COVID-19 in West Africa: Interrogating the Gap between Policy Communities and Internally Displaced Persons.

The COVID-19 pandemic had an adverse affect on migration and mobility as countries in the West African sub-region closed their land and air borders, while several of them also imposed travel restrictions within their own borders and barred citizens from returning.[1] Beyond the economic, social, and health implications, the pandemic had a profound effect on West African societies, especially in terms of public health, security, and the rights of vulnerable populations. Given that the health care systems of many countries in the subregion were ill-equipped to respond to the crisis, an unprecedented increase in medical and humanitarian needs during the pandemic further put an additional strain on already stretched resources, infrastructure, local economies, personnel and services.

In terms of living standards, the world's forcibly displaced population, estimated at 108.4 million[2] by the end of 2022, is among the most vulnerable. Internally displaced people (IDPs) were particularly susceptible to COVID-19 due to the adverse impact of preventive and containment measures such as border closures, travel restrictions, and supply chain disruption.[3] Insufficient financing, travel restrictions, local lockdowns, and staff illnesses during the epidemic made it difficult for humanitarian and development actors to offer aid to those who were forcibly displaced while national governments' social protection programs were limited. Despite various economic and financial strategies put in place by the Economic Community of West African States (ECOWAS) and its partners to address the region's rising needs, IDPs faced an increased risk of poverty and disease due to their precarious living conditions including poor access to basic services and resources, risk of losing one's livelihood, and financial instability.

People's pre-existing vulnerabilities and inequities are often exacerbated by a combination of war, disasters, political violence, climate change and food insecurity.[4] In 2022 alone, 151 countries and territories recorded 60.9 million internal displacements or movements, 60 percent greater than in 2021, and the highest figure ever. A record number of 32.6 million people were affected by disasters, and 28.3 million by armed conflict and violence.[5] Internal displacement is regarded as one of the human mobility challenges and urban phenomena that has the most adverse impacts on the affected individuals and the community. Despite this, it does not receive much attention in research or advocacy efforts and international discourse.

Although the national governments in West Africa have taken some measures to provide support for IDPs, this paper establishes that there is still a lack of understanding of their needs and perspectives, as well as inadequate resources to address the challenges faced by the most vulnerable population before and during the pandemic. There has not been adequate consideration of the multiple barriers to improving the health needs of IDPs, which requires partnership across research areas, policy communities, institutional frameworks, and healthcare sectors. Many journals have published papers on the pandemic, generated by stakeholders in the policy community but only inconsequential number of such studies and other policy papers or opinion articles alluded to the conditions of internally displaced people in West Africa as well as the overall humanitarian, social, financial, and economic effects of the pandemic for this vulnerable population (See Table 3 for further analysis). Therefore, the goal of this paper is to explore the consequences of the pandemic on the forcibly displaced populations in West Africa while also evaluating how the policy communities responded to the crisis, with a special emphasis on the internally displaced persons across different state-managed camps, self-settled camps and host communities in the region. The paper also offers insight into what the policy

communities can do to increase awareness of and respond to the particular needs of the most vulnerable people during health emergencies as well as in everyday situations related to public health.

Timely and accurate statistics on IDPs who constitute the "invisible majority" of those displaced by conflict and natural disasters globally are limited in most West African countries. Given that access to the little available data from specialized national agencies is challenging, this article depends on data provided by international organizations and regional agencies working on refugees and internally displaced people through four search engines: Scopus, Google Scholar, PubMed, and JSTOR. Thus, the article builds on multiple data sources from World Health Organisation, United Nations High Commissioner for Refugees, International Organization for Migration, Africa Centres for Disease Control and Prevention, United Nations Office for the Coordination of Humanitarian Affairs, Norwegian Refugee Council, among others and interrogates the subject from the standpoint of social sciences in the global South, more specifically that of West African policy community.

Conceptual Clarification

Public administration specialists, policy scholars, and political scientists refer to informal interactions that take place outside of established governmental processes as the "policy community,"[6] involving those "who, for various reasons, have an interest in a particular policy field and attempt to influence it."[7] Such interactions occur between and among elected officials, interest groups, government agencies, industry associations, academia, and other associated policy actors and institutions in the pursuit of a public policy issue that is significant to them for practical purposes. In the context of the subject of this paper therefore, policy community refers to the various groupings of academia (social scientists), policy experts, civil society actors,

government agencies, media people and pressure groups who implicitly or explicitly work around migration, forcibly displaced persons and humanitarian services or who play fundamental role in the response to public health emergencies. Similarly, internally displaced persons have been defined as:

> persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.[8]

For the purpose of the current study, IDPs are those who have been compelled to relocate within the same country from their customary place of residence, due to armed conflict, widespread violence, abuses of human rights, and natural disasters. The internally displaced persons are used as a case study in this paper on account of their greater vulnerability compared to other categories of forcibly displaced populations who are protected by various international frameworks either in transit or host countries. It is therefore, expected that the policy communities focus more on the IDPs in fragile contexts (particularly during health crisis) with a view to amplifying their voices, promoting ideas to meet their needs and ultimately facilitating a process of incremental and cumulative paradigmatic change about vulnerable populations.

Four years after it first surfaced, the Covid-19 situation has stabilized globally, and the virus is no longer regarded as a public health emergency of international concern (PHEIC). However, the history of pandemics suggests that there will be sustained transmission of the virus for an extended period of time across many countries, leading to intermittent hospitalizations and fatalities. On this premise, the study typically uses a blend of the past and present tenses in its expressions throughout the analysis of the COVID spectrum (early, mid, and present), as well as

the associated thematic areas of discussion—internally displaced people and the intervention of the policy community.

Literature Review

The growing issue of "IDPs" has been recognized as a phenomenon and moved into the sphere of international politics as one of the components of humanitarian affairs.[9] Global instability is on the rise due to Syria's protracted strife, the conflict in Ukraine, climatic shocks, and economic turbulence in East Africa and Latin America.[10] Although internal displacement is a worldwide occurrence, only ten countries are home to roughly seventy percent of IDPs: Ethiopia, Yemen, Nigeria, Somalia, Syria, Afghanistan, the Democratic Republic of the Congo (DRC), Ukraine, Colombia, and the Sudan.[11] Internal displacement is frequently caused by unsolved conflicts, unequal development and resource distribution, pervasive corruption, discriminatory practices, and historical injustices that result in unemployment and poverty, economic marginalization, and the collapse of the rule of law.[12]

Like many other people on the move, the COVID-19 disproportionate effects on internally displaced people manifest as three interconnected crises—health crisis, socio-economic crisis, and protection crisis—that exacerbated already existing vulnerabilities. One, in terms of a variety of health conditions, IDPs tend to have worse health outcomes than other conflict-affected communities.[13] IDPs are more susceptible than other populations, considering that lockdowns and social exclusion during the pandemic reduced the number of permitted relief workers, which has consequently reduced the availability of the services they offer for internally displaced people. Displacement itself frequently results in severe health problems including mental stress, malnutrition, and other infectious illnesses like tuberculosis, which are circumstances that are known to be risk factors for COVID-19 infection and death.

