



## High Commissioner's ExCom briefing on UNHCR's response to the COVID-19 pandemic and operational priorities

Online  
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## Filippo Grandi

- Organizing this meeting is a very powerful sign of continuity and engagement under difficult circumstances. It is an important signal from Geneva to refugees, host communities, and host countries.
- These are very unique circumstances, a crisis which is not a refugee crisis *per se* but a crisis in which refugees, displaced people, stateless, other people of concern are particularly exposed and vulnerable.
- This crisis affects hugely countries hosting large refugee populations. It is also, for the first time, a crisis that simultaneously affects other countries, donor countries.
- This is a crisis in which refugees and displaced may be affected but also where humanitarian workers, bringing them support, helping them survive and be protected, are themselves exposed and may become a factor of the pandemic.
- It is extremely difficult under these circumstances to run major operations as we do in spite of all these obstacles. Several weeks after most of our operations adopted teleworking mode and have continued to deliver with adaptation. Stay and deliver have been the keywords that the SG asked all of us to adopt as our *modus operandi*.
- Countries hosting large refugee populations, middle income and countries with less resources, are particularly at risk especially when there is a large concentration of people, where displaced people are congested in large numbers in poor outskirts of big cities and everywhere else where the dependency on fragile incomes is very high.
- We have not seen anywhere in the world, in a big refugee or displaced situations, a major outbreak of the pandemic. We have seen cases but not so many and I commend all States without distinction for having understood from the very beginning that including refugees in country responses was fundamental because excluding anybody in a country territory from health measures would have been suicidal. It would have created risks for everybody. The higher risk is the lack of inclusion in the economic and social responses.
- A fundamental point for organizations like UNHCR, WFP, UNICEF, IOM, NGOs is what we were dealing with before the start of the pandemic.
- UNHCR continues to be engaged in providing, together with governments, protection, support, assistance, and look for solutions for people that are affected by severe problems of security, human rights, fleeing from war.
- Our key role is to support governments in this inclusion of refugees, displaced people in their health responses. So, our key work is to support government responses by helping to mobilize additional resources, by intervening directly wherever needed, wherever governments requires it, with our many partners in the UN system, the NGO community, the local civil society and beyond and we remain vigilant on the protection side.
- On resource mobilization, we have been part of the first GHRP launched by the UNSG few weeks ago. The global plan was quickly put together and amounted to USD 2 billion. Yesterday, the Emergency Relief Coordinator Mark Lowcock spoke about more than 50% of the plan being funded.
- UNHCR portion of the GHRP, USD 255 million, was 70% funded and I want to thank all donors, e.g. United States, Denmark, European Union, Canada, Japan, in spite of the fact that in many of those countries the pandemic did and continues to rage.
- On 7 May, a GHRP update will take more into consideration specific needs of specific areas, including NGO partners' needs. This is very important, often they are the ones that are responding on the front lines.
- Whatever came to that appeal has been pushed out very quickly either to operations in the field or to procurement of equipment and supplies needed for that response.



- We have focused on all countries. I have been regularly in touch with all UNHCR representatives and we tried to be present and help governments in all countries where we are operating.
- We have paid extra attention and invested extra resources in countries with crowded spaces with many refugees or displaced, in remote areas, where governments have difficulty reaching, with weak health facilities and infrastructures.
- We have also tried to follow the evolution of the pandemic and to preempt possible outbreaks although it has been very difficult.
- We worked on health and hygiene with governments. This has been a priority, especially on water and sanitation but also with additional shelters where needed.
- We have helped governments prepare for possible outbreaks by building, in many countries, additional quarantine facilities.
- We have stepped up cash distributions to support the most vulnerable, both refugees and host communities. We have tried to make no distinction and to create no friction between these groups.
- Cash distributions are very important because physical distributions are becoming more difficult and the scarcity of food means that in many places, we have to substitute food with cash.
- Yesterday's very dramatic WFP appeal linked to an area that is extremely important also in refugee situations.
- We have also put resources in staff training from your ministries of health in coordination with your governments and in communication with refugees.
- We have tried to continue even activities that require contacts, like registrations, often adopting new technologies that allow us to do it remotely. It is not always possible and not always easy, but we have continued to do that.
- We can contribute to the humanitarian crisis, but it is a long-term crisis with impacts especially in the economic sphere. Lives and livelihoods are exposed.
- We have been part in many extremely challenging areas, in resources mobilization, planning, logistics – led by WFP – supply chain issues. UNHCR is part of the inter-agency discussion in all these areas both at global level led by the UNSG, the ERC, WHO and at the country level under the leadership of the RC.
- The fact that UNHCR decentralized just before the pandemics have been very useful because much of the coordination happens at the country and regional level.
- We have followed and value WHO leadership on the technical side and our point of reference is OCHA coordination on the operational side.
- On the economic impact, we are part of the establishment of the SG Trust Fund.
- We have intensified our existing dialogue with IFIs', particularly the WB, IMF and regional development banks. It is very important because there are lots of resources that are being mobilized through those institutions in our appeal.
- As we have discussed for years with the GCR and in the GRF preparations, making sure that in the allocation of those resources, it is taken into account that some countries have the additional burden- and responsibility of hosting refugees. It should be considered as a priority factor in the allocation of financial resources.
- In that sense, the Compact, the GRF, the work that we have done together to establish those instruments and the pledges launched has been invaluable because we have been able to build on existing partnerships to respond to the pandemic.
- The concepts of the inclusion of refugees and displaced populations and of the support to host communities do not need further explanation, we could build on what we have acquired.



