



Issue-Based Coalition (Europe and Central Asia) on Large Movements of People, Displacement and Resilience

Key Messages and Advocacy Points on the COVID-19 outbreak.

04 May 2020, Issue no. 1

KEY FACTS AND FIGURES

- The region hosts **11.4M persons of concern to the IBC¹** including 7M refugees, 2.5M internally displaced persons (IDPs), over 1.3M asylum-seekers and returnees, and 605,000 stateless persons.
- In addition, Europe and Central Asia are home to **143.4M international migrants** - including 24.M who are children or youth - representing 57% of the world's 271.6M international migrants.² The proportion of migrants relative to the overall population within the region (11.7%) is more than three times the world's average (3.5%).
- The region is also a major sender and recipient of international remittances which reached \$689Bn in globally in 2019, greatly surpassing official development assistance and, for many countries, foreign direct investment, and underscoring the salience of **international migration as a driver of economic development**.
- As we jointly assess the public health, social and economic impacts of COVID-19, **asylum seekers, hosting communities, IDPs, migrants, refugees and stateless people (hereafter “the IBC’s target population”) must be considered an essential part of the response and solution to the pandemic**, both in addressing their specific vulnerabilities as well as leveraging their critical role as actors who may contribute to a sustainable recovery.

COVID-19 IMPACT ON POPULATIONS ON THE MOVE

The prevailing COVID-19 pandemic is “not only a health crisis but a human crisis; a jobs crisis; a humanitarian crisis and a development crisis”³. It has also an unprecedented impact on human mobility both in terms of migration management and access to asylum and has the potential to significantly undermine progress made towards the Sustainable Development Goals (SDGs). The increasingly **restrictive government measures** to control the spread of the coronavirus are impacting everyone, including the target population of this IBC. Irregular immigration status and missing documents, limited access to information and social support networks, discrimination and xenophobia are all factors that may compound the shock and increase the vulnerability of the IBC’s target population during the pandemic. The commitment made in the 2030 Agenda to **‘leave no one behind’ and to ‘reach the furthest behind first’** demands that asylum seekers, IDPs, migrants, refugees, returnees and stateless people and are included in the responses to this crisis.

- **High-density living conditions increase the risk of transmission of COVID-19** in camps/camp-like setting, informal settlements, such as urban slums with poor sanitation, and overstretched or inaccessible health services, where social distancing and needed sanitation standards are almost impossible. **Inadequate housing** increases the incidence of respiratory diseases, which exacerbates the impact and vulnerability of residents to contract serious and fatal cases of COVID-19. With a global shortage of personal protective equipment (PPE), medicines and other supplies, this target group is at considerable risk of being side-lined as other groups are prioritized.
- As a result of the crisis, many migrants **may be pushed into vulnerable or exploitative situations**. Referral pathways – such as those for victims of domestic violence, victims of trafficking and vulnerable children – are likely to face disruptions, leading to interruptions in case identification, referral and protection processes, resulting in immediate protection gaps for migrants in vulnerable situations who go unidentified and/or unassisted. Finally, unprecedented travel restrictions have resulted in significant numbers of stranded migrants with limited access to livelihoods and are becoming increasingly destitute. Migrant workers, international students, and their families are also affected by such measures.
- Most countries have taken **specific border management measures to prevent the further spread of COVID-19, such as temporary entry bans** (at times only for certain nationalities or from specific destinations) or border closures. However,

¹ This IBC was established in 2016, following the regional UN System meeting for Europe and Central Asia in Geneva on 11-12 May 2016, considering the increasing political, operational and societal implications of displacements and migration in Europe and Central Asia. It serves as a platform to support country operations in responding to the situation of refugees, migrants and host communities and works in close coordination with existing and relevant mechanisms (e.g. IBCs, the Global Network on Migration, the Global Refugee Forum and other development-related platforms etc.) Since 2020, the IBC also assumes the functions of a regional UN Network on Migration and will support actions to assist Member States in implementing the GCM at the country and regional levels in alignment with the UN Development System. More information can be found [here](#).

² Source: [UN DESA, Trends in International Migrant Stock: The 2019 Revision Migrants by Age and Sex, United Nations, New York, 2019](#). For more data, please visit https://migrationdataportal.org/?i=stock_abs_&t=2019 and <https://www.unhcr.org/data.html>.