Two, beyond its health effects, the Covid-19 epidemic has major socio-economic and protection effects for internally displaced persons. Many people who were already economically disadvantaged and mostly employed in the informal sector lost their sources of income, further deepening their poverty, "unable to meet basic needs and afford to cover expenses such as food, health care, rent and education."[14] The COVID-19 impacts exacerbated pre-existing tensions between displaced people and host communities in several countries. Also, access to education was a serious issue for IDP children, while women and girls had difficulty accessing sexual and reproductive health services.

Three, due to its protracted nature in many countries, forced displacement is no longer just a transient occurrence. Internally displaced persons fall into a wide range of categories based on the vastly distinct circumstances in which they live, even though they all have the same needs in terms of safety, subsistence, and dignity.[15] IDPs face a variety of difficulties in metropolitan settings, including poverty, a lack of psychosocial assistance, and other issues.[16] In the wake of fresh emergencies, abuse, exploitation, and violence against internally displaced people usually reach their climax. In light of this, there is a framework of protection which offers three categories of activity that may be carried out concurrently by various actors/organizations involved. The first one is responsive action, which is aimed at preventing or halting violations of rights. The second type of protection activities is remedial action which is geared toward a remedy to violations, including through access to justice and reparations. The third type is environment-building with an objective of promoting respect for rights and the rule of law.

The Norwegian Refugee Council's yearly report on "forgotten crises" reveals how big displacement occurrences that remain restricted within the boundaries of the affected country are constantly ignored by the media notwithstanding their significant humanitarian and development

needs which most affected regions often lack the resources and local development expertise to address.[17] In reality, reliance on national responses endangers IDPs given how many countries with cases of internal displacement lack the competence or choose not to assist their displaced nationals. As a result, international humanitarian intervention becomes necessary despite the challenges in reaching the IDPs since their own national authorities are failing to meet their needs.[18]

Over time, concern has grown regarding these vulnerable populations who do not receive the same consideration or assistance as refugees who have been compelled to relocate across international borders and are entitled to protection and support from their host countries, as well as from the international community through the United Nations (UN) and its specialized agencies. International law requires that refugees receive assistance from the international community as well as food, housing, and safety in their host countries.[19] Conversely, there is currently no UN body that is specifically obliged to safeguard the well-being of IDPs. They only enjoy the same rights and safeguards offered to civilians under international humanitarian law in situations of armed conflict. Overall, everyone is urged to work together in accordance with the "collaborative approach" to meet the needs of IDPs. These needs were exacerbated by the impact of the COVID-19 pandemic. Globally, trade flows were slowed down and transportation costs rose sporadically as a result of disruptions in the world supply chain, mainly caused by restrictions in other countries. Poor urban households that primarily relied on income from small businesses and informal jobs also experienced unfavorable effects as a result of government restrictions.

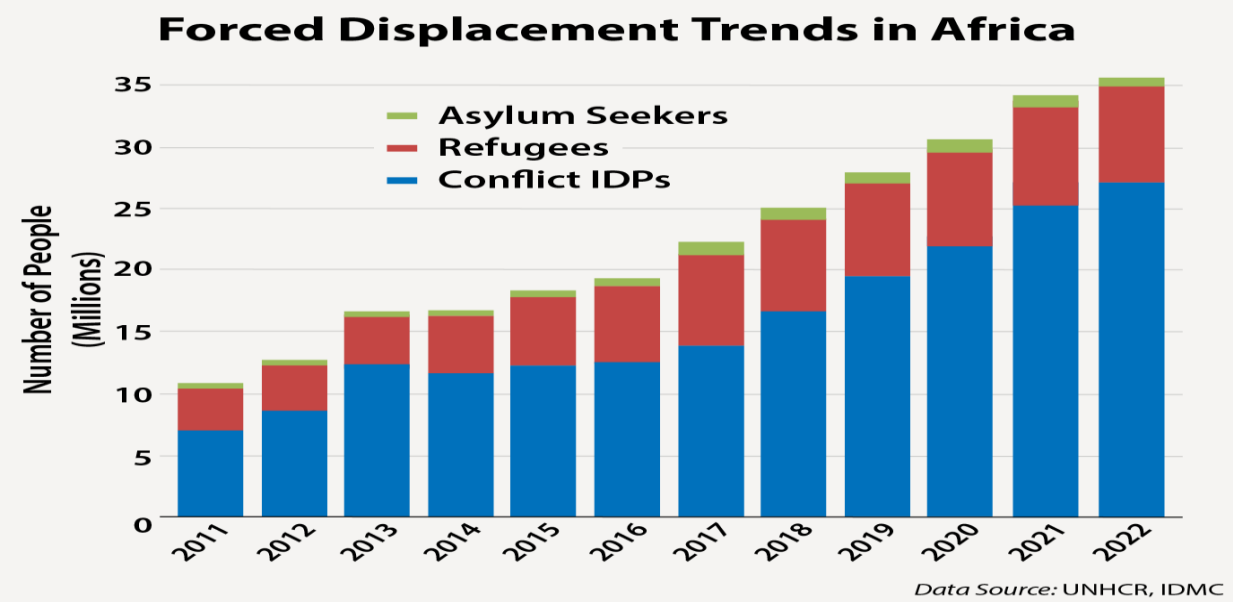
One of the most pressing issues in the humanitarian arena, therefore, has been how to care for and safeguard internally displaced people (IDPs) in crisis situations. Despite the fact that

COVID-19 has impacted all forcibly displaced and stateless individuals to some level, the experiences they have differ according to their age, gender, and variety. IDPs are at significant danger of physical violence, sexual assault, and kidnapping, and are routinely denied proper shelter, food, and health care.[20] The vast majority of them are women and children, who are especially vulnerable to violations of their basic human rights. Although there are currently several national laws and African treaties in place to safeguard IDPs, the degree of domestication and implementation remains deficient.[21] In West Africa, internal displacement caused by disasters and conflicts and the resulting health and protection needs of IDPs are critical issues. Despite the recent political attention force displacement has received globally, little is still known about how different West African countries deal with it in their unique settings and how policies are formed and implemented.

