funding considerably in the last few months (Cordaid, 2020). For example aids to Yemen from the Gulf States and the United states have been cut since June 2020 (HRW, 2020).

As earlier established, there are more humanitarian needs in the world right now as a result of the pandemic than there was at the beginning of the year, which automatically requires more funding of which, this has not been sufficient or readily available. At the end of 2019, the United Nations Office for the Coordination of Humanitarian Affairs put out a budget needed to meet humanitarian needs around the world in 2020, but in a bid to ensure protection for refugees, IDPs, and their hosts, the sum of 745 million was requested by the United Nations Refugee Agency, UNHCR, to specifically address issues that may arise from the pandemic, and also help prevent and treat the virus among these groups. As at November 2020, 471 million of the required fund had been realised with a funding gap of 274 million, and continued appeal for more funds (UNHCR, 2020a). This is far reaching because humanitarian organisations rely on donations such as this to settle refugees and IDPs. A decline in donations means that they cannot adequately meet the needs of these people.

Another impact of the pandemic on the humanitarian space is that some countries around the world that host refugees and asylum seekers and that have large numbers of IDPs have had their economies hit by the outbreak, thereby making it more difficult for these countries to cater to the needs of their forcibly displaced persons (UN, 2020b). Some of them include Ethiopia, Democratic Republic of Congo, Afghanistan, Yemen, Syria, Congo, Haiti, Venezuela, Ukraine, South Sudan and Nigeria (Aljazeera, 2020; World Health Organisation, n.d.). This is true

especially for countries with underlying crisis or one humanitarian crisis or the other. Yemen, as a country holds the status of the country with the worse humanitarian crisis, and already required external humanitarian assistance before the pandemic. It however faces increased aid obstruction due to movement restrictions, amidst lack (Human Rights Watch [HRW], 2020).

Countries whose economies have been affected by the pandemic require assistance in taking care of their citizens and also the refugees and IDPs in their countries. Many citizens in many countries have fallen below poverty line owing to the pandemic (Aljazeera, 2020). In Latin America, the refugees alongside immigrants make up the most part of poor people in the region as they do not get to benefit from the social protection programs for workers in the informal sector (UNHCR, 2020a). The poor state of many economies makes it impossible for them to help alleviate the needs of forcibly displaced persons and therefore leaves the increasing humanitarian needs unmet. The economic effect of covid-19 on states flow to the fact that governments of forcibly displaced persons more than ever are unable to provide the protection and better living standards they require. These people are expected to be resettled by their governments but the current economic situation of many of the countries with high cases of humanitarian needs makes it even more difficult to achieve.

The pandemic and the various measures taken have affected the livelihoods of those in the humanitarian space (UNHCR, 2021b). Lockdown and resulting economic crisis experienced by many nations have not spared the refugee and IDPs as for one, there are less employment opportunities and majority do not have job security as many are found in the informal business settings (Norwegian Refugee Council, 2020). As a result, feeding and access to other basic amenities has also been difficult as majority rely on their income from daily menial jobs and small businesses to survive, and are on the brink of starvation. In North-east Nigeria, four out of five forcibly displaced families have reported reduced access to basic amenities mostly as a result of lockdowns and price hikes (UNHCR, 2021b). In Egypt, some refugee and asylum seekers with their families have had to vacate their places of residence as their rents were due. Many others risk being evicted and have been unable to foot their bills for many months since the pandemic began (UNHCR, 2020a).

On the educational aspect, there is an increase in the number of students not in school around the world because of the pandemic. The importance of education cannot be overstated. About 1.6 billion students had to discontinue learning in 2020 and refugee children made up about 7 million of them (Schafer, 2020). This serves as a setback on the efforts made by humanitarian organisations prior to the pandemic, in resettling forcibly displaced children in schools. The girls have it worse and it has been estimated that majority of them would not return to school as it is likely they are forced to exchange sex for survival and be held down by teenage pregnancy (Clayton, 2020; Schafer, 2020).