- About the GRF, we continue to work on the implementation of pledges. It will be easier in the next weeks/months to implement pledges for example related to health, water and sanitation, livelihoods. But we also do not want to neglect pledges in other areas like education or other spheres that may appear to be less of a priority now, but in fact continue to be a priority.
- Continuing existing programs is a strong appeal that I have personally shared with all our donors because it is important not to lose ground and focus on that area as well.
- We have also been very involved in protection because in spite of the UNSG appeal, conflicts, violence continued to rage and being on the move to flee those situations has become more difficult.
- [We have noticed](#) that in many countries there have been restrictive measures on respect of the rights. We fully understand that countries have to take restrictive measures in times of emergency but 1) these measures should not be excessive; 2) when there is a possibility to apply for asylum, there should be ways to do it; 3) these measures should remain temporary and when the situation goes back to normal, these measures should be lifted.
- We should not also forget that in terms of protection, it is a situation where the risk of violence against women, abuse on children, will increase especially in situations of increased destitution. We need to continue to pay particular attention to the most vulnerable among the vulnerable like the disabled, LGBTQI, etc.
- Back to staying and delivering, this has been a big challenge but all our personnel observing the restrictions of the countries have remained in the field.
- Even when there was an instruction to telework, that teleworking did not mean teleworking from other places and that working meant teleworking wherever possible from the countries where our colleagues are serving and we have multiplied the tools to try and protect them and give them guarantees that if an outbreak happens there would be the possibility of treatment and recovery.
- We worked with the rest of the UN on medical evacuation possibilities, with developed tools of telemedicine which is the health equivalent of teleworking and we have strengthened psychosocial support to staff.
- We have asked all our offices to establish and ensure business continuity plans.
- We made our arrangement with NGO partners as flexible as possible, especially those that are funded by us, therefore by many of you. We had to exercise this flexibility for them to continue working. This has been very much appreciated.
- We have conducted with our partners an exercise of program criticality. Can we do this? Do we have to suspend that? Many of you have asked whether we have already a sense of what to stop and what to add. What we had to add is fairly clear. What we had to stop and how this will impact, how this will result in savings? These are difficult questions at the moment. By default, we try to continue programs that are existing, but we have to redirect some of the resources.
- One important appeal made by the UNSG that I want to echo here to States is: Do consider humanitarian workers as you would consider health personnel in your countries.

## Chairman

- Can UNHCR share with us some additional reflections on how UNHCR proposes to manage the funding requirements in light of the current developments?
- How UNHCR coordinates its response with other key partners including through the existing platforms in the regions and regional response plans?