Internal Displacement and Public Health in West Africa

The West African subregion has been faced with a particularly high rate of displacement occasioned by a multidimensional crisis rooted in long-standing tensions among various actors and groups.[22] As a result, the region has experienced an increasing number of individuals and families being forced to leave their homes due to a variety of factors such that displacement and the associated hardships have become an all-too-familiar reality for many people. Although forced displacement in West Africa decreased substantially when wars in Liberia, Sierra Leone, and Côte d'Ivoire ended, fresh displacement linked to growing violence in the Lake Chad Basin and Central Sahel regions has increased significantly.

Table 1: Forced displacement trends between 2011 and 2022 in Africa



Data sources: UNHCR, IDMC (2023)

Currently therefore, as tensions intensify over competition for increasingly limited resources, the magnitude of displacement in the region has continued to rise, resulting in overcrowding of camps, and putting further strain on host communities. This is in addition to the growing number of other people (not IDPs) generally in need of humanitarian assistance, and without adequate response. Amidst the COVID-19 pandemic, more than a million people were internally displaced by the upsurge in violence in Burkina Faso in 2020, an estimated 363,807 persons were displaced in Chad's Lac Province arising from protracted security situation and rapidly degrading environmental conditions.[23] Eight point four million people in Nigeria's north-east states of Borno, Adamawa, and Yobe needed humanitarian aid in 2022, while the number of people in a broad range of complex humanitarian needs increased in Niger from 2.3 million in 2019 to 3.8 million in 2021.[24] Nearly 2 million Cameroon residents were impacted by population mobility as of December 31, 2021 (either as refugees, IDPs, or returnees), 4.4 million people still

required humanitarian aid, while Mali had an estimated 346,864 people who were in need of humanitarian assistance in 2021 as the pandemic connects these countries' precariousness to their weak health systems and the majority of their citizens' low health outcomes.[25] Thus, COVID-19 aggravated humanitarian and food crises in several West African countries at a time when regional violent extremism was on the rise, owing to the intensity of Jihadist attacks on civilians and security personnel. As indicated in Table 2, seven of the fifteen African countries with the highest numbers of forcibly displaced people are located in western Africa, constituting 22 percent population displaced in these seven countries combined.

Table 2: Countries most contributing to forced displacement in Africa

Countries Most Contributing to Forced Displacement in Africa				
Country	IDPs	Refugees and Asylum Seekers	Total	Percentage Population Displaced
DRC	5,339,000	978,994	**6,317,994**	7
Ethiopia	4,509,081	150,243	**4,659,324**	4
South Sudan	2,229,657	2,339,963	**4,569,620**	40
Sudan	3,036,593	913,124	**3,949,717**	9
Somalia	2,967,500	716,974	**3,684,474**	23
Nigeria	3,119,692	424,702	**3,544,394**	2
Burkina Faso	1,902,150	30,964	**1,933,114**	9
CAR	602,134	737,151	**1,339,285**	27
Cameroon	936,767	142,985	**1,079,752**	4
Mozambique	872,188	8,814	**881,002**	3
Eritrea		589,104	**589,104**	18
Mali	370,548	197,232	**567,780**	3
Chad	381,289	16,081	**397,370**	2
Côte d'Ivoire	301,705	45,825	**347,530**	1
Niger	264,257	17,715	**281,972**	1
Total Displaced in Africa	**27,282,493**	**8,420,459**	**35,702,952**	

Data sources: UNHCR, IDMC, World Bank (2022)

In response, the international community in collaboration with local governments have, in the last four years, been putting increased efforts into providing humanitarian aid and other forms of assistance in order to alleviate the suffering of those affected. Nevertheless, issues associated with internal displacement are not receiving enough political attention, despite the worrisome statistics. Most national and international media outlets hardly ever cover the predicament of IDPs in West African countries, except for occasional reporting on new

displacement or outbreaks of violence or disease. Many factors contribute to this. Virtually only the world's poorest regions experience internal displacement. It consequently has less of an impact on wealthy states, unlike cross-border flows which have a significant effect on the international agenda.[26] Furthermore, a large number of the affected countries contest the presence or magnitude of internal displacement since it highlights their underlying political shortcomings. In addition, the quality and availability of trustworthy data are inadequate. Lastly, IDPs remain statistically “invisible” due to the fact that their legal status is the same as that of the rest of the population and that they are often scattered across the entire country.[27] Although many African countries have enacted domestic laws or policies to implement the provisions of the Kampala Convention—the world’s first legally binding regional agreement on internal displacement—the condition of millions of people who are internally displaced on the continent, continues to raise concerns. Suffice to note that the implementation of this continental instrument by national authorities has been abysmal.

The primary duty of the national authorities, according to Article 5(1) of the Kampala Convention, which incorporates standards of humanitarian and human rights law applicable to internal displacement, is to provide support to those who are internally displaced within their control without prejudice. Many internally displaced persons rely on humanitarian help to survive while living in camps. The majority of those residing outside of camps rely on improvised means of subsistence and the assistance of host communities, both of which were impacted by COVID-19 containment measures and their economic consequences.[28] For most part of the pandemic period, however, many national governments, policy communities and the media primarily focused on individual vulnerabilities, such as age and preexisting medical conditions, while concerns about the risks of social vulnerabilities, particularly the social status

of IDPs which makes them susceptible to the disease, were under-represented in policy intervention, including *ad hoc* measures. In most cases, when a public health emergency occurs, resources and personnel that were originally designated to assure IDPs' protection are reallocated, making them more vulnerable.[29]

Though the subregion, as a whole, generally observed proper adherence to safety precautions such as prohibiting gatherings of more than ten people, quarantining suspected cases, routinely sanitizing hands with hydroalcoholic solutions, isolation and social distancing, and wearing face masks, the same could not be observed in IDP camps. While political leaders in West Africa acknowledge and view internal displacement as a political and humanitarian crisis, it is nevertheless difficult to translate regional and international commitments into effective local and national solutions.[30] Over the course of a decade, low levels of internal displacement that were only temporary in nature in several West African countries evolved into widespread, massive, and protracted displacement. Despite the fact that many of these countries have policies in place to manage migration and forced displacement, having signed a number of international and regional agreements for the protection of migrants and IDPs,[31] there is little commitment to the protection of IDPs. This is where more effort and stronger bilateral diplomacy are required given that statements of intent must go beyond meetings and events. It is expected that countries in the subregion maintain long-term strategic cooperation with donors and partners in development to achieve tangible results.