A non-negligible impact of Covid-19 on refugees and IDPs is the health implications of its spread among these groups. The pandemic has stretched limited health facilities beyond their capacities. A common knowledge is the poor state of health care in many refugee camps and among many IDPs. Many of the refugee camps face similar situations where there are limited health facilities to cater to the multitude of refugees medically. Syria's northeast Al-Hol refugee camp, the largest in the region that houses about 65,400 refugees moved from 24 clinics in May 2020 to 15 in August 2020, with just 5 operational (MSF) (2020). Despite this, some of the few health care facilities still functioning have been converted for the purpose of treating and containing Covid-19 cases. Of which, some of the Covid-19 isolation facilities are also not functioning for lack of staff, hygiene facilities, medicines, medical equipment, prevention and control facilities, etcetera. The deteriorating health systems could compound the spread of the virus and pose a risk to many lives. For the IDPs, many are exempted from National Health Service care and cannot afford testing or treatment of the virus should they be infected. As thus, they are left vulnerable in the face of a global pandemic. Whatever help that comes to them is limited by factors such as inaccessibility as earlier mentioned. In such a situation, it would be advisable that these groups look to host countries for medical care. However, while all countries need to respond to preventing covid-19, those with existing humanitarian crises are particularly vulnerable, and less equipped to do so. Majority of the countries that host these refugees and have IDPs in their large numbers already face conflict or other humanitarian emergencies (UNRIC, n.d). They most times have limited or no health infrastructures or medical personnel as these facilities have been destroyed and the activities of warring parties prevent the sick from seeking treatment and also threaten the lives of health workers. For one, in Yemen, many clinics have been closed down as many health workers have left to protect themselves. The unavailability of PPE and low or no payment are also among the reasons for this (HRW, 2020). In the northeast of Syria for example, about a fifth of recorded cases of covid-19 are among health workers and according to Médecins Sans Frontières (MSF) (2020), the rate of transmission is high but is only covered by limited testing as about half of

testings done turn out positive. Many of these health workers worked in different facilities at a time. Majority of the health workers have stopped going to work, while some are down with the virus and some quarantined, with a resulting reduction in health services and shut down of many health facilities.

These underlying crises further expose the forcibly displaced to the virus. Armed conflicts in some states are still on-going and in fact escalating despite the pandemic (Peel, 2020). This means there are many persons on the run from these conflict ridden regions with majority becoming internally displaced despite the lockdown and movement restriction. By doing this, they heighten their risk of being infected by the virus. An instance is Mozambique where a huge humanitarian crisis is left in the wake of the Cabo Delgado conflict in northern Mozambique. This has seen almost 800,000 people displaced and majority of them are fleeing to the regional capital state, Pemba, which was described as a hot zone of covid-19 and where a considerable number of Covid-19 cases have been recorded (International Community of the Red Cross, 2020; European Union, 2021) Some have flouted restriction orders and have gone out in search of a means of survival, livelihood and safer regions.

Further health implication of the pandemic for the humanitarian space is that focus on covid-19 treatment and prevention has led to a near neglect of other health issues and diseases as majority of equipment and funds are channelled to this cause (Nature, 2020). The pandemic does not put an end to pre-existing health issues like malaria, typhoid, etcetera, that are common in refugee camps. For example, lockdown across states has led to an increase in the outbreak of cholera in Yemen (Regan & Chi, 2020). This is due to congestion coupled with movement restrictions, which allows for faster spread of any disease. Immunization especially for children has also reduced due to the restriction of movements and fear of visiting health facilities to avoid getting infected. The shutdown of clinics and health centre because of non-availability of health workers, facilities, and funds also affects people that need treatment for other health issues. Refugees and IDPs have not been spared emotionally as they have increasingly faced xenophobic attacks, discrimination, and stigmatisation (UNHCR, 2020b). Some do not even want to get tested for fear of being stigmatised if tested positive. This can be very damaging to the mental health coupled with the other things they have had to cope with.

A most evidenced fallout of the pandemic in the humanitarian setting is the expansion or increase in humanitarian needs around the world, (Aljazeera, 2020). This is to say that the already existing humanitarian needs are made worse and many more people need assistance now than ever. The United Nations Office for the Coordination of Humanitarian Affairs estimated in 2020 that in every 33 people around the world, 1 will be in need of humanitarian aid for basic amenities in 2021. This amounts to a 40% increase in humanitarian needs in 2021 compared to 2020 (OCHA, 2020). These increasing needs are borne out of effects of underlying crisis made worse by the effects of the pandemic on individuals, states, humanitarian response and assistance, etcetera.