## Kelly Clements

- On funding and on using resources in the phase of preparedness, we actually initially announced a USD 33 million appeal for the initial preparedness phase that of course was subsumed within the USD 250 million appeals.
- 70% of UNHCR fund is supported. We went through a very detailed resource mobilization plan, speaking with donors personally but also in group forum, urging additionality, urging that these resources be provided as broadly as possible because we did not know and still do not know exactly where there would be outbreaks.
- We have also urged that funding be provided as early as possible for ongoing emergency support as well as protracted situations, knowing that if we have both an underfunded global appeal in addition to a potential COVID outbreak, this will be a double jeopardy for refugees and host communities.
- We are in the process now of working quickly to meet the timeline for the revision of the GHRP of May 7<sup>th</sup>. This will include expanded partner requirements, all of the RRP, and the RMRP that we co-lead with IOM.
- This in addition to the SG launch of the multi-partner trust fund.
- We are largely still in the preparation phase and our operations are looking at where they can reinforce health care, WASH, protection, community engagement, cash assistance, shelter issues, education.
- We have seen a real shift and nimbleness in terms of moving from some of the fundraising techniques like face-to-face to digital channels and other ways to be able to attract additional support. We have seen increases in some markets in individuals giving, which is very positive.
- The HC announced a Level 2 emergency back on March 25<sup>th</sup> in order to activate emergency procurement, simplifying some of the partner selection issues, and giving the country teams the maximum flexibility in terms of providing assistance.
- Related to interagency coordination, it is an extraordinary situation in terms of the global nature of this emergency, but it has also been extraordinary in terms of the level of interagency cooperation within the UN system, NGO partners, civil society, governments in a wide range of decision-making and information gathering.
- For UNHCR's part, we ensure that we are briefing on a regular basis, e.g. the weekly consultations with NGO partners, civil society, both in large groups but also in some selected themes. This has been critical and useful for us in terms of making sure that we have got two-way coordination.
- There have also been intensive efforts within the interagency on two key aspects on Medevac and augmenting health facilities as well as on supply chain, both are critically important to our ability to be able to deliver.
- Outreach to the IFIs has been strong, building on the GCR, GRF and some key commitments that the World Bank and others have made, ensuring that we also have strong engagement with the Asian and the African development banks.
- We have expedited the flexibility we are providing to NGO partners, in particular with regard to some of the discretionary budget transfers that make it easier for them to implement and allowing cancellation costs and fees.

## Chairman

- How can UNHCR ensure refugees and other displaced persons protection is maintained in line with the public health measures that have been taken?
- How are you preparing to resume resettlement and other solutions once travel restriction are eased?



## Gillian Triggs

- The HC and DHC reminded the importance of the GCR and its successful beginning of implementation through the Forum, which has led to 1400 pledges.
- We started the year with great optimism and a great sense of what we were going to do together in the spirit of the Compact, sharing burdens, responsibilities and global solidarity on protection for refugees, displaced people, stateless people.
- We could never have imagined last December the kinds of challenges we have seen to core protection principles and the GCR objectives. It is fair to say that the COVID-19 crisis has challenged those principles in a way that we could not have imagined.
- The importance for asylum seekers to have access at borders, to asylum processes and the absolute prohibition on returns of those seeking protection are in danger.
- UNHCR estimates, through our vast capacity of 400 field offices, that about 167 States have either fully or partially closed their borders to contain the spread of the virus and relatively few of those have absolutely rejected opportunities for asylum seekers to make claims.
- We do fully understand the sovereign rights and obligations of States to protect their borders, to protect national health system and we understand that temporary closures of borders and limitations of access to asylum are reasonable and proportionate measures, but we have been concerned that asylum seekers have been stopped and in some cases, we believe that refoulement of those seeking asylum has happened.
- We have been working hard with governments to support them in suggesting that you can both protect public health at borders and secure the protection interests and rights of asylum seekers. This is where the technology comes and we are now working to see if we could do more interviews with asylum seekers to ensure that their rights are protected.
- We are working with States to look at imaginative ways of ensuring quarantine, ensuring that registration papers are extended by a few months but in a way that allows a country to protect its citizens in public health ways.
- We are concerned that some of the emergency measures will be entrenched in the long-term. We do ask governments, civil society, business community, faith-based groups, parliamentarians to ensure these provisions are not maintained in the long-term and that we can return to the fundamental principles of the Global Compact.
- This a health emergency but also a protection emergency with socio-economic impacts. Refugees and IDPs have been in a position of poverty, vulnerability, and unable to find space in which to quarantine or to adopt normal precautions.
- One area emerging is sexual and gender-based violence and threats to children. We have to be careful in terms of evidence, but we do know that the number of SGBV cases are growing up dramatically across the world.
- We are concerned with education access and the closure of schools. 1,5 billion children are not in school and we are concerned that children will be subject to domestic violence, exploitation through child labor and other violence.
- We are concerned about disability and the registration of birth for this population will be also restricted.
- We are concerned with resettlement. It is rare and unique for UNHCR to suspend our resettlement program. We have temporarily suspended resettlement but we are hoping to resume it as soon as conceivably possible and we are also working to find remote mechanisms digitally to continue the interviewing process, continue case management and ensure that we are ready to move as quickly as we possibly can.
- We certainly hope that governments will work with us in ensuring that we can both maintain resettlement places. We do need to retain those resettlement places for the people in greatest need.