COVID-19 response in West Africa and the gap between policy communities and IDPs

The COVID-19 disaster has irrevocably changed the global health landscape. Since the first incidence of COVID-19 in Africa was recorded on February 14, 2020 in Egypt, all African countries have been hit to varied degrees by the disease over the course of five consecutive

waves. The fifty-fine African Union (AU) Member States recorded 12.3 million COVID-19 cases as of April 30, 2023, with 257,032 fatalities and 9.8 million recoveries (93.8 percent). The continent had 2 percent of the all recorded cases worldwide and 4 percent of 6.42 million fatalities recorded globally.[32] Bankole et al's 2022 research reveals that the COVID-19 pandemic accounted for 92.3 percent of complications that led to deaths of patients in Burkina Faso, 97.8 percent in Nigeria, 90.3 percent in Senegal, 65 percent in Ghana, 90.4 percent in Niger Republic, and 93.6 percent in Ivory Coast. In West Africa, the COVID-19 epidemic struck in the beginning of March 2020 and countries in the region swiftly constituted crisis management teams and put strict precautions in place in a way that was mostly uniform to prevent the SARS-CoV-2 virus from spreading, and in some cases, even before the first infection was confirmed.[33] All of the sub-regional countries locked their land and air borders, and several others also restricted internal travel and prohibited residents from re-entering.

Despite limitations, governments activated resources in a generally consistent manner, with a strong emphasis on improving testing capacity for critical care and social behaviour change communication. Although overall pandemic preparedness was insufficient, evidence from 67 evaluations on preparedness, crisis management, response, and recovery conducted in OECD countries during the first 15 months of the pandemic shows that governments took swift and broad-based action to lessen the economic and financial effects of the pandemic.[34] African responses to the epidemic were meticulously coordinated by the Africa Centers for Disease Control and Prevention.[35] In West Africa, the pandemic sparked unprecedented regional solidarity among ECOWAS member-states, which increased the number of laboratories equipped to test for respiratory pathogens tenfold, shared data on entry points, genomic

sequencing, and therapeutics, and participated in joint emergency medical teams. This is in spite of the daunting challenges confronting the subregion in the health sector.

For instance, the West African subregion has ten of the world's twenty-five poorest countries.[36] Furthermore, many West African countries have under-resourced health systems, making it difficult to respond to an outbreak swiftly. Fewer than two medical doctors and less than five hospital beds are found in most of the region's countries for every 10,000 people,[37] and half of all west African countries have per capita health expenditures under US $50. In comparison, Italy and Spain have 34 and 35 hospital beds per 10,000 people, 41 doctors per 10,000 people, and per capita spending of US $2840 and US $2506, respectively.[38] Thus, the initial fear was that an abrupt increase in the number of infections in west Africa may easily overwhelm the region's already precarious health infrastructure and that the risk of COVID-19 transmission, in particular, may be increased in settings of vulnerability, high population density, and people living in camps. Such fear is explicit in the case of internal displacement in times of health crisis, considering how extraordinarily challenging it is to organize health services for IDPs due to a number of interrelated constraints[39] including finances, exclusion from public health care, lack of documentation, human resources, administrative hurdles, and government priorities.[40]

In Nigeria, research shows that the coordination and administration of health services and resources were not adapted to the needs of persons residing in all camps, despite the involvement of several stakeholders, partnerships, and national and international government bodies.[41] Uncoordinated management, treatment, and control of communicable and non-communicable illnesses, according to the study, jeopardized the health of IDPs living in camp-like settlements. Most IDPs in Nigeria were aware of the pandemic, but national measures, such as social

distancing and infection control, were difficult to implement; and despite the restrictions, lockdown, and further disruption to accessing services, adequate considerations were not provided to support or manage the IDPs.[42]

Globally however, at the beginning of the COVID-19 pandemic, consortia were established by a variety of reputable data vendors from both the global North and global South in an effort to provide real-world data to policymakers, researchers, clinicians, and other international stakeholders while also providing scientifically sound analysis of the pandemic. Similarly, a number of webinars was planned to gather the most pertinent information and actionable recommendations on varied thematic areas to assist national and regional governments.[43] These data were gathered in association with eminent epidemiologists and biostatisticians, national health ministries, NGOs, and international health institutes. To a large extent, the West African subregion—like the rest of the world—benefited from this initiative and replicated same in their prevention, response, and recovery efforts. Relevant stakeholders, including the private sector, health policy experts, technocrats, civil society organisations and anti-corruption bodies played an active monitoring role in some countries by participating in committees constituted to oversee the execution of Covid-19 rescue measures.[44] Several international organizations partnered with the Africa CDC and Regional Coordination Centres, national governments, and civil society organizations in addition to other initiatives by the United States and the European Union.

On a general note, this illustrates the multiple innovative and varied forms of agency that are rooted in advocacy coalitions, shared causal beliefs and communal solidarity. Similarly, it is sufficient to note that a community of researchers and a number of international studies have offered a comprehensive macro-level overview in terms of national and regional policies

pertaining to forcefully displaced populations. These evidence-based brief documents and periodic releases can be accessed from their various webpages and journal outlets. However, with specific reference to internally displaced persons, this form of solidarity, and measured intervention, was lacking and also manifests in the subsequent negligible research attention dedicated to COVID-19 and IDPs in West Africa.

Despite frightening statistics, the global, regional, and national policy attention on internal displacement has dimmed in many countries since 2019, as other competing emergencies have received priority attention.[45] Several searches evaluating the impact of COVID-19 on IDPs only produced a small number of published works because most studies on COVID-19 and forcibly displaced populations significantly focus on refugees and asylum seekers (cross-border migrants), covered by international frameworks. IDPs were simply mentioned in passing in many studies that could be accessed online, mainly reflecting the general public's understanding of COVID-19 spread, social distancing, and behaviour, mobility, emergency needs, economy and livelihoods, as well as coping techniques to shocks, conflict, and violence.

In the context of COVID-19, this paper interrogates the impact of researchers (academic component of the policy communities) on IDPs through journal publications on the subject matter. In this regard, published articles between 2020 and 2023 on COVID-19 in West Africa were systematically searched between July 14 and 30, 2023 in four relevant and accessible databases: Google Scholar, PubMed, Scopus, and JSTOR. Articles specifically related to internally displaced persons and the pandemic were identified through these keywords: “internally displaced persons,” “COVID-19 pandemic,” “internal displacement,” “West Africa,” “IDPs in West Africa,” “health condition of IDPs,” and “vulnerable populations.”