³ A new normal: UN lays out roadmap to lift economies and save jobs after COVID-19, United Nations Press Release, 27 April 2020.

promisingly, 60% of states in the region with restrictions continue to exempt persons seeking international protection from restrictive measures.

- **Limitations on access to registration, documentation, services for the preventions and response to sexual and gender-based violence (SGBV), and other essential protection services also pose risks for this IBC's target population.** The use of immigrant detention and restrictions on freedom of movement that disproportionately affect refugees, asylum seekers and migrants also present particular protection risks at this time. From previous experience, we can anticipate child protection and SGBV risks will increase as confinement measures are in place and, in some cases, survivors are forced to be confined with their perpetrator or abuser, while vulnerable populations slide into poverty and children remain out of school.
- **Remittances represent over 10% of GDP for 30 countries in the world, and over 5% an additional 27 countries.** An expected decline of 20% in remittances in 2020 due to COVID-19 represents a loss of \$109BN for developing countries. Smaller countries with high levels of emigration will be more impacted. However severe this global figure may seem, it masks the real vulnerabilities of countries, communities and families that are reliant on remittances. In this region, Armenia, Kyrgyzstan and Tajikistan are among the world's top ten remittance dependent countries. Across the region, significant proportions of children are left behind by one or two parents, often in kinship care, more vulnerable to the loss of remittances.
- Recognising that vulnerable, marginalised groups are experiencing **increased limitations on access to a safe and healthy environment**, UNCTs are called to advocate for continued recognition of the right to a safe and healthy environment, particularly for vulnerable groups and children during the current COVID-19 crisis and in a post-pandemic context.
- **Many countries in this region rely heavily on migration. While current efforts are focused on preparedness and response to COVID-19**, it is critical to keep the need for medium and long-term recovery in mind. This includes an approach that incorporates elements of social cohesion in larger countries such as the Russian Federation which has over 10M emigrants and relies on over 10M immigrants, to smaller countries such as Bosnia and Herzegovina, Bulgaria and Portugal with large shares of their populations living abroad.
- It is crucial that **both the needs and the roles of migrants and refugees are duly addressed also in recovery initiatives.**

RECOMMENDATIONS TO RESIDENT COORDINATORS AND UN COUNTRY TEAMS

1. On 'leave no one behind' and to 'reach the furthest behind first', this IBC LMPDR:

- *Recognizes* that mitigating COVID-19 risks must remain a priority; reiterates the need for **inclusive approaches** in COVID-19 responses and calls on all actors to ensure the particular needs and vulnerabilities of this IBC's target population, **regardless of their status**, are taken into consideration, prioritized and responded to in line with **international obligations and standards** (and the principle of **Universal Health Coverage**)⁴.
- *Invites* UNCTs to advocate with host States, development actors, IFIs, and others for the inclusion of these populations in COVID-19 national response plans, emphasizing the need for continuity of ongoing health and other essential programmes to inter alia avoid harmful public health consequences, minimize socio-economic hardship, and reduce public health risk. This IBC target population is particularly vulnerable and as such should be considered as an integral part of any effective public health response.
- *Reiterates* the importance of **listening** to migrant and refugee voices, including women, children and youth, for an *inclusive approach*.
- *Recalls* the **guiding principles** on inclusion of this IBC's target population in all COVID-19 plans:
 - Enjoyment of and indiscriminate access to the highest attainable standard of physical and mental health;
 - People-centred, including refugees and migrants, and gender as well as age-sensitive health systems;
 - Whole-of-government and whole-of-society approaches and partnership;
 - Support (in)formal refugee and migrant networks to deliver information and services also to host community;
 - Support governments in developing responses that are inclusive of the needs of this IBC's target population;
 - Policy and program interventions that addresses the developmental COVID-19 impacts and maintaining the progress towards the SDGs, i.e. livelihoods, employment, access to basic services, social protection, fiscal stimulus packages and cash transfer schemes;
 - Cooperative migration policies to avoid increases in number and vulnerability those trying to cross borders.