## Chairman

- Could you share with us how UNHCR is prioritizing operational responses and on the basis of what criteria?
- Could you explain to us what UNHCR is doing to support capacity building at the national level?

## Raouf Mazou

- The number one challenge that we have has been linked to the nature of the virus, its pattern, the speed of its transmission and the fact that it is a pandemic covering the world.
- The first thing that we did was to anticipate where we had the weakest situations and where we needed to focus resources and increased attention.
- We had a number of institutions around the world where we have an acute crisis, but we needed to see what other areas we needed to focus on.
- In terms of principle and in terms of criteria, the principle of inclusion is key, making sure that we would work with national governments in providing support and assistance to refugees and other persons of concern and to actually integrate the support and assistance that we are bringing to the government.
- We focused on places where we had the largest concentration of person, places where the social distancing was difficult to implement, places which were of greater focus for us, e.g. Cox's Bazaar where we currently have the largest refugee camp around the world, but we also have a number of camps, IDP camps, refugee camps in East Africa region and in West Africa. Places also where we have a high density in urban settlements or near urban settlements.
- In terms of concrete assistance in supporting the host and local authority, it was in some cases the provision of medical equipment and supply, e.g. in Bangladesh.
- In a number of other places including in Greece, we have strengthened WASH systems and services. We have also increased the distribution of food assistance, in line and in partnership with WFP. We have provided two months of food assistance, e.g. in Djibouti, Ethiopia, Kenya, etc.
- We have expanded our cash assistance to help mitigate the negative social-economic impact of COVID-19, e.g. Mexico.
- We have been fortunate that we have not seen a major outbreak in any of the settings described. We have to remain alert and this is what we are doing because we could quickly be overwhelmed if there was such a situation where cases expand.
- We are supporting national health system. We are procuring and delivering medical supplies to regional or national services. We are providing an increasing hygiene promotion and we are increasing the capacity of refugees themselves to provide some of the services that they required.

## Q&A:

### Brazil

- Brazil is one of the countries experiencing an exceptional crisis, especially in the areas of health and economy.
- Brazilian legislation already ensures the rights to public health and to assess public health, social assistance for immigrants and refugees.
- We have included refugees in our response to COVID-19 and the Ministry of Human Rights in Brazil has recently issued in English, Spanish and French a leaflet to help migrants and refugees survive in times of pandemic.





- We agree with UNHCR that the measures to protect public health should go alongside with measures to protect low income population to avoid that they fall into misery and hunger in these times of pandemic.
- Funds have been allocated in Brazil for such measures. Women or mothers are receiving a special and favored treatment in this Policy.
- This exceptional financial aid named “Corona voucher” targets low-income informal workers as well as refugees and immigrants.
- How do you see this crisis evolving in South America in light of the challenges that we already have? Meaning COVID-19, the health crisis and the humanitarian crisis.

## Egypt

- Concerning assistance, could UNHCR provide to Member States information on its efforts on the recovery stage on the economic level? What can UNHCR do to help countries absorb the economic applications of COVID-19.
- Egypt has been keen to continue its policy in providing health services to refugees and PoCs on an equal basis with Egyptians without differentiation or discrimination.

## Sweden

- Will UNHCR be able to maintain its focus on age, gender, and diversity throughout the response and what your collaboration with other looks like in this regard? Since we understand that the collaboration with other organizations has worked very well.
- Concerning securing supply chains and logistics, which ones UNHCR considers when it comes to delivery?
- All countries must have access to essential medical equipment and supplies.
- The Global Compact could be raised and voiced much more also.
- We need donors to swiftly disburse pledges and contributions of flexible funding.

## Pakistan

- Reiterate that while this virus does not discriminate, its impacts are discriminating.
- There are challenging impacts on countries hosting a large numbers of refugees.
- Pakistan is doing the best it can with modest resources, in collaboration with UNHCR.
- The key thing is an inclusive approach for refugees and nationals.
- One example on which we are working with UNHCR and we have seen good progress is cash transfers and providing livelihoods.
- On the impact on developing countries, it would be extremely important to ease the burden on developing countries.

