

NGO Statement
International protection and durable solutions
in the context of a public health emergency

Dear Chair,

This statement is delivered on behalf of a variety of NGOs.

COVID-19 has revealed our vulnerability, impacting public health, economies and social systems. While the vaccines rollout offers hope of a gradual return to normal life, the pandemic reminded us of the imperative of investing in human rights-based public health emergency preparedness and response. In this perspective, NGOs welcome the planned ExCom Conclusion and offer the following reflections:

As the pandemic spread, States took the legitimate decision to introduce a range of measures to limit cases. However, this often impacted the right to seek international protection and access family reunification. We therefore:

- *Urge all States to uphold their obligations under International Law, particularly non-refoulement. 80 countries have already demonstrated that States can protect public health while still upholding the 1951 and 1954 Conventions.*
- *Vaccination status should not be used as a measure to prevent refugees, migrants and stateless persons from moving between countries. Moreover, public health emergencies cannot be used to deny access to international protection, a first step towards durable solutions, which cannot be put on hold during health emergencies.*

Third-country solutions help displaced populations rebuild their lives and achieve self-reliance. Yet, resettlement levels fell dramatically in 2020. Over 70% of refugees are still hosted in low- or middle-income States neighbouring crisis situations. Thousands of women, men and children are desperately waiting for life-saving, durable solution.

- *We therefore urge all States to apply the experience of those that have continued their resettlement processing in the pandemic, and expedite remote resettlement processing, interviewing and cultural orientation. Complementary pathways should be scaled-up, with a particular focus on family reunification.*
- *We remind that the GCR Three-Year Strategy sees 3 million refugees benefiting from its implementation by 2028. States must work with UNHCR and other actors to achieve this vision.*

The pandemic provided evidence that public health emergencies are compounding vulnerability and sufferings of displaced people living in protracted humanitarian crises. Asylum seekers, refugees, migrants and stateless persons suffer as States often adopt inward, 'citizens first' approaches. They face **loss of livelihoods and income, resulting in deteriorating living standards, restricted access to food, increased risk of intimate partner violence** and negative coping strategies.

Lack of access to health is common due to high costs, administrative hurdles, discrimination, and lack of documentation, which affects stateless persons disproportionately. Women and girls often lack access to antenatal care and sexual reproductive and health services. Many health facilities have closed or reduced services due to lack of PPEs, exposing many to higher risks of illness and death from COVID-19.

Lockdowns, insecurity, forced confinement of refugees to camp settings, and other COVID-related impacts increased **psychological trauma, stress and anxiety**. Restrictions are the main cause behind skyrocketing **GBV against women and girls**. Sporadic access to education also resulted in increased sexual and other forms of abuse and exploitation. **Older people, persons with disabilities, LGBTQI+, stateless persons, and other marginalised groups**, face limited access to services and assistance due to **social exclusion and discrimination**.

Restrictions also severely **limited access to legal assistance**, making those lacking documentation vulnerable to violence and abuse, fear of deportation, decreased access to services, and an inability to record vital events. Barriers to civil registration in pandemic undermine efforts to reduce statelessness. It also impacts **access to housing land and property security**.

We, therefore, recommend that:

- *Multi-sectoral preparedness plans are developed to address – in a coordinated manner – protection, health, social and humanitarian concerns of displaced and stateless populations in future public health emergencies.*
- *Protection and assistance should be based on needs identified through community engagement, to avoid mistrust and ensure cultural sensitivity.*
- *We remind States of their GRF commitments towards strengthened protection capacity, refugee inclusion, increased self-reliance and reduction of statelessness. This means building back more inclusive, resilient, and sustainable economies.*
- *Protection and assistance should be adapted to health emergencies constraints, ensuring continuity, while adhering to health protocols. Technology can help for remote services, including GBV case management; MHPSS; and protection monitoring.*

A projected availability of 2 billion doses of vaccines through COVAX for 92 GAVI-eligible countries gives hope for vaccination of all people, regardless of their nationality and status. Migrants, asylum seekers, stateless persons, and refugees should be included in vaccination plans, national health response plans and social protection schemes.

However, we still see “vaccine nationalism” in wealthy countries, with governments rushing to secure vaccines for their own populations, at the expense of others. Displaced people, as well as other marginalized groups often live in low- and medium-income countries already behind in accessing vaccines. They risk further exclusion due to discrimination or lack of documentation, leading to unequal access to services in countries of residence.

We do, however, appreciate that, according to UNHCR, 106 countries have so far committed to include refugees in their vaccination plans. Current campaigns in Germany, Jordan, the Netherlands, Spain and Rwanda are commendable.

This vaccination campaign is one of the **greatest logistical challenge** especially to reach those living in urban slums or remote areas affected by conflicts and disasters, with limited infrastructure for vaccine storage. **Strong coordination of all stakeholders and building on community trust will be key to ensure immunization success.**

- *NGOs, therefore, call on States to fulfil their political commitments and support COVAX. All countries, regions, and communities must have proportionate access to vaccines. We call on States to ensure that national vaccination plans are transparent and accountable to public health principles and inclusive of all.*
- *NGOs call on States to recognise the role of NGOs in mass vaccination campaigns – especially in urban and remote areas – for cold-chain management; managing and deploying vaccination; facilitating access to communities and marginalised groups; community mobilisation and tackling misinformation.*

- *Finally, NGOs call on Donors to provide additional and sufficient funding for the COVID-19 vaccination campaign and ensure this is fully funded without diverting funding from existing humanitarian responses.*

Further details are available at icvanetwork.org

Thank you.