Table 3: Articles[46] published on COVID-19 and internally displaced persons, 2020-2023

Search Engine	Articles on COVID-19 and Internally Displaced Persons globally	Articles on COVID-19 and "vulnerable populations" in West Africa	Articles on COVID-19 and Internally Displaced Persons in West Africa
Google Scholar	7,520	51	6
Scopus	2,992	38	9
PubMed	616	10	2
JSTOR	359	11	-

Source: author (2023)

The search generated thousands of articles. The four search engines provided a total of 11,484 articles discussing vulnerable populations globally out of which 110 articles focused on West Africa within the context of general discussion of vulnerable populations. In this general category, varied issues of COVID-19 in relation to containment and mitigation measures, sexual and reproductive health and rights, migration and mobility, consequences on mental health, disease surveillance, socio-economic impacts, vaccination effectiveness and safety, living and survival conditions. The last column, which is the focus of this paper, extracts articles that mainly examine/analyze issues of internally displaced persons in West Africa and having IDPs as a keyword in the research titles. As a result, where titles and findings in the articles do not distinguish IDPs from refugees, asylum seekers, ethnic minorities, migrants or other vulnerable

populations, such paper were excluded. In this category, only seventeen articles were relevant, four of which were duplicated in two search engines (Scopus and Google Scholar).

Therefore, only thirteen articles (mainly by researchers from five West African countries) were found to have primarily concentrated on COVID-19 and IDPs in four years. In a region with multiple humanitarian and development challenges, hosting a substantial percentage of IDPs in Africa, this is an indication that this segment of forcibly displaced population has been invisible to research endeavors. The mainstream media coverage of the humanitarian crises during the pandemic in Africa provides more evidence of this disregard. Given how media representation and public solidarity play an essential role in responses, the impact of the standard provided for stakeholders to manage complex humanitarian situations is better appreciated. For example, CARE International statistics[47] reveal that while more than two million internet articles were written about the conflict ravaging Ukraine, the 2022 top ten most disregarded humanitarian crises worldwide were all located in Africa. Most severely underfunded situations are in Africa because in recent year, African vulnerable populations have fewer alternatives and less support than ever when compared with funding for Ukrainian appeals.

Thus, when visibility about the issues facing these vulnerable communities is minimal in some regions of the world, it may also explain why stakeholders' attention is mainly focused on regular citizens/residents during health emergencies. Like many in fragile contexts around the world who often times, do not have access to basic necessities including housing, food, water, and sanitation, education, and health services, IDPs (in the West African subregion) indubitably deserve better attention from the policy communities. This becomes a worthy academic concern for social scientists in light of the pandemic that exacerbated their vulnerabilities. This concern

can be transformed into concrete action if the policy recommendations highlighted in the next session are considered.

Policy Recommendations

Over the years, there have been substantial improvements in methodologies and data gathering. Academic researchers and specialist groups are working to strengthen multi-sectoral partnerships and improve scientific approaches to addressing infectious diseases and the emergence of pandemics as well as promoting coherent and coordinated action across countries and regions on health-related issues. In this regard, the vulnerability of forcibly displaced people is expected to be taken into account in such high-level policy discussions. Worryingly, the few existing initiatives relating to IDPs ignore the concerns of women and girls, who usually make up a larger percentage of vulnerable populations. Thus, understanding the complexity of displacement in West Africa as well as the various actors (health, political, and administrative stakeholders) and mechanisms in place is crucial in order to identify the underlying root causes and consequences of displacement and how to prevent them. This will help the region develop solutions for those who are already displaced (or prevent additional internal displacement and its attendant socioeconomic problems.

West Africa should invest more funds in bolstering the region's healthcare infrastructure while scaling up tried-and-tested public health interventions and, in particular, building on the lessons member states learned during the pandemic response. By allocating more resources to health, improvements can be made in the environment, governance, water, sanitation, education, and, implicitly, issues affecting vulnerable groups. In this context, comprehensive strategic, technical, and logistical assistance should be mainstreamed into the transition from emergency response to long-term control strategies (Routine Healthcare Services), “managing it alongside

other diseases within routine healthcare systems."[48] This assistance should also address perceived gaps in the COVID-19 response and other entrenched social problems related to the subregion's vicious cycle of poverty and ill-health, fragile public health and social protection systems especially for forcibly displaced populations. In the context of the interaction between IDPs, COVID-19, and policy communities in West Africa, this article provides the following policy recommendations and expected interventions aimed at improving, protecting, and preserving the health and well-being of IDPs and their host communities:

1) Up-to-date quality and disaggregated data on those displaced and IDPs policies. To enhance IDP health outcomes and advance health equity, research is required on how to tailor policy and programming responses to the context of internal displacement, providing actionable research findings on how lack of basic necessities, traumatic experiences, anxiety, and uncertainty influence internally displaced persons' general physical and mental health living in crisis situations. To enable more responsive health services and systems, timely data and analysis are needed to better inform policy and targeting programs, understand IDP health needs, expectations, and practices. Governments need robust, credible, and disaggregated data on internal displacement in order to determine the best course of action. Additionally, they must continuously evaluate the relevance, coherence, effectiveness, efficiency, and impact of the policies implemented in dealing with this humanitarian crisis. As COVID-19 has once again demonstrated, evidence-based policy must fully recognize findings from the social sciences, not only the health sciences,[49] and foster increased interdisciplinary collaboration between the health and other fields of study.

2)The policy community should invest in more studies on the vulnerable population in both peaceful and difficult circumstances based on people-centric approaches and grassroots

initiatives such that the protection and humanitarian needs of IDPs can be met promptly, systematically, and without discrimination. This is in addition to different actors—governments, philanthropists, international and multilateral organizations—working together to coordinate a system to contain and eliminate future major threats. To offer an inclusive approach that will benefit the whole community of IDPs, and ensure quality access to healthcare services for communities affected by displacement, a constant documentation that takes into consideration age, gender, and diversity should be mainstreamed into policy frameworks and strategic programming of national governments and donors. Internally displaced individuals who reside in camps and communal settings (both formal and unofficial) need to have their health and safety prioritized during a state of emergency or under other circumstances.

3)Decongestion efforts should be intensified by national authorities regarding overcrowded conditions in camps- where many IDPs live in precarious makeshift and temporary shelters. The immediate-term purpose of camps for displaced populations appears to have been defeated in several sub-Saharan African countries where displacement becomes prolonged- five years on average.[50] Decongestion strategy in collaboration with humanitarian partners is a timely measure to better the living conditions of displaced families. This should be a routine exercise, not limited to outbreak of pandemic. Evidence-based approaches to support IDPs in returning, integrating locally, or resettling are also critical in this respect.