## EU

- EU allocated already 13 million Euros to WHO and we are carrying out an assessment on the humanitarian program this year and last year budget, adapting them to new requirements and new situations. For 2020 budget, the budget of 145 millions Euros will be adapted to factoring the coronavirus pandemic response.
- No funding will be redirected away from vital ongoing programs. We are looking at whether we can find additional funding for the GHRP.
- Under development cooperation, we are mobilizing funds but also reviewing and mobilizing support to our partners in responding to the pandemic, strengthening partners and social service sectors and helping to address the socio-economic impacts of the crisis.





- The inclusion of refugees, vulnerable migrants, and displaced has to be systematically promoted.
- Intend to focus attention on our neighborhood and also fragile countries such as Venezuela and other countries where the health system is weak, notably in Africa, and conflict situations, e.g. Syria, Libya, Yemen.

## Iran

- Impressive messages on humanity and empathy however it is very upsetting that numerous calls to show humanity by lifting unilateral coercive measures against targeted nations are so slightly and senselessly ignored.
- Those sanctions have now become genocidal and are badly affecting the most vulnerable groups including refugees. The urgent call for lifting inhuman sanctions should become a common demand and the responsibility of all stakeholders.
- On the effects of sanctions on access to medicines and medical supplies, representing a country long-targeted by these unjust sanctions, there is definitely no such thing as humanitarian exception. The whole concept has proven to be a shame.
- Refugees, migrants and displaced persons are the most vulnerable both in terms of their susceptibility to the contagion and perhaps equally or more importantly in terms of becoming scapegoat and subject of negative stereotyping and stigmatization. We should then make sure that refugees are provided with necessary preventive health care including screening measures, especially at entry and exit borders, this is very critical for Afghan refugees crossing in or out of Iran.
- UNHCR has boosted its partnership with sister organizations, in particular with IOM and WHO, to strengthen interagency coordination to combat the pandemic among the people on the move.
- Any update on the concrete measures taken to assist and protect from COVID-19 those who are crossing the Iran-Afghanistan borders?

## Denmark

- What should we do in this first response so as to mitigate more crises in the future?
- Regarding cash as a possibility to mitigate some of the social-economic impact, how do you distribute cash and how do you assess what is needed? There are also the host communities and somehow it should match host communities in order to not generate new tensions.
- Mental health and psychosocial support are key. Now we are all experiencing it, it is not discriminating, we all understand what isolation can do to you. Refugees unfortunately by nature are frequently isolated in a camp. We think it is very important also in this first response to address mental health and psycho-social support issues.
- We hope UNHCR will still be able to continue with the Clean Energy Challenge and all the good lines set out at the GRF. Is there anything we could do, now, to assist UNHCR to have better and more sustainable results related to the GRF?

## Kenya

- We appreciate the centrality that the response has taken with refugee host countries because this reflects the GCR implementation, which places refugees and host countries at the center of UNHCR operations. Grateful for UNHCR's efforts to continue the implementation of the Global Compact.
- We are particularly happy that the focus of the response plan for UNHCR has also included host communities.



- We would like to see in the coming days, after this pandemic is over, the issue that was raised by Pakistan on grants assistance in the IDA 19 program as well as the continuation of resettlement as soon as the situation allows for it.

## Denmark

- We have contributed to the GHRP with USD 85 millions for humanitarian assistance this includes 14,5 millions for UNHCR COVID-19 emergency appeal.
- We have also contributed to the multi-partner trust fund.
- In the response, we must constantly pay attention to the centrality of protection of the rights of women and girls. We do share your concern about an increase in SGBV.
- We remain concerned that lifesaving humanitarian assistance may be impacted by COVID-19, particularly in terms of funding. We must all do what we can to avoid this and we are happy to hear of the continued focus on the GCR implementation.
- We are very worried about outbreaks scenarios in relation to refugees and IDPs, in particular in camps and in urban areas.
- As a donor, we rely on UNHCR to help guide us in our funding decisions and necessary prioritization, through continued effective information sharing including in the unfortunate event of a COVID-19 outbreak in refugee and IDP settings.
- As UNHCR input to the revised GHRP will this be based on updates?
- We would appreciate a few words on your collaboration with IOM.

