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IRD 202- IDENTIFY THE ROLES OF SPECIFIV INTERNTIONAL ORGANIZATIONS IN RESPONDING TO COVID-19 PANDEMIC GLOBALLY

Since January, and in line with WHO recommendations, IOM’s global workforce has been mobilized across the world, drawing down on decades of experience, most recently with the Ebola epidermic and working with dozens of governments to plan their responses and save lives as the global health crisis evolves into the most significant mobility crisis ever.

**IOM’s strategic response** focuses on reaching the vulnerable and building operational capacities to address the mobility dimensions of this pandemic. These actions include:

* **Risk communication and community engagement activities**, by leveraging community networks to ensure public health information is communicated in accessible and culturally appropriate ways to the most vulnerable, including migrants, regardless of status. These have been undertaken in a number of countries, including Afghanistan, Bangladesh, Greece and Yemen. In Greece, IOM has conducted information sessions in mainland camps for migrants, translating government information, as well as distributing additional supplies.
* **Cross-border coordination** and capacity building to strengthen health surveillance at entry and exit points (airports, seaports and land border crossings) in dozens of states, including along Afghanistan’s border with Pakistan and Iran. IOM is providing a daily Global Mobility Restriction Overview, as well as Country-Level Restriction Mapping, outlining new and complex travel restriction measures to support colleagues across the organization.
* **Crisis coordination**to facilitate information exchange between stakeholders. In some European countries, such as Greece, Malta and Norway, IOM is in close and regular contact with government counterparts to coordinate next steps. In Belgium, IOM has set up a crisis management team with the government to ensure no person is left behind.
* **Trainings for government employees**; IOM has previously undertaken trainings on Standard Operating Procedures at point of entry during health emergencies in the context of Ebola response, in Guinea, Democratic Republic of Congo, and Senegal. This is can be extended to address COVID-19 operational needs and be done virtually.
* **Population mobility mapping exercises** to anticipate needs and prioritise measures by layering information about travel restrictions, points of entry status, airlines and the status of stranded migrants, in collaboration with WHO. These have been undertaken in several countries, including Mongolia, Iraq, Afghanistan, Rwanda and Tanzania. It is important that governments and frontline response teams have a solid understanding of population movements and mobility dynamics so vulnerable groups can be reached in a timely manner.
* **Enhanced surveillance, and WASH services** at entry points. IOM is increasing water access and hygiene measures at scale across its operations, to minimise the risk of contagion. In other locations, and across Asia, all US-bound migrants undergoing health checks at IOM centres receive information, hand sanitizer and tissues.

In view of the **impact of the pandemic on IOM’s daily operations**, including the increasing number of travel restrictions, a thorough assessment is being undertaken to ensure the continued safety of the staff, partners and all beneficiaries of the organisation. Across all of IOM’s activities, priority is given to mainstreaming protection concerns within the COVID-19 response to **ensure that our efforts are people-centred, inclusive and do no harm to the populations we assist**. Thus far, the following actions have been taken:

* **Temporary suspension of IOM’s resettlement programming**, in coordination with the UN Refugee Agency (UNHCR). Resettlement, however, remains a life-saving tool for many refugees. IOM and UNHCR are working with states to ensure movements can continue for the most critical emergency cases wherever possible.
* **Scale-back and/or suspension of a number of migration health assessment programmes, visa application programmes, and operational reduction of family reunification and humanitarian visa programmes**. Where operations continue, IOM has adopted a number of precautionary measures, including the development of specific Standard Operating Procedures for COVID-19, health education and counselling for migrants, and strengthening of pre-embarkation checks.
* **Virtual counselling for migrants and virtual training sessions for migrants’ associations.** In many European countries, IOM has set-up remote communication mechanisms to inform migrants, especially those interested to return home, about the general situation and current restrictions to movements.

Despite these programmatic changes, IOM is closely following the evolving situation on the ground and**retains full capacity and readiness to resume operations as soon as conditions allow.**