4)There should be detailed human rights investigations into incidents involving IDPs to ensure that every IDP is protected, and their rights safeguarded. Policy communities can also facilitate the process of preventing human rights violations, especially against marginalized and minority populations in precarious circumstances. Similarly, regional mechanisms as well as national legislation, policies, and programs may be made operational to address human rights concerns in

circumstances of internal displacement through monitoring systems. In other words, monitoring the state of human rights among IDPs should be in conformity with national and international norms, recording infractions, and taking appropriate action. The policy community is particularly strategic to this task to ensure that the State complies with its obligations under international law to respect, defend and uphold human rights of all individuals on their territory or under their jurisdiction.

5)To address the causes of displacement and offer long-term solutions for those on the move, more political will is needed. In West Africa, like in other affected parts of the world, state-led initiatives and commitments are essential to avert more displacement, lessen its effects, and devise sustainable solutions through inclusive policies and development investments for both forcibly displaced persons and host communities. Hence, in addition to enhancing ECOWAS's ability to advocate for internal displacement concerns, member states should establish national offices for internal displacement. However, while the failure of a country to enact laws or implement particular IDP policy measures might be viewed as a lack of political will, this interpretation also needs to be modified since such failures could also be ascribed to a lack of capacity, political or institutional conflicts or other factors.

6)More research institutes are needed in West Africa to develop a variety of initiatives addressing issues around forcibly displaced populations and migration in the region. Researchers should constantly apply process-tracing, discourse and actor analysis methods to interrogate policy and legal frameworks that guide ECOWAS member states in managing refugees, migration and internal displacement, their role and type of influence. This can be accomplished by critically reflecting on existing policies and employing relational and bottom-up approaches, which allow for a broader spectrum of perspectives on the subject. Forced displacement should

not be viewed as a romanticized status quo in some conflict-ridden regions, but rather as a dynamic, and complex social, political, economic, cultural, and religious reality affecting all layers of society.

Conclusion

The COVID-19 crisis has brought to light the impact of existing health inequities experienced by vulnerable populations. This paper establishes that prior to COVID-19, internally displaced persons were at risk and had several difficulties since they usually relied on services offered by national governments and relief organizations, such as medical and food provisions, and monetary transfers. The dangerous combination of displacement and the COVID-19 pandemic heightened their vulnerability, isolation, and alienation, leaving them in desperate need of solidarity and assistance. The pandemic has thus, revealed the need for better inclusion of internally displaced persons and their needs and rights in national policies and bilateral cooperation frameworks. Overall, the epidemic has underlined the relevance of public services that operate in an environment of absolute unpredictability and are compelled to make difficult social, political, and economic decisions.

The pandemic underscores the intrinsic desire for solidarity among West African citizens and governments, as well as agents' ability to improve on current knowledge and culturally relevant approaches. In comparison to other regions of the world, West Africa did not have comparable infection rates or mortality. Despite obvious limitations in healthcare facilities and services, financial resources were mobilized and provided at the regional level to combat the pandemic. A particular hypothesis is that West African countries developed resilience and improved responsiveness by drawing on lessons learned from previous epidemics (particularly the Ebola virus), which has helped prevent the subregion's health systems from getting ravaged

by subsequent pandemics. Another hypothesis attributes the subregion's low fatalities and infection rates to limited testing capacity,[51] a lack of access to hard-to-reach populations in low- and middle-income settings (LMIS),[52] as well as limited urbanization, and a relatively young demographic given that morbidity and mortality rates are higher in older people.[53]

Another widely accepted explanation for low fatalities and infection rates is that, in comparison to other regions of the world, Africa generally had milder COVID-19 cases because a comparatively smaller proportion of its population has risk factors like diabetes, hypertension, and other chronic diseases that are linked to more severe cases and deaths. Lastly, numerous studies including laboratory, epidemiological, and mathematical modelling, indicate the importance of environmental temperature and humidity for the persistence and spread of viruses.[54] In a study conducted by scientists at the University of Maryland in the United States, it was discovered that latitude, humidity, and temperature all had an impact on the spread Covid-19.[55]

The current study however, reveals the exclusion of forcibly displaced persons by policy communities in the subregion (and drastic reduction in IDP humanitarian assistance) during the COVID-19 crisis and suggests that humanitarian actors, social scientists, policymakers, and representatives of local and international organizations working in various displacement settings should continue to facilitate greater inclusion of IDPs in order to address their vulnerabilities to pandemic diseases as well as non-public health collateral effects of pandemic or other socio-economic barriers. Political commitment from national governments and policy communities in West Africa can manifest in different forms as espoused in this article by recognizing internal displacement as a crucial first step in resolving its inherent challenges; specific IDPs policies and initiatives should always be in line with national priorities and supported by predictable and

consistent funding; adoption of regional and international initiatives for efficient management of force displacement; providing planners and policymakers with information that goes beyond numbers through existing frameworks; increasing data availability and accessibility through improved collaboration among the policy communities.

ENDNOTES

[1] International Organization for Migration (IOM), *Burkina Faso Records One Million Internally Displaced, Its Most Ever, as Violence Rages Amid COVID-19* (2020a), https://www.iom.int/news/burkina-faso-records-one-million-internally-displaced-its-most-ever-violence-rages-amid-covid-19; United Nations High Commissioner for Refugees (UNHCR), *COVID-19 and Refugees* (2020), https://www.unhcr.org/en-us/coronavirus-covid-19.html & World Health Organization (WHO), *WHO Health Emergency Dashboard: COVID-19 Situation in the WHO African Region* (2020), https://covid19.who.int/region/afro/country/bf.

[2] Forced displacement increased throughout the first five months of 2023, and based on UNHCR's projection, 110 million people will have been forcibly displaced worldwide at the time of its report in May 2023.

[3] UNHCR 2020; ACAPS, *COVID-19: Government Measures: Impact on Displaced Populations* (2020), accessed [online](https://www.acaps.org/sites/acaps/files/products/files/20200416_acaps_covid19_government_measures_displaced_populations.pdf); OHCR; IOM & WHO 2020.

[4] Internal Displacement Monitoring Centre, *Global Report on Internal Displacement 2023 (GRID 2023): Internal displacement and food security* (2023), https://reliefweb.int/report/world/global-report-internal-displacement-2023-grid-2023-internal-displacement-and-food-security.

[5] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *Burkina Faso: 1.9 Million Internally Displaced Persons as of August 2022* (2022) https://www.unocha.org/story/burkina-faso-19-million-internally-displaced-persons-august-2022; IDMC 2023; Mbiyozo, A., *Record numbers of displaced Africans face worsening prospects* (2023) Available online at:https://issafrica.org/iss-today/record-numbers-of-displaced-africans-face-worsening-prospects & UNOCHA, *Staying the course: delivering on the ambition of the World Humanitarian Summit, Agenda for Humanity Annual Synthesis Report* (2018). Available online at:https://reliefweb.int/report/world/agenda-humanity-annual-synthesis-report-2018-staying-course-delivering-ambition-world

[6] Miller, H. T. and Demir, T., "Policy Communities" in Fischer, F. and Miller, G. J. (eds.) *Handbook of Public Policy Analysis: Theory, Politics, and Methods*, (2007). New York, Routledge.