## Zambia

- The long-term measures put in place are likely to have huge effects on settlements.
- There are concerns with regards to the food security situation in the settlements; that WFP would cut by half the food rations in one of the refugee settlements in the northern part of Zambia.
- There are other settlements in the country that do not receive food from WFP. Hence, we would like to ask how to ensure food security in the settlements?
- Bringing also to your attention that the availability of water on a regular basis in those settlements is not guaranteed. Hence, as an alternative measure there is a need to ensure that households have enough hand sanitizers available.
- The use of facemasks has been made mandatory in public places, so we are seeking support to ensure that this directive is adhered to.
- Another challenge that we foresee as this virus spreads, is that clinics are available in the settlements and surrounding communities are not specialized to handle cases, particularly critical cases. As such there is a need to increase transportation capabilities of the settlements to ensure that there is rapid transfer of patients to specialized government hospitals or designated isolation infrastructures.
- There is a big gap as regard the preparedness of our personnel to combat COVID-19 in settlements and so we seek support in terms of training of partners in health officials, on how to manage the outbreak as well as in assisting with building capacity to do mass testing, and isolated cases.

## Peru

- Peru has received and continues receiving the huge flow of Venezuelan population in our country amidst the COVID-19 crisis.
- Developing countries face additional challenges when dealing with this pandemic due to the limited resources that we have available. In Peru, in addition to our national challenges, we have to manage the vulnerable situation of almost a million of Venezuelans, we would like



to highlight the close collaboration between the government of Peru and the UN agencies in our country to provide assistance to migrants, refugees and asylum seekers in Peru.

## Japan

- In terms of the oversight of the UNHCR work, there is a need to make some form of decisions relating to budget. How will UNHCR organize a meeting of its governing bodies in order to make the necessary decisions?

## UK

- The UK has committed more than 750 million to this response of which 20 million Pounds have gone to UNHCR. Those funding have been flexible and unearmarked and we encourage others to do the same.
- On sharing lessons and best practice on delivering, this is very important on how to deal with some of the secondary impacts of lockdown and we hope that UNHCR will be putting together some of this information so we can understand better what are the best approaches to provide the rights of all.
- We also feel that ensuring existing rights, norms and conventions is important. Will UNHCR be looking at those issues closely?
- Would be interested to understand whether UNHCR is confident that the national action plans that are being developed, part of the revised GHRP, will contain enough support for refugees and IDPs?

## Tunisia

- Tunisia expressed a vision and support to the UN GHRP. We are committed also to share our responsibility for refugees and in general every person in need.
- In our daily fighting against the spread of COVID-19, we adopted vital and public health measures including for asylum seekers and illegal migrants without any discrimination, in total harmony with the UN principle that no one can be left behind.
- We are keen to share our experiences with NGOs, civil society and you all.

## Switzerland

- On the travel restrictions and access problems of humanitarian workers, how UNHCR is working with local organizations in the COVID response? How capacity building for local NGOs works and how funding works?

## Germany

- The German humanitarian contribution is still pending approval by parliament.
- Germany is aiming for a solid and new contribution that is in line with our role as a major donor to UNHCR.
- Relating to the camps, how does UNHCR manage access to camps with high density populations in contexts where there is strict lockdown?

## USA

- US has committed to an additional USD 8 million in emergency health humanitarian economic assistance. This goes to communities around the world with a pandemic and includes USD 64 million to UNHCR.
- We will be on the lookout for the revised GHRP coming out in May.



- What mechanisms UNHCR has in place to share good practices and lessons learned across operations? Recognizing that some operations are really struggling with the issue of densely populated camps and others found creative ways to overcome that challenge, can you share additional information on what mechanisms there are?

## Turkey

- We appreciate the social media communication about the COVID-19 situations and the valuable messages about refugees' contributions.
- In terms of the prioritization of operations, UNHCR has mentioned that you focus on high concentrated areas both in terms of refugees and IDPs and that you work closely with governments.
- We therefore want to ask about UNHCR's work in Syria particularly in northwest Syria where there are nearly four million IDPs, of which more than one million are concentrated in makeshift settlements near the Turkish border. What did UNHCR provide in the region and what are COVID-19 response plans for the populations there.

## Colombia

- In Colombia, we have been working very closely with all the UN agencies and with UNHCR particularly dealing with the assistance we have to provide to migrants from Venezuela.
- In response to the arrivals of this pandemic, we have been working closely with the regional and local governments to provide assistance in granting access to health systems to all our nationals, as well as to migrants. We have prepared a six-point plan to provide assistance to migrant populations, focusing on the most vulnerable population and the guiding principles set out by UNHCR, IOM, WHO and OHCHR.
- Our main goal has been to grant migrants the same access that we provide to our nationals. We had to close the border with Venezuela since March 14, taking into consideration the high epidemiologic risks. However, we have opened a humanitarian channel to allow some of the migrants that have decided to go back to their country.
- Since we closed the border there has been a decrease of more than 90% in the number of people transiting between Venezuela and Colombia and some 35,000 migrants have decided to return to Venezuela.
- Our concern is that the closure of borders has also affected the socio-economic development in this region and despite the efforts to include all vulnerable people in our plans, we are calling on our international partners and donors, seeking additional resources in order to cope with this situation.

