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Humanitarian crises in a global pandemic

On Aug 19, the world will mark a UN World Humanitarian Day very different from any other. But while COVID-19 captures the world's focus, other humanitarian crises also need attention, as evidenced most recently by the tragic aftermath of the explosion in Beirut.

Even before COVID-19, 2020 was going to be a year marked by humanitarian need. Mark Lowcock, head of the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), predicted that in 2020 "168 million people worldwide will need humanitarian assistance and protection. That represents about one person in 45 on the planet. It is the highest figure in decades." Conflict in Yemen, Syria, DR Congo, the Sahel, and elsewhere is driving food shortages and displacement of people—the UN estimated that 80% of Yemenis require urgent humanitarian aid. Deepening economic crises, such as in Venezuela, are causing hunger and mass migration, and climate change is increasing the risk of natural disasters, famine, and drought. There were 79.5 million forcibly displaced people by the end of 2019, and access to health care is often poor in these settings; 80% of all refugees live in low-income and middle-income countries with weak health systems.

COVID-19 is exacerbating the inequalities faced by individuals and families in humanitarian crises. With national governments looking inwards and putting their own citizens first, people in need of humanitarian assistance are being neglected.

As the COVID-19 pandemic has spread, governments worldwide have introduced travel restrictions, inadvertently stopping aid workers from travelling, and thereby hampering humanitarian responses. In some cases, aid workers already in-country cannot deliver vital services because of government restrictions aimed at protecting their own citizens. In Greece, asylum seekers and migrants are still under strict lockdown regulations as the rest of the country returns to normality, limiting their access to basic services. Globally, the risk of starvation in some camps because of a lack of access to aid constitutes a bigger threat than the virus itself, according to Amnesty International.

An interruption of aid means even less access to soap and water, which is important for controlling the spread of COVID-19. Other non-pharmaceutical interventions—physical distancing and avoiding crowds and indoor

spaces—are unsuitable in many humanitarian settings. Cox's Bazar in Bangladesh, for example, has a population density of 40 000 people per km², 40 times more than the country as a whole. Isolating confirmed cases is extremely difficult under these circumstances, and personal protective equipment is often difficult to obtain because countries have introduced export restrictions.

Governments are also using the pandemic as an excuse to advance anti-migrant agendas under the flimsy pretext of protecting their citizens from COVID-19. The USA suspended asylum and large swaths of the immigration programme, despite having the highest number of COVID-19 cases in the world. Since March 20, the Trump administration has turned back more than 20 000 migrants at the US border, which is a violation of domestic and international legal obligations. In Bosnia, local authorities cut off the water supply to migrant populations to force them to move on.

Humanitarian organisations are responding, and the pandemic is giving them a chance to develop new ways of working. Whether moving to offering more services remotely, giving patients more medicines at a time to minimise contact, or using their experiences to develop tailored local responses, these organisations will keep trying to better serve people in humanitarian crises. But they cannot succeed unsupported.

UNOCHA suggests that the global COVID-19 humanitarian response plan will cost US\$10.3 billion, but only 20% has so far been pledged. By contrast, in just 2 months, governments spent \$10 trillion on economic stimuli for their own economies. COVID-19 will worsen health burdens in humanitarian settings, and international disputes over resources have left people in these settings without support. This is nonsensical. If nothing else, COVID-19 is likely to persist in humanitarian settings where health care is poor even if the rest of the world moves on, constantly risking another outbreak.

As states find themselves consumed with their own more immediate problems, they must remember that other humanitarian crises around the world have not diminished, and that the inequality exacerbated by COVID-19 is not resolved by myopically focusing on local problems. True concern for inequality demands attention to all the world's humanitarian needs. ■ *The Lancet*

For more on the Beirut explosion see [World Report](#) page 456

For the UN Humanitarian Overview 2020 see <https://news.un.org/en/story/2019/12/1052731>

For more on how travel restrictions are hampering humanitarian responses see [World Report](#) *Lancet* 2020; 395: 1331–32

For more on the Greek Government migrant lockdown see <https://www.msf.org/covid-19-execute-keep-people-greek-islands-locked>

For Amnesty International on refugees and migrants being forgotten see <https://www.amnesty.org/en/latest/news/2020/05/refugees-and-migrants-being-forgotten-in-covid19-crisis-response/>

For more on migration in the USA see <https://www.humanrightsfirst.org/resource/pandemic-pretext-trump-administration-exploits-covid-19-expels-asylum-seekers-and-children>

For more on the Bosnian police moving hundreds of migrants see <https://www.informigrants.net/en/post/24268/bosnian-police-move-hundreds-of-migrants-to-emergency-tent-camp>

For more on the UNOCHA global humanitarian response plan funding see <https://fts.unocha.org/appeals/952/summary>

For more on the stimulus packages for the COVID-19 pandemic see <https://www.mckinsey.com/featured-insights/coronavirus-leading-through-the-crisis/charting-the-path-to-the-next-normal/total-stimulus-for-the-covid-19-crisis-already-triple-that-for-the-entire-2008-09-recession>