Worthy of note is that the effects of covid-19 outbreak in the humanitarian setting are made worse by other pre-exiting factors like natural disasters, conflict, civil disorder, etcetera, that have also caused humanitarian needs. Other than this, many of the effects of the pandemic on groups in this setting are intertwined. From the afore mentioned, while the Covid-19 outbreak might not have created any new challenge that does't already exist in the humanitarian setting, it has exacerbated existing problems. The effects of the pandemic transcend the health sectors of states to their economies and everyday life of citizens, and this is one reason for the alarming increase in humanitarian needs. In all of these, conflicts have not dwindled, natural disasters haven't stopped, and the humanitarian space is left to grapple for survival in the face of unending problems made worse by current developments.

Recommendations

To address congestion and control the spread of the virus, more refugee camps and faster resettling of IDPs are apparently needed. States should be encouraged and endeavour to settle refugees faster as well as speed up repatriation processes to discourage the transient nature of these groups.

Donations to the humanitarian cause are, and have always been important. While many donors are cutting their donations, humanitarian organisations can also look to individuals and put out a far reaching call for donations. Sensitizing them on the importance of giving for this cause is also important. It is pertinent to know that from the effects of the pandemic aforementioned, the unavailability of funds goes a long way. This is because available funds can address some issues of lack, such as lack of preventive and treatment facilities: the needed testing can be provided as well as quarantine, treatment and recovery equipment.

Humanitarian needs born out of other factors other than the virus can also be addressed in the process. This puts emphasis on the need for the inclusion of refugees and IDPs in the measures taken to curb the spread of the virus by countries.

Regardless of the fact that the states that host the refugees and that have large numbers of IDPs do not have adequate equipment and personnel in the

prevention and treatment of the virus, they should not totally leave out these people. The little they have should be spread across board and plans for the alleviation and prevention should include them. Working together for the survival of many in this period should be the priority of any government and this would help discourage indiscriminate movement.

While prevention and treatment facilities are being made available, forcibly displaced people should be properly sensitized to understand the disease, its health implications and the importance of testing and getting treatment. Also stigmatisation should be discouraged around camps to further encourage them to take tests

In all of these, context specific solutions should be adopted around the camps. For example, camps that are not congested would not need decongestion and camps still having more health care centres as compared to others would not need more immediately. Rather, other lacks should be prioritized.

And lastly, in the face of economic downturn and cut funds, prioritising responses across refugee camps would help in proper allocation of funds. While all refugee camps need aid, the ones worse hit should be prioritised. Also nations with fast growing IDPs in dire needs should come first while more donations are encouraged.

Conclusion

The growing humanitarian need around the world is one effect of the pandemic that is not negligible. Although the records of humanitarian needs have increased over the years, the records are growing faster resulting from the pandemic. As earlier stated, those already in humanitarian crisis are plunged into deeper crisis and those who were not now find themselves in need of humanitarian assistance. This is also an offshoot of the economic lockdown that led to job loss and a host of other issues. Therefore, the humanitarian setting widens and transcends just the refugees, IDPs, stateless persons, etcetera, to include households in communities that can no longer cater for themselves since the outbreak of the coronavirus, as the increasing need for funds is met with declining donation power of states.

It would seem that the effects of the pandemic are more devastating for forcibly displaced persons than the virus itself and the desire for survival would make them flout all protocols or preventive measures and in the end, the goal of curbing the spread would prove a herculean task. Inadequate response to the spread of covid-19 in a crisis setting, known for the transient nature of the people, threatens to prolong the virus spread and affect global health security. That low cases are recorded now does not negate the fact that the rate of infection is increasing by the day in these camps, and it is something that should be watched out for. They could be in a lot more danger, and the situation can truly be a disaster waiting to happen.

In such a period as this, with the expanding and unprecedented humanitarian crisis around the world, cooperation of the humanitarian organisations and the rest of the world is important. A most pertinent knowledge is that the efforts of thousands of humanitarian workers and humanitarian organisations as well as everything ever expended on meeting humanitarian needs over the years, risk a major setback that the world may not sooner recover from. Concluding on this note, prompt responses from international donors and donors all around in getting treatments, vaccines, and PPEs for these groups, will go a long way in improving the world's chances of ridding itself of the pandemic and saving a larger population from an avoidable humanitarian crisis

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