## Jordan

- We have acted early on as a response for the COVID-19 situation and we had to take some tough measures as a preventive methods to stop the spread of the virus.
- 20% of the population on our territory is made of refugees, most of them not residing in camps.
- Anyone who is on our Jordanian borders whether citizens, refugees, visitors or residents have all been treated alike.

## ICVA (on behalf of NGOs)

- A short NGO statement was delivered at the briefing. See [the statement](#) and the short [oral version](#), as delivered.



## Chairman

- The next Standing Committee is in July and the plan is to continue having these meetings.
- The Secretariat is studying and working on different meeting modalities, ranging from a completely virtual meeting to an in-person limited in such a way that we can respect the safeguards that the Swiss authorities and WHO have put in place.
- It is very difficult to predict how it is going to play out but we do hope that by the end of June it will be possible to have limited in-person meetings again with Geneva-based participants and with the possibility for other participants from capitals to follow the procedures on a live stream. Now we are preparing for everything and we are definitely committed to having the meetings of the ExCom and the Standing Committees happen because we need to take decisions.

## Kelly Clements

- To Denmark's question about the updated GHRP and whether or not the RRPR situations would also increase and be adjusted. The answer is yes. The refugee response plans would also be adjusted.
- On the national plans, there is not enough support going towards refugees and internally displaced. It is a little uneven.
- The virus is not discriminating but the impacts may be discriminating, indeed. There is recognition by many governments of the need to include refugees and this is helpful.
- To UK, there are some systemwide efforts underway, e.g. a systemwide evaluation through IASC in particular of some of the COVID preparations and responses. This is something we would obviously actively participate in.
- How do we share best practices among operations? There are very informal and regular ways including a weekly call that the AHC-O has with the Regional Bureau Directors and there is a lot of information exchanged in that way. We are trying to capture that through our Evaluation Service both looking at the operational component but also at some of the heavy work that has been done on the human resource side, e.g. staff welfare, well-being, health-related issues, mental health, psychosocial support.

## Raouf Mazou

- On supply it is an incredible challenge, there is a lot of pressure on the items that we need. Gloves, masks are difficult to find on the market because the demand is high, and we see also incredible price increase. We are using our worldwide strong and well-established supplier networks. We are trying to rely on them as much as possible but also working with other agencies.
- Two weeks ago, a COVID supply chain task force has been established and chaired by WFP and WHO, UNHCR, UNFPA and many other organizations with the idea to work together to make sure that there is no competition at least between the needs of vulnerable populations.
- We have also called on the support of specific countries which may have these items either through donation or through facilitating access to some of these items because we noticed that in some countries the export of these items is restricted.
- On the issue of mental health, we have serious concerns, e.g. in Malaysia we had established a helpline to provide support through partners, operated by clinical psychologists with a 45-minute session.
- We have been in talks with WFP for some time. They have been able in some situations to provide additional food rations. There is huge pressure on their availability to deliver, and we are joining WFP in calling on donors to provide additional support.



- We also do provide, whenever it makes sense, cash rather than in-kind contribution but there too, we need to have the resources.
- To Germany which asked how we manage access to camps in case of a strict lockdown: we have been following it in a number of countries where we have large camps to be able to obtain a humanitarian exemption for us, to be able to continue to operate and this is something that we are calling for.
- We have colleagues who have remained in locations where we have large refugee camps, they need to be able to move around. We are providing PPEs for them to be able to operate as it is done for health workers. It is crucial that they are able to continue to move in and out of the camp.
- We created isolation locations where in case of spread of the virus and cases of infection in the camp, we can isolate people from the rest of the population.
- On the Northwest Syria question, there are measures that have been put in place for preventing and controlling infection at entry points of the Turkish borders and there is monitoring on both sides of the borders as well as at crossline points.
- It is a good thing that UNHCR and partners continue to provide remote case management to beneficiaries and there about 9 clinics in the 20 Community Health Centers where we continue to provide medical consultation.