[7] Pross, A. P., "Pressure groups: Talking Chameleons," In M. S. Whittington & G. Williams (Eds.*), Canadian Politics in the 1990s*. (1995) Toronto, ON: Nelson Canada.

[8] UNHCR “Emergency Handbook,” emergency.unhcr.org/protection/legal-framework/idp-definition
[9] Hickel, M.C., "Protection of Internally Displaced Persons Affected by Armed Conflict: Concept and Challenges," *International Review of the Red Cross* 83, no. 8437 (2001), accessed [online](https://www.icrc.org/en/doc/assets/files/other/att3dyyq699-712_contat_hickel.pdf).
[10] International Rescue Committee, *110 Million People Displaced Around the World: Get the Facts* (2023), https://www.rescue.org/eu/article/110-million-people-displaced-around-world-get-facts; European Civil Protection and Humanitarian Aid Operations, *Forced Displacement: Refugees, Asylum-Seekers, and Internally Displaced Persons (IDPs)* (2023), accessed [online](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/forced-displacement_en); IDMC; NRC & Mbiyozo.
[11] IDMC.
[12] UNHCR.
[13] Ferris, E., and Stark, C., *Internal Displacement in West Africa: A Snapshot* (2012), accessed [online](https://www.brookings.edu/wp-content/uploads/2016/06/01_ecowas_ferris_stark.pdf) & Cantor, D., Jina, S., Bayard, R., Aula, A., Alastair, A., Zulfiqar, A.B., et al., "Understanding the Health Needs of Internally Displaced Persons: A Scoping Review," *Journal of Migration and Health* 4 (2021): 100071, https://doi.org/10.1016/j.jmh.2021.100071.
[14] Rohwerder, B., “Social Impacts and Responses Related to COVID-19 in Low- and Middle-Income Countries,” K4D Emerging Issues Report 35, Brighton: Institute of Development Studies (2020), Available online at: https://www.ids.ac.uk/publications/social-impacts-and-responses-related-to-covid-19-in-low-and-middle-income-countries/ & Rohwerder, B., “The Socioeconomic Impacts of the Covid-19 Pandemic on Forcibly Displaced Persons,” Covid Collective Helpdesk Report 6, (2021) Brighton: Institute of Development Studies, DOI: 10.19088/CC.2021.006.
[15] Hickel.
[16] European Civil Protection and Humanitarian Aid Operations 2023
[17] Oxfam International, “Durable Solutions for Internally Displaced Persons Challenges in Eastern Chad,” (2012) Available online at:https://www-cdn.oxfam.org/s3fs-public/file_attachments/bp-durable-solutions-idp-eastern-chad-010312-en_3.pdf
[18] Cohen, R., *Exodus Within Borders: The Growing Crisis of Internal Displacement* (2001), accessed [online](https://www.brookings.edu/articles/exodus-within-borders-the-growing-crisis-of-internal-displacement/).
[19] Hunt Alternatives Fund and International Alert, *Inclusive Security, Sustainable Peace: A Toolkit for Advocacy and Action* (2004), https://www.inclusivesecurity.org/wp-content/uploads/2012/04/40_refugees.pdf.
[20] OHCHR 2023
[21] Cantor et al.
[22] International Organization for Migration (IOM), *Over 360,000 Persons Displaced in Chad’s Lake Province, Over Half of Province’s Population* (2020b), https://www.iom.int/news/over-360000-persons-displaced-chads-lake-province-over-half-provinces-population.
[23] Ibid.

[24] OCHA, 2022, Cameroon: Humanitarian Dashboard - Response Monitoring (January - December 2021), https://reliefweb.int/report/cameroon/cameroon-humanitarian-dashboard-january-december-2021 & IOM.
[25] OCHA 2020 & UNHCR 2021.
[26] Koch, A., "On the Run in Their Own Country: Political and Institutional Challenges in the Context of Internal Displacement," (2020) SWP Research Paper 2020/RP 05, 12.05.2020, 36 Seiten doi:10.18449/2020RP05
[27] Ibid.
[28] International Committee of the Red Cross (ICRC), *Strengthening protection in war: A search for professional standards* (Geneva: ICRC, 2001), https://www.icrc.org/en/doc/resources/documents/publication/p0783.htm.
[29]African Union Commission, OHCHR, UNHCR, and UN Women, *Status of Women's Rights in Refugee and Internal Displacement Settings in Africa: The Context of AGA and APSA* (2020), accessed [online](https://www.ohchr.org/sites/default/files/2022-03/Joint-IDP-study--status-women-africa-EN.pdf).
[30] Oputu, J., 2022, Displacement diplomacy: five ways to improve policy and practice on internal displacement in Africa, Available online at:https://blogs.icrc.org/law-and-policy/2022/03/24/displacement-diplomacy-five-ways-to-improve-policy-and-practice-on-internal-displacement-in-africa/
[31] Mamman-Daura, F., 2022, Migration, New Social Contract: Forced migration in Nigeria is a development issue, Available online at:https://oecd-development-matters.org/2022/02/02/forced-migration-in-nigeria-is-a-development-issue/
[32] Africa CDC, *The Transition Beyond the Acute Phase of COVID-19 Pandemic in Africa* (2023), accessed [online](https://africacdc.org/news-item/the-transition-beyond-the-acute-phase-of-covid-19-pandemic-in-africa/).
[33] Bonnet, E., Oriane, B., Le, M.F., Adama, F., Sambieni, E., et al., "The COVID-19 Pandemic in Francophone West Africa: From the First Cases to Responses in Seven Countries," *BMC Public Health* 21, no. 1490 (2021): 1-17, https://doi.org/10.1186/s12889-021-11529-7.
[34] OECD, 2022, First lessons from government evaluations of COVID-19 responses: A synthesis, Available online at:https://read.oecd-ilibrary.org/view/?ref=1125_1125436-7j5hea8nk4&title=First-lessons-from-government-evaluations-of-COVID-19-responses
[35] . Balfour, R., Bomassi, L., and Martinelli, M., *Coronavirus and the Widening Global North-South Gap* (2022), accessed [online](https://carnegieeurope.eu/2022/04/25/coronavirus-and-widening-global-north-south-gap-pub-86891).
[36] Ventura, Luca (2023) Poorest Countries in the World 2023, Global Finance, August 20 Available online at:https://www.gfmag.com/global-data/economic-data/the-poorest-countries-in-the-world
[37] World Health Organization 2022b, COVID19 Strategic Preparedness and Response Plan for the W H O African Region, Available online at:https://www.afro.who.int/sites/default/files/2022-11/SPRP%202022%2016%281%29.pdf
[38] Ibid.
[39] Cotroneo, A., "Specificities and Challenges of Responding to Internal Displacement in Urban Settings," *International Review of the Red Cross* 99, no. 904 (2017): 283–318, https://doi.org/10.1017/S1816383118000164; Salama, P. Spiegel, P. Brennan, R., "No less vulnerable: the internally displaced in humanitarian emergencies," *Lancet* 357(9266) 2001:1430–