Example on inclusion and livelihood: *Several states have adopted (or publicized existing) measures to train or allow qualified refugees to*

⁴ The concept of UHC has been increasingly recognized in international fora since WHO published the World health report 2010, entitled Health systems financing: the path to universal coverage. These include the Mexico City Political Declaration on Universal Health Coverage adopted in April 2012, the Bangkok Statement on Universal Health Coverage in January 2012, and the Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector, adopted in July 2012. UNGA The resolution 67/81 of the UNGA calls on Member States to adopt a multisectoral approach and to work on the social, environmental and economic determinants of health to reduce inequities and enable sustainable development.

perform certain public health functions (e.g. Denmark, France, Germany, Ireland, Spain and the UK).

Employment opportunities in sectors such as agribusiness (e.g. Germany and France), delivery and logistics may emerge as a result of COVID-19. **These opportunities can be positive developments but can also carry significant, additional protection risks**, thereby requiring a careful consideration of the unique national public health contexts when determining any advocacy or information outreach strategies regarding new labour market opening.

- Urges treatment of **waste management**, including of medical, household and other hazardous waste, as an urgent and essential public service to minimise possible secondary impacts upon health and the environment”.⁵
- Highlights that **children and youth (of this IBC’s target population)** may be in a situation of double vulnerability due to their intersectional identity as children and as asylum seekers, IDPs, migrants, refugees or stateless people. Unaccompanied and separated children are in an even more vulnerable situation as they do not have the protection and care of their parents.⁶
- Iterates the need for Continued advocacy for **access to continuity of care** (beyond health) for those vulnerable persons among the IBC’s target population, specifically for those who are unaccompanied and separated children and victims of trafficking.

2. On Access to health, this IBC LMPDR:

- Advocates for **Universal Health Coverage (UHC)** in line with the United Nations 2030 Agenda and guided by the Global Action Plan on Promoting the Health of Refugees and Migrants. The principle of **leaving no one behind** calls on all actors to **eliminate any barriers** to ensure that all, in regular or irregular situations and regardless of their status, language and cultural differences, can access health services, without fear of discrimination, stigma, arrest or deportation, administrative hurdles, high costs and an inability to affiliate with local health-financing schemes.
- Prioritizes adequate emergency accommodation capacity allowing for safe physical distancing. Wherever possible, and in situations where camps/transit centers are already set up, **health services should be made available in centres/camps** to minimise risks.
- Calls for stepping up the response **to support host Governments** in places where the health system has limited or strained capacity. In countries where agencies represented in this IBC are operationally present, they can support continued delivery of services by establishing and furnishing screening and isolation medical units, etc.
- Reminds of resources available through this [IBC platform](#)⁷ for **guidance** on readiness, preparedness, and response measures specific to this target population’s situations and settings.

3. On Border closures, entry bans and detention, IBC LMPDR:

- Reminds of the existing [Health, Border, and Mobility Management framework](#) which links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).
- Urges **UNCTs to advocate for access to territory and to asylum procedures** in coordination with UNHCR⁸, calling on Governments to ensure that legitimate travel restrictions do not limit access to territory for persons seeking international protection and may result in push-backs that exposes them to danger. Denial of access to the territory without safeguards to protect against refoulement, or the **systematic use of detention** against individuals or groups of asylum-seekers or refugees, cannot be justified on the grounds of any health risk. Instead, medical checks and proper management of potentially ill individuals (be they travellers, migrants or refugees) should be in line with international guidance and applied at borders, transit sites and detention centres.
- Advocates that **laws and regulations are adjusted** to consider the changed global environment. Immigration detention and restrictions on freedom of movement should be prevented, and protection services extended to the IBC’s target population.
- Highlights the issue of gender, which cuts across interventions, given the differentiated impact of COVID-19 in this regard as **gender-based inequality and discrimination** compounds vulnerability.
- Highlights that **exceptional measures** introduced for example at borders, transit, and reception centres should be lifted once the public health risks are addressed.

⁵ For more information, please see resources.

⁶ For more information, please see resources.

⁷ For additional support, please contact the IBC co-chairs : Olaf Juergensen (olaf.juergensen@undp.org), Florent Marty (marty@unhcr.org), Amr Taha (Taha@iom.int).