* The current outbreak of COVID-19 is – first and foremost – a health issue. However, it is also having an **unprecedented impact on mobility** both in terms of regimes for border and migration management, and the situation of all people on the move, including those displaced by conflict or disaster.
* IOM’s 14,000+ staff is working to respond to this public health emergency from the perspective of mobility. In doing so, the Organisation is drawing on its experiences from previous emergencies – notably the most recent Ebola outbreak in the Democratic Republic of the Congo  – and **is working closely with the World Health Organization and other UN Migration Network member agencies and partners**to ensure the integration of migration health concerns across the UN system.
* However, IOM is aware that**the current pandemic will have broad-ranging, long-term humanitarian and socio-economic impact**. While the economic and political implications of this crisis are impossible to fully assess at this moment, there is a need to acknowledge the critical economic inflection points ahead for societies, and the deeper impacts that may be looming for the diverse mobile populations that the Organization serves.
* In the short-term, within countries that have been hardest hit, **migrants are exposed to many of the same vulnerabilities as other citizens, and often to a greater extent.** Foreign nationals are more likely to be in overcrowded households or employed in short-term, or precarious work with limited provision for sick leave. Other migrants, in both regular and irregular status, may have limited access to public health services, or fear accessing such services. They may also be excluded from public health information programming or, when informed, lack the financial means to manage periods of self-isolation or quarantine.
* Across the world, in less affected countries, **displaced populations in camps or camp-like settings are already highly vulnerable to contracting infectious disease**, in conditions where a virus can more easily spread. Others caught up conflict may be some of the hardest populations to reach and monitor, yet most ill-equipped to protect themselves against infection.
* **Efforts to support all vulnerable groups, including migrants, should be strongly considered to avoid harmful consequences, minimise hardship, as well as reduce public health risk**. Our work to ensure the safety of communities must uphold the **fundamental human rights of al**l. **All migrants, in regular or irregular situations, and including those in exploitative situations, should have access to health information, testing, treatment and care**, so that response teams can include them in contact tracing and community interventions.
* **IOM reiterates the need for migrant-inclusive approaches in the overall COVID-19 response** and calls on countries to address the particular needs and vulnerabilities of migrants, regardless of their legal status, in the spirit of Universal Health Coverage. The fight against COVID-19 cannot be won unless the response plans in all countries include migrants, especially those marginalized or in situations of vulnerability.
* We should remain vigilant against the stigmatisation of any particular group during this crisis, including migrants, refugees and asylum-seekers, as highlighted by **the**[**UN Migration Network statement**](https://migrationnetwork.un.org/statements/covid-19-does-not-discriminate-nor-should-our-response). IOM remains concerned about the spread of misinformation and the use of **stigmatizing narratives as they can keep people from coming forward with symptoms or for contact tracing**, which in turn can hamper the provision of adequate care and derail efforts to reduce further transmission. **All authorities must make every effort to fight xenophobia, linked to the origin and spreading of the pandemic**. This is especially important given the uncertain length and impact of this crisis. **Social distancing should not be at the expense of long-term social cohesion**.

# **WHO and UNICEF to partner on pandemic response through COVID-19 Solidarity Response Fund**

### ***Unprecedented fund an ‘all hands on deck’ approach to tackle COVID-19 pandemic***

**NEW YORK/GENEVA/WASHINGTON DC, 3 April**– The World Health Organization (WHO) and UNICEF today announced an agreement to work together on COVID-19 response, through the historic COVID-19 Solidarity Response Fund powered by the United Nations Foundation and Swiss Philanthropy Foundation.

The COVID-19 Solidarity Response Fund has been set up to facilitate an unprecedented global response by supporting the World Health Organization’s (WHO) Strategic Preparedness and Response Plan. As part of the agreement, an initial portion of the money from the Fund – which currently stands at more than $127 million – will flow to UNICEF for its work with vulnerable children and communities all over the world.

“COVID-19 is an unprecedented pandemic requiring extraordinary global solidarity to urgently respond,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. “I’m pleased that UNICEF joined the Solidarity Response Fund. With their extensive experience both in fundraising and in implementing programmes, this partnership will help us to work together closely to save lives.”

The money collected through the fund will be used, among others, to train and equip communities and health-care workers to prevent, detect and treat COVID-19. It will help countries expand their health-care capacity and mitigate its social impact, especially on women, children and vulnerable social groups. And it will accelerate research and development of treatments and preventive vaccines.

As a key partner in this joined-up effort, UNICEF will lead emergency efforts to ensure families and communities in the most vulnerable countries are fully engaged in the response and have access to water, sanitation and hygiene and other infection prevention and control measures. UNICEF will also ensure children, caretakers, and frontline responders such as social workers, teachers and healthcare workers are supported through evidence-based guidance through its vast community outreach and country programs.

“This is an extraordinary emergency that demands an extraordinary response, and we need all hands on deck—individuals, corporations, foundations, governments and other organizations around the world,” said UNICEF Executive Director Henrietta Fore. “UNICEF is pleased to join the Solidarity Response Fund. It will bolster our efforts to strengthen health and sanitation systems and help protect the most vulnerable families from knock-on impacts of COVID-19 on already overstretched health systems.”

Funds raised will be spent in alignment with the global response plan, and where needs are greatest. At the direction of WHO leadership, it is expected that resources will go directly toward:

* **WHO,**for its work to track the spread of the virus, assess gaps and needs, equip frontline health workers with personal protective equipment, ensure lab and testing tools are available in countries around the world, and keep communities and frontline responders informed with the latest technical guidance.
* **UNICEF**, to ensure children and families around the world are equipped with all the evidence-based information and latest WHO guidance as well as locally relevant information to protect themselves from the spread of COVID-19; to support vulnerable countries by providing access to water, sanitation and hygiene, and basic infection prevention and control measures; and to provide access to care for vulnerable families and children.
* **CEPI**, the Coalition for Epidemic Preparedness Innovations, a key partner leading the financing for research and development for novel vaccines to combat COVID-19, working closely with WHO.