1431. doi: 10.1016/S0140-6736(00)04570-0. Shaman, J. Pitzer, V. Viboud, C. Lipsitch, M. Grenfell, B., 2009, Absolute Humidity and the Seasonal Onset of Influenza in the Continental US. PLoS Curr, 2: RRN1138 & UNHCR 2010.

[40] Governments' ability to manage the COVID-19 situation is particularly challenging since their duty general, a Google search for articles/essays regarding COVID-19 yields around 1.2 billion results. to protect is hampered by divergent priorities.

[41] Ekezie, W., Siebert, P., Timmons, S., Murray, R.L., and Bains, M., "Exploring the Influence of Health Management Processes on Health Outcomes Among Internally Displaced Persons (IDPs)," *Journal of Migration and Health* 6 (2022): 100124, https://doi.org/10.1016/j.jmh.2022.100124.

[42] Niyi-Gafar O.L. Adelakun O. S., 2022, The impact of viral diseases on the rights of vulnerable population: Covid-19 and the Nigerian internally displaced child. Soc. Sci. Humanit Open. 6(1) doi: 10.1016/j.ssaho.2022.100268.

[43] UNDRR, 2020, Webinar: Reducing COVID-19 Vulnerability Amongst Displaced Populations and Migrants, Available online at:https://www.undrr.org/event/webinar-reducing-covid-19-vulnerability-amongst-displaced-populations-and-migrants

[44] United Nations Office on Drugs and Crime, 2021, Covid-19 Emergency Support Packages in West and Central Africa, Available online at:https://www.unodc.org/unodc/en/corruption/covid-19-emergency-support-packages-in-west-and-central-africa.html & Patterson, A. and Balogun, E., "African Responses to COVID-19: The Reckoning of Agency?" *African Studies Review*, 64(1), 2021, 144-167. doi:10.1017/asr.2020.122

[45] Oputu.

[46] For clarity purposes, the search was confined to IDPs and internally displaced persons.

[47] Mbiyozo.

[48] World Health Organization, 2023b, COVID-19 Response: Situation and Response in the WHO AFRO Region, Available online at:https://www.afro.who.int/sites/default/files/2023-04/Final_Dec_Feb23_COVID-19%20Bulletin_AFRO.pdf

[49] Timmermann, C., "Epistemic Ignorance, Poverty and the COVID-19 Pandemic," *Asian Bioeth Rev*. Jul 30 2020;12(4):519-527. doi: 10.1007/s41649-020-00140-4. PMID: 32837560; PMCID: PMC7392120.

[50] Pape, U. and Sharma, A., 2020, Displacement camps: For better or for worse? Available online at https://blogs.worldbank.org/dev4peace/displacement-camps-better-or-worse

[51] According to a World Health Organization (2022) investigation, real infections in Africa were 97 times bigger than officially reported confirmed cases because of the rapid increase in virus exposure after the Beta and Delta variants emerged. Regarding COVID-19 vaccination, just 4 African countries have vaccinated more than 70 percent of their citizens, while 27 countries have vaccinated between 10 percent and 39 percent, and 11 countries have attained between 40 percent and 70 percent. Alwan, N. A., "Surveillance is Underestimating the Burden of the COVID-19 Pandemic," *Lancet* 396, no. 10252 (2020): e24, accessed [online](https://doi.org/10.1016/S0140-6736(20)31823-7).

[52] Ahmed, M.A.M. Siewe, Fodjo J.N., Gele, A.A., Farah A.A., Osman S., Guled I.A., et al., "COVID-19 in Somalia: Adherence to Preventive Measures and Evolution of the Disease Burden," *Pathogens* 9, no. 9 (2020): 735, https://doi.org/10.3390/pathogens9090735.

[53] Davies, N.G., Klepac, P., Liu, Y., Prem, K., Jit, M., Eggo, R.M., "Age-Dependent Effects in the Transmission and Control of COVID-19 Epidemics," *Nature Medicine* 26, no. 8 (2020): 1205–11, https://doi.org/10.1038/s41591-020-0962-9 & Walker, P.G.T. Whittaker, C. Watson,

O.J. Baguelin, M. Winskill, P. Hamlet, A. et al. 2020, The impact of COVID-19 and strategies for mitigation and suppression in low- and middle-income countries. Science. 369. Available online at:https://doi.org/10.1126/science.abc0035.

[54] It is revealed that human coronaviruses are among the infectious illnesses that exhibit seasonal trends in their occurrence, and that the virus has an easier time spreading in lower temperatures and humidity. . Barreca, A.I., and Shimshack J.P., "Absolute Humidity, Temperature, and Influenza Mortality: 30 Years of County-Level Evidence from the United States," *American Journal of Epidemiology* 176, Suppl 7 (2012): S114–22; Lowen, A. C. Mubareka, S. Steel, J. Palese, P., "Influenza virus transmission is dependent on relative humidity and temperature," *PLoS Pathog*, 3(10) 2007: 1470–6; Shaman, J. Pitzer, V. Viboud, C. Lipsitch, M. Grenfell, B., "Absolute Humidity and the Seasonal Onset of Influenza in the Continental US," *PLoS Curr*, 2, 2009: RRN1138 & Zuk, T. Rakowski, F. Radomski, J.P., "Probabilistic model of influenza virus transmissibility at various temperature and humidity conditions," *Comput Biol Chem*, 33(4) 2009: 339–43.

[55] Sajadi, M.M. Habibzadeh, P. Vintzileos, A. Shokouhi, S. Miralles-Wilhelm, F. Amoroso, A., "Temperature, Humidity and Latitude Analysis to Predict Potential Spread and Seasonality for COVID-19," *JAMA Netw Open*. Jun 1;3(6) 2020 e2011834. PMID: 32714105; PMCID: PMC7366819.