⁸ Please see resources listed below

4. On Right to seek asylum, this IBC on LMPDR:

- *Recalls* that State **can and should ensure access to asylum** while also protecting public health. States have a responsibility to protect public health and may temporarily close their borders to limit COVID-19 transmission, provided that any such measure is non-discriminatory, necessary, proportionate and reasonable in all the circumstances. Asylum seekers **also have a right to seek international protection** at those borders and **should not be returned** – either directly or indirectly – to a country where they may face persecution or danger⁹.

Example: In Portugal, all migrants and asylum-seekers will be treated as permanent residents until at least 1 July 2020 to ensure access to services

- *Advocates* for **access to registration** for new asylum-seekers or extension of expiring documentation of asylum-seekers/refugees through digital/remote modalities, identifying temporary solutions for stranded individuals including unaccompanied children, visa or other temporary permit holders, and to facilitate access to healthcare where not already guaranteed.

Example: Remote interview modalities by video conference; asylum-seekers have the possibility to submit online applications for asylum, appeals and/or documentation (e.g. Malta and Azerbaijan).

5. On Return, this IBC on LMPDR:

- *Advocates* for a careful consideration of the situation of individuals with vulnerable profiles or who belong to a high risk group when deciding on their return to countries that are severely affected by the COVID-19 pandemic and have weak health systems in light of relevant human rights considerations (in particular Article 3 ECHR).
- *Advocates* for more commitment from Countries of Origin **to facilitate voluntary and non-voluntary (in case of rejected asylum-seekers) returns of their nationals** and for hosting countries to simplify exit procedures through a single authority.
- *Advocates* for **more funding to be made available for reintegration packages** and for return/reintegration monitoring arrangements.
- *Advocates* for **strengthened international efforts to unblock obstacles to non-voluntary returns** of persons not in need of international protection, coupled with support to countries of origin for any required quarantine/health checks upon reception of the returnees.

6. On Use of Remittances for Increasing Resilience, this IBC on LMPDR:

- *Advocates* for programmes and systems that are designed to facilitate and incentivize continued remittance flows. This can include reducing or eliminating the cost of sending remittances or incentivizing the use of remittances through matching-grant programmes at the individual or community level. Other examples include facilitating access to (matching) credit and grant programmes incentivizing returnees to invest in productive sectors (e.g. business start-ups, green works, energy- technologies) in turn stimulating local economic and labour market activity. Such programmes may offer an opportunity for initiating a transformational and green recovery with the creation of green jobs in communities of origin. It is essential that these programmes remain open to all communities to avert any tensions and are based on micro-level socio-economic impact assessments on COVID-19 and people on the move.

7. On Access to accurate information without stigmatization, this IBC on LMPDR:

- *Urges* for all refugees and migrants, in regular or irregular situations, as well as stateless persons and IDPs, to **have access to health information, testing, treatment and care, in a non-discriminatory manner**, so that response teams can include them in contact tracing and community interventions. Access to such information should be made available to all through translation into the needed languages, include culturally and age appropriate recommendations and treatment modalities and take into consideration the information needs of children, older persons and persons with disabilities (for example through visual media, easy to read leaflets etc.). Based on previous experience, **the provision of mental health and psychosocial support to affected communities is critical**, in particular for persons in isolation/quarantine and persons with specific needs, such as children.

Example : Meeting the information and communication needs of refugees, asylum seekers and others affected by COVID-19 already takes various shapes, such as translating WHO and Governments' official health advisories into different languages for distribution in all reception and pre-removal facilities (Italy), and supporting access to relevant information, including through community volunteers (Malta), hotlines (Turkey) and new technologies and online platforms (Austria, France and Italy).

- *Invites* UNCTs to leverage **community networks** to communicate public health information in culturally appropriate, gender- and age-sensitive ways – including publication/translation of material, hotlines, and digital platforms.

⁹ The principle of non-refoulement is one of the most widely recognized norms of customary international law and is reflected in the 1951 Refugee Convention and other international instruments.

Example: IOM, UNICEF and UNHCR are supporting government efforts in most operations, including Bosnia and Herzegovina, Greece, Italy, North Macedonia, and more.