The COVID-19 Solidarity Response Fund was set up at WHO’s request by the UN Foundation and Swiss Philanthropy Foundation and launched three weeks ago. It is the only way for individuals and organizations to contribute directly to WHO’s global efforts to tackle the pandemic. To date the fund has $127 million raised or committed from more than 219,000 individuals from all over the world plus more than 90 global companies and organizations. The partnership is also a tremendous demonstration of solidarity across UN organizations in coordinating, partnering and supporting each other in dealing with the immediate and longer-term impact of the pandemic.

“There has never been a more urgent need for global cooperation,” said Elizabeth Cousens, President & CEO of the UN Foundation. “The COVID-19 pandemic shows us that we all can play a part to stop the spread. The incredible generosity shown to the COVID-19 Solidarity Response Fund from around the world will help WHO, UNICEF, CEPI and partners accelerate their lifesaving work, especially to support the most vulnerable communities and speed the development of a vaccine.”

**WHO – WORLD HEALTH ORGANISATION**

The World Health Organization (WHO) is the United Nations’ specialized agency for health. It is an inter-governmental organization and works in collaboration with its Member States usually through the Ministries of Health. The World Health Organization is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

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**Mozambique**

In Savane Resettlement Centre, in Dondo District, Sofala Province, WFP is assisting 265 Cyclone Idai-affected families, around 1,325 people, with electronic vouchers to buy food. Each family receives a monthly food ration: 40 kg of rice-maize meal; 9kg of beans; 4 litres of vegetable oil and 1kg of salt. Vouchers are exchanged for food packs at a distribution point via a contracted retailer. WFP Mozambique has moved quickly to develop and implement plans to reorganize food distributions, adapting them in order to protect both staff and food assistance programme participants. People are divided into small groups and asked to stay 1.5 metres apart when collecting their food. Hand-washing stations have been installed in food distribution sites, with personal protective gear issued to staff. Communities receive an in-depth briefing about the COVID-19 pandemic and preventive measures.

**The Islamic Republic of Iran**

WFP assists more than 30,000 people in Iran — largely refugees from Afghanistan — with food assistance. The women in the photographs below are refugees whose tailoring training workshop in Sarvestan, Fars province, took on a sense of urgency when they were asked to sew facemasks. There are nine such workshops across Iran, one of the worst-affected countries by coronavirus. Last month WFP received its biggest single grant for its work in Iran — US$7 million from Japan. Sixty percent of the contribution will buy a three-month supply of protective equipment for more than 5,000 staff and volunteers from the Iranian Red Crescent Society who are responsible for screening people at city entry points. The remaining 40 percent will go towards supporting 31,000 Afghan and Iraqi refugees living in settlements across the country.

**From Brindisi to Beijing, and other connections**

From Brindisi, on the southern tip the country’s Adriatic coast, the United Nations Humanitarian Response Depot (UNHRD)— one of six across the world run by WFP — despatched safety equipment to Wuhan, via Bejing, in February. Few could have guessed, then, that Italy itself would become a COVID-19 hotspot. Below, facemasks, goggles and other medical items are boarded onto a Beijing-bound plane, courtesy of the Italian Agency for Development Cooperation and Italy’s Chinese community.

**Kenya**

In the Kakuma and Dadaab refugee camps in Kenya, WFP provides food to more than 400,000 people each month. Above, a humanitarian worker in protective gear verifies the identity of a refugee receiving food assistance at [Kakuma](https://www.unhcr.org/ke/kakuma-refugee-camp%22%20%5Ct%20%22_blank), using a barcode scanner — the use of fingerprints and iris scans is currently suspended because of the risk of spreading infection.

**Afghanistan**

Thousands of families across Afghanistan do not know where their next meal will come from — authorities have ordered citizens to stay at home and border closures to quell the spread of the coronavirus. WFP continues to assist food-insecure families across the country at this critical time while protecting the people receiving WFP food assistance, the agency’s partners and staff.

**Zimbabwe**

WFP Zimbabwe is rolling out risk-control measures at its food distributions in response to the COVID-19 pandemic. It has increased the number of distributions to limit overcrowding, distributed protective clothing and health and safety items to the field, installed hand-washing facilities, and is ensuring social distancing. WFP and its partners have launched a communications campaign to pass important health, safety and hygiene information, via SMS, radio and small community meetings. Social distancing is now the norm at all food distributions in Zimbabwe. People line up in groups of five, widely spaced, to collect their monthly food entitlements of maize meal, split peas and vegetable oil. This food is a lifeline for millions of Zimbabweans right now at the peak of the hunger season. WFP IT technicians have distributed hand-held devices to all field locations so WFP’s partners can scan the SCOPE card at a distance, and people can be verified in a contactless way.

**Syria**

In, Deir Hafer, Aleppo Governorate, WFP is working with partner organization the Syrian Arab Red Crescent to distribute food to the most vulnerable people and ensure that families are aware of COVID-19 and how they can stay safe. Deir Hafer is located 60 km from Aleppo and 12 km from the nearest market, so the 800 people who live here rely heavily on food assistance from WFP to meet their daily needs.