

REFUGEE CAMPS RACE TO AVERT CORONAVIRUS CATASTROPHE

From Bangladesh to Greece, researchers and aid workers are taking steps to protect people.

By Nidhi Subbaraman

There are 70 million refugees, displaced people and asylum seekers around the world. Close living quarters, significant underlying health problems and limited access to sanitation and medical care mean that COVID-19 – which has brought some of the best health systems in the world to their knees – poses an outsize threat to these communities.

Although there are some reports of refugees testing positive for the virus, as of mid-April there had been no known COVID-19 outbreaks in major refugee camps, according to advocates and responders contacted by *Nature*. But many aid groups fear that it is only a matter of time before the disease strikes. According to advocacy groups, host nations have been slow to enforce preventive measures. And experts fear that aid organizations will struggle to rally and respond.

Models in Cox's Bazar

Nearly 600,000 Rohingya people now live in the Kutupalong-Balukhali Expansion Site in Cox's Bazar, Bangladesh, having fled persecution in Myanmar. The refugee camp is one of the world's biggest and most densely populated. And it is the first to be used in a model of COVID-19, says Paul Spiegel, director of the Center for Humanitarian Health at Johns



An aid worker in Greece distributes masks.

Hopkins University in Baltimore, Maryland.

Spiegel and his team projected outcomes at the camp using data, mainly from China, on age, case severity and case fatality rates for the outbreak (S. Truelove *et al.* Preprint at medRxiv <http://doi.org/ggqtq4>; 2020). The analysis has not been peer reviewed.

The group modelled outcomes in low-, moderate- and high-transmission scenarios. The worst-case scenario exhausts the encampment's medical capacity in just 58 days. When on-site hospitals are overwhelmed with COVID-19, there could be spikes in deaths from other diseases, such as malaria.

A spokesperson for the United Nations High Commissioner for Refugees says that the organization has used this model to guide its response, alongside partner organizations.

A plan to move in Greece

Five Aegean islands off the coast of Greece host refugees and asylum seekers from the Middle East and south and central Asia before they can enter the country. Greece has facilities for about 6,000 people awaiting asylum decisions at these island entry points, but the camps have swelled to nearly 40,000 people. Many are living in rudimentary encampments among the olive groves, with limited access to running water and toilets.

"They are living in tents, makeshift camps and carton boxes. It's a highly overcrowded situation," says Apostolos Veizis, director of the medical operational support unit in Athens for aid organization Médecins Sans Frontières (MSF, also known as Doctors without Borders). Although other parts of the world are prioritizing social distancing and lockdowns to slow the spread of the coronavirus, the options are limited in a refugee camp. "There's not really an ability to self-isolate or quarantine within these communities," says Devon Cone, a senior advocate with Refugees International, a humanitarian organization based in Washington DC.

In response to the pandemic, MSF is prioritizing provision of water and sanitation facilities to the camps. Veizis says there is a plan to protect about 2,400 high-risk residents – those over 60 and those with chronic conditions – by moving them to mainland hotels. And in April, the European Union pledged €350 million (US\$377 million) to support refugees and asylum seekers, including those in Greece.

Q&A

Mission to trace



Former World Bank president Jim Yong Kim is spearheading an ambitious US\$44-million project to control COVID-19 in the state of Massachusetts. The effort will involve a legion of contact tracers, who will phone people diagnosed with COVID-19 and their contacts, in the hope of isolating those infected and stopping the spread of coronavirus.

What surprised you about the response to COVID-19 in the United States?

After the first cases of community transmission, in Washington state, folks were saying it's too late for containment. What surprised me is just how quickly we gave up on the standard shoe-leather-epidemiology approach to fighting epidemics that has been in place for hundreds of years.

What did you do?

I reached Charlie Baker, the governor of Massachusetts. And he made the decision to take a chance on a contact-tracing programme for the entire state. We're going to hire 1,000 people right away, and we'll have to spend more on isolation and quarantine. He had to make the decision to dip into the state's funding to do this.

Do you have any tips for how scientists can have their voices heard by policymakers?

I think it's very hard to convince others to do things that are complicated and labour-intensive, unless you've done it yourself, or at least started doing it.

Do you make a financial argument in your push to contain COVID-19?

I spent seven years at the World Bank. I can tell you it makes no sense to keep putting trillions of dollars into a stimulus package and not put hundreds of billions into the one thing that will stop the financial crisis: getting the virus under control.

We will probably get a vaccine, but we cannot stay in lockdown until that happens. The financial impact is just going to be so devastating that we have to figure out a different way.

Interview by Amy Maxmen

This interview has been edited for length and clarity.