- **Stands ready to support the strengthening of local government capacity** to collect information, plan, budget and deliver essential services to the population in an inclusive manner, including this IBC's target population.
- **Remains concerned about the spread of misinformation and the use of stigmatizing narratives**, as they can keep people from coming forward with symptoms, which in turn can hamper the provision of adequate care or for contact tracing and derail efforts to reduce further transmission. It is particularly important that all authorities make every effort to confront xenophobia, including where this IBC's target population is subject to discrimination. COVID-19 does not discriminate, nor should our response, if it is to succeed.
- **Encourages governments to implement education strategies** for continued learning for all children - including those of the IBC target population - and make schools safe, healthy, and inclusive environments. Where schools have not closed, they are an important platform to provide information to all children and their parents. However, alternatives also need to be considered to reach children as they often make up a large part of the out-of-school child population. Often poor, children of this IBC's target population depend on school lunches and other services being provided at schools which need to be substituted during the locked down.

8. On Diaspora, this IBC on LMPDR:

- **Notes** the important support diaspora communities can provide in healthcare -and other sectors- in the COVID-19 response both in supporting fellow migrants in the country of destination as well as in providing support and contributing to the healthcare and socio-economic response in countries of origin.

Example: Using onomastic analysis IOM identified an Armenian-American radiologist able to deliver online training to radiologists in Yerevan to better prepare healthcare professionals in Armenia to respond to COVID-19. Similar initiatives can be systematized in other sectors and scaled across countries of origin.¹⁰

¹⁰ More information can be found [here](#).

RESOURCES

[The Global Compact for Safe, Orderly and Regular Migration](#) is a framework which expresses the determination of States to make an important contribution to enhance cooperation on international migration in all its dimensions in a holistic and comprehensive manner. It is a non-binding document that respects states' sovereign right and rests on the purposes and principles of the UN Charter as well as the 2030 Agenda for sustainable Development. to determine who enters and stays in their territory and demonstrates commitment to international cooperation on migration.

[The Global Compact on Refugees](#) is a framework for more predictable and equitable responsibility-sharing, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation. It provides a blueprint for governments, international organizations, and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives.

UNHCR

- [UNHCR data portal on COVID-19](#).
- [Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response](#), 16 March 2020.
- [Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic](#), UNHCR/Regional Bureau for Europe, 9 April 2020.
- [Age, Gender and Diversity Considerations – COVID-19](#), 21 March 2020.
- [Covid-19 Updates for countries with active Protection Cluster, Sector or Working Group](#), 30 April 2020.

IOM

- [The Health, Border and Mobility Management Framework \(HBMM\)](#) links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).
- [COVID-19 Analytical Snapshots](#) are designed to capture the latest information and analysis in a fast-moving environment.
Topics will be repeated from time to time as analysis develops. E.g. [COVID-19 Analytical Snapshot #16: International Remittances](#), April 2020; [COVID-19 Analytical Snapshot #17: Impacts on migrant children and youth](#), April 2020.

UNDP

- [UNDP COVID19 Integrated Response](#), 2020.

UNEP

- [Guidance on waste Management: Compendium of Technologies for Treatment/Destruction of Healthcare Waste](#), 2012
- [Waste management an essential public service in the fight to beat COVID-19](#), 2020.
- [UNEP/OCHA Joint Environment Unit \(JEU\)](#): Integration of climate, habitat and environmental sustainability dimensions within humanitarian and health response.
- [The Environmental Emergencies Centre \(EEC\)](#): Provides information and guidance on COVID-19 and its humanitarian and environmental impacts.

[The Issue-Based Coalition on Large Movements of People, Displacement and Resilience \(IBC LMPDR\)](#) serves as a platform to exchange the key advocacy messages related to large displacement of refugees and migrants for use during the high-level events, influencing public policy dialogues and legislative changes affecting persons of concern. The IBC LMPDR will assume the functions of a regional UN Network on Migration, with the aim of capitalizing on the synergies between the global-level UN Network on Migration and the IBC.

[UN Network on Migration \(UNMN\)](#) has been establishment to ensure effective, timely and coordinated system-wide support to Member States in their implementation, follow-up and review of the GCM, and for the rights and well-being of migrants and their communities of destination, origin, and transit.

Financial Resources

- **[The Multi-Partner Trust Fund](#)** supports development effectiveness and UN coordination through the efficient, accountable and transparent design and administration of innovative pooled financing mechanisms.