### Gillian Triggs

- The rise of SGBV as a consequence of socio-economic impacts came up frequently and it is a concern to all of us.
- UNHCR is working on capacity building, training and working through a network of community volunteers to ensure that we have some capacity to respond in particular to SGBV, to those with disabilities, aged people, people with very particular medical needs.
- We are using the technology and the digital interviewing to ensure that we can continue with case management but we are also using the telephone, e.g. initiatives of communities lending their phones to women, to people with disability, aged people, families so that they could have direct contact with social workers to gain legal advice to ensure that they have access to services within the country.
- We have developed internally a dashboard of evidence and practices across the world which is important for our advocacy and we are working to make sure that evidence and country practices are all available through a form of external dashboard that is not complete yet.
- The question has been raised about resettlements, it is a vital part of the work that we do and we are working hard to get back to ensuring what countries have agreed to, it does depend on the airline companies, on open borders, port access to flights but it is a top priority for us to resume the resettlement program.
- Several have mentioned the Compact, the role and the use of the Forum pledges, commitments and they are being now matched in ways that can be pivoted towards COVID-19. Many of you mentioned the importance of keeping that momentum going and we will be working hard to ensure that is the case.

### Filippo Grandi

- It is also a crisis which encompasses all dimensions. The dimensions we are dealing with, refugees, displaced populations, host communities are not always the most obvious in the most evident.
- There is – maybe it is a wrong word but – a competition for attention between the different dimensions of the crisis which are all legitimate. So I am asking you to make sure that the





issues we care for, we stand for, we work for are not sidelined and kept in focus in the multilateral fora, in particular by your respective countries.

- Thank all of you for having stressed the importance of including refugees, stateless – we haven't mentioned very much but they are also vulnerable – IDPs and so forth. There is a clear understanding that they must be included in health responses.
- The big challenge will be the economic impact, there are discrimination risks.
- It will be more difficult for governments, especially governments that are hit hard by the economic impacts of COVID, to be as inclusive of refugees and of foreigners as they have been on the health side. Therefore, this is where we need already now to concentrate and a lot of efforts.
- We will invest in stepping up our livelihoods work, and this is where I think that pledges made at the GRF in that domain are particularly important. Bear with us if we come back to the pledges and say let's try to implement this now in the context of the COVID responses because it is more needed than ever.
- There were questions about criteria, and we will make sure to respond to a very important question that host communities wherever applicable are included, e.g. Lebanon, Jordan, Syria and in many other places we need to pay equal attention to host communities otherwise there is a risk of creating tensions translating into stigmatization.
- The dialogue with the World Bank, regional development banks, bilateral development owners, private sector will be important to ensure that all of the measures do not forget refugee, displaced population.
- I have written to the Presidents of the World Bank, the African, Asian and Islamic Development Banks and got very good responses and understanding that some of the resources they are advocating for this response in the livelihoods field will be used in situations of displacement, in support of those countries and communities.
- We are also in parallel conducting some analysis jointly with IOM of how this situation will impact future populations, existing populations. Will the impact on livelihoods provoke people to move from one country to another? We can share the analysis with those of you that are interested.
- A particular point raised by Brazil about the situation in Latin America, particularly related to Venezuela, the likelihood of an emergency is particularly important because many of the Venezuelans actually live outside camps, in the community and depends on very fragile incomes.
- It is one of the most scarcely funded humanitarian plan, 13% as we speak. I have been in touch with governments in the region and we are studying ways to revitalize support to countries of the region.
- There was a virtual question by Finland on the call to respect International Humanitarian Law. We should be under no illusion, the SG has asked for a global ceasefire in this context and in some conflict situations this is beginning to be respected by some of the parties. But let's be clear if we have major outbreaks in some of the big conflict situations in Yemen, Libya, South Sudan, Somalia, Afghanistan, it will be very difficult to have an organized response. And you know what it means, if we cannot control the pandemic in conflict situations, you know the pandemic will not limit itself to the conflict area and it will move back to neighboring countries as well. So it is important for all to echo this ceasefire.
- On humanitarian exemptions, especially the possibility of the humanitarian workers to move: this is very important and I make this appeal again. We are not asking for are people to break the rules, we are asking for people that need to be in refugee camps or in the communities that deliver assistance, interact with partners and refugees, to be granted those exemptions.





- I appreciate, like the European Union, those contributions made in the context of COVID responses that are additional and not a diversion of existing programs. This is crucial.
- We will need to have a budget discussion at ExCom with major donors, major host countries. At the moment we are still operating on budgets approved before the crisis. Probably this is going to be through this year maybe even next year, but the impact of the economic crisis may be very big.
- Humanitarian aid could be another victim of COVID. I can alert all of you whether you are donors, host countries or others, this is going to be an important discussion going forward in our next few meetings.