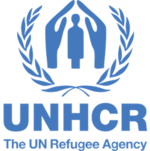
POSITION PAPERName – **Diksha Chandwaskar**  
Committee – **UNHCR**   
Country – **India**Agenda - Ensuring refugees get the right to health and access to social and health services.  
  
The **United Nations High Commissioner for Refugees** (**UNHCR**) is a [UN agency](https://en.wikipedia.org/wiki/United_Nations_System) mandated to aid and protect [refugees](https://en.wikipedia.org/wiki/Refugee), [forcibly displaced communities](https://en.wikipedia.org/wiki/Internally_displaced_person), and [stateless people](https://en.wikipedia.org/wiki/Statelessness), and to assist in their [voluntary repatriation](https://en.wikipedia.org/wiki/Voluntary_return), local integration or [resettlement to a third country](https://en.wikipedia.org/wiki/Third_country_resettlement). It is headquartered in [Geneva](https://en.wikipedia.org/wiki/Geneva), [Switzerland](https://en.wikipedia.org/wiki/Switzerland), with over 17,300 staff working in 135 countries.  
  
  
  
  
India having **population of more than 1.2 billion**, India is the world's largest democracy. Over the past decade, the country's integration into the global economy has been accompanied by economic growth. India has now emerged as a global player.  
  
  
Health is a fundamental human right for all, including refugees. Making it possible for refugees to access healthcare is a top priority for UNHCR.

According to the 1951 Refugee Convention, refugees should have access to the same or similar healthcare as host populations.

UNHCR works closely with national ministries of health and partner organizations so that refugees can get the health support and medical treatment they need in emergencies as well as in stabilized and protracted situations  
  
  
  
The COVID-19 pandemic has had a serious economic impact on the global population, with many countries on the brink of collapse and people left scrambling for essential supplies. In India, fears about the impending crisis and its catastrophic effects, given India’s dense population and inadequate public healthcare facilities, led the Prime Minister to call for a complete lockdown from 25 March 2020 – with less than four hours’ notice. India’s lockdown is one of the world’s largest and strictest, and its impact has been devastating, particularly on more vulnerable groups such as asylum seekers and refugees who have lost their livelihoods and struggled to sustain themselves.

India hosts more than 200,000 refugees who live in densely populated urban settlements. They have limited access to mainstream services and support on account of their tenuous legal status and the rapidly deteriorating protection environment. India is not a signatory to the 1951 Refugee Convention or its 1967 Protocol, and has consistently chosen to not enact a national asylum framework. As such, it primarily relies on ad hoc executive orders/policies to manage and accord rights to different refugee groups. India in fact operates two different refugee protection frameworks – one for refugees from neighbouring countries (except Myanmar), who are accorded protection by the government, and another for refugees from Myanmar and non-neighbouring countries, who are managed by UNHCR. This has resulted in different groups of refugees having different documents and being accorded differential treatment. This article highlights some of the issues currently faced by refugees in India, based on our interactions with various community leaders and other relevant stakeholders.   
  
  
Refugees are not the problem; they are a part of the solution. The pandemic has exposed the unsustainability of existing development pathways. To prevent an unprecedented humanitarian catastrophe, the Government must pay heed to COVID-19’s exclusionary impact and regularise inclusive refugee pathways to build back better and humanise its most vulnerable population.