- [The United Nations COVID-19 Response and Recovery Fund](#) is a UN inter-agency fund mechanism established by the UN Secretary-General to help support low- and middle-income programme countries overcome the health and development crisis caused by the COVID-19 pandemic and support those most vulnerable to economic hardship and social disruption.

Inter-Agency Standing Committee (IASC)

To ensure that IDPs, migrants, refugees and other populations in vulnerable situations are assisted, IBC LMPDR members work along with IASC to roll out measures that may reduce risk or support action in countries with fragile health and social systems.

- [IASC Interim Guidance on COVID-19: Emergency Response Preparedness Approach](#) (developed by the Preparedness, Early Action and Readiness Sub-Group, IASC Results Group 1 on Operational Response).
- [Interim Briefing Note: Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#) (developed by the IASC's Reference Group on Mental Health and Psychosocial Support).
- [Interim Technical Note: Protection from Sexual Exploitation and Abuse \(PSEA\) during COVID-19 Response - Version 1.0](#) (developed by WHO, UNFPA, UNICEF, UNHCR, WFP, IOM, OCHA, CHS Alliance, InterAction and the UN Victims' Rights Advocate).
- [Note Addressing Mental Health and Psychosocial Aspects – Version 1.5 February 2020](#) (to which UNHCR contributed).
- [Interim guidance on Scaling-up Readiness and Response Operations in Camps and Camp-like Settings in the context of the COVID-19 outbreak – Version 1.1 March 2020.](#)
- [Interim guidance on COVID 19: Focus on Persons deprived of their liberty.](#)
- [How to include marginalised and vulnerable people in risk communication and community engagement.](#)

UNSDG

At the regional level, the UN Sustainable Development Group (UNSDG)—agencies, funds and programmes working on development—work to support countries to achieve the 2030 Agenda, addressing key challenges that transcend country borders such as health, migration, and environment. The UN Development Coordination Office (DCO) serves as the secretariat for the UNSDG at the regional and global levels. At the regional level, five UN DCO Regional Directors and their teams in Panama, Addis Ababa, Amman, Istanbul and Bangkok provide the UN Resident Coordinators in country with regional-specific support, with a secretariat role for the regional UN Sustainable Development Group

- <https://unsdg.un.org/resources/shared-responsibility-global-solidarity-responding-socio-economic-impacts-covid-19>.
- <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>.

Guidance by other agencies and IBCs

- [WHO's newly issued guidance on preparedness, prevention and control of COVID 19 in prisons and other places of detention.](#)
- [Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the COVID-19 Outbreak](#) (Developed by WFP).
- [Interim Guidance for COVID-19 Prevention and Control in Schools](#) (Developed by IFRC, UNICEF, and WHO).
- https://drive.google.com/drive/folders/17bDtlr4DVq1vvJpPnbDZYoj195pg_QM. (including Guidance Note on Gender and COVID-19 prepared for RCs and UNCTs).
- [UN Sub-committee on Prevention of Torture: Measures to be taken by authorities concerning all places of deprivation of liberty, including detention facilities, immigration detention, closed refugee camps, psychiatric hospitals and other medical settings in relation to COVID-19.](#)
- [UN Global Humanitarian Response Plan COVID-19](#), United Nations Coordinated Appeal April-December 2020.
- [ICRC, COVID-19: Protecting prison population from infectious coronavirus disease](#), 11 March 2020.
- [Risk communication and community engagement: Guidance note](#) (Developed by WHO, UNICEF and IFRC).

Statements

- [By Michelle Bachelet and Filippo Grandi \(UNHCR\), The coronavirus outbreak is a test of our systems, values and humanity](#), 12 March 2020.
- [By Filippo Grandi \(UNHCR\), on the COVID-19 crisis](#), 19 March 2020.
- [By Achim Steiner \(UNDP\), on UN COVID-19 Global Humanitarian Response Plan, 25 March 2020.](#)
- [By Henrietta Fore \(UNICEF\) and Filippo Grandi \(UNHCR\), As COVID-19 pandemic continues, forcibly displaced children need more support than ever](#), 20 April 2020.
- [By UNHCR, Beware long-term damage to human rights and refugee rights from the coronavirus pandemic, 22 April 2020.](#)