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Story

COVID-19: Situation in Rohingya camps and in Bangladesh

Andrei Mahecic, for the United Nations Refugee Agency (UNHCR), said that UNHCR and partner organizations had further intensified their COVID-19 response in the Rohingya refugee camps in the Cox’s Bazar area of Bangladesh, following the first confirmed case of coronavirus among the refugee population yesterday. Since March, UNHCR and partners had been supporting the Government of Bangladesh primarily in COVID-19 preparation and prevention efforts. With this first confirmed case, response mechanisms had now been activated and would require additional international support. According to the Government of Bangladesh, one Rohingya refugee had tested positive for COVID-19 in the Kutapalong refugee settlement in Bangladesh. In addition, one member of the local Bangladeshi host community had also tested positive. Testing began in the Cox’s Bazar District in early April. As of yesterday (14 May), 108 refugees had been tested. There are serious concerns about the potentially severe impact of the virus in the densely populated refugee settlements sheltering some 860,000 Rohingya refugees. Another 400,000 Bangladeshis lived in the surrounding host communities. These populations were considered to be among the most at risk globally in this pandemic. No effort must be spared if higher fatality rates were to be avoided in overcrowded sites with limited health and water and sanitation infrastructure.

A full briefing note is available [here](#).

Marixie Mercado, for the United Nations Children’s Fund (UNICEF), said UNICEF was preparing a 210-
bed Severe Acute Respiratory Infection Isolation and Treatment Centre. The first 90 beds would be ready by May 22 and the rest by 30 May 2020. While construction of the 210 bed facility was underway UNICEF, was converting a Diarrhea Treatment Centre into a 30-bed Isolation and Treatment Centre. This was scheduled to be complete by 16 May, but a little more time was needed to put the human resources and medical supplies in place. Rohingya volunteer teachers had reached over 100,000 refugee households with school-age children (55 per cent of families in the camps) with information about caregiver-led home-based learning. So far, some 35,000 children were engaged in home-based learning activities. Crucially, UNICEF was making sure that children have access to life-saving information on protecting themselves and their communities against infection, through radio broadcasts and Meena cartoons broadcast at service points in the refugee camps and on TV in host communities. It was working closely with a network of 650 trained community mobilizers including 200 religious leaders and volunteers to get this crucial information to those who need it.

Elisabeth Byrs, for the World Food Programme (WFP), said COVID-19 threatened to reverse development gains made by Bangladesh over the past five decades. The middle-income country with already overstretched health systems, was battling the spread of the crippling virus. 40 million people in Bangladesh already lived in poverty and a significant drop in income and consumption among the vulnerable had the potential to push millions more into poverty.

The COVID-19 virus could be deadly, but hunger was equally deadly. To ensure the most vulnerable are not left behind in the response to this pandemic, WFP urgently needed 320M$: US$200 million for its COVID-19 response in Bangladesh and an additional 120M$ for Rohingya response. Funding for the Rohingya response remained critical to ensure food security for almost 860,000 Rohingya refugees living in Cox’s Bazar. The Rohingya camps in Cox’s Bazar were among the largest and most overcrowded in the world, making them extremely vulnerable to the global pandemic.

Paul Dillon, for the International Organization for Migration (IOM), said that on 5 April, IOM’s Director-General António Vitorino had stated the following: “Based on decades of experience in camp management and migration health, we see the arrival of COVID-19 in camps as an inevitability, not a possibility, and have been preparing with this in mind.” The COVID-19 preparations in the refugee camps in Cox’s Bazar had been a genuine joint operation between the UN and other humanitarian partners. At this time, IOM’s 1,200 staff were focusing their efforts on Health Infrastructure, WASH activities, Risk Communications and Contingency Planning. IOM was preparing 250 Severe Acute Respiratory Infection Isolation and Treatment Centres beds. They would come on-line shortly. Access to clean water was a challenge in many of the 1,100 camps and camp-like settings the IOM manages globally. In Cox’s Bazar, 854 handwashing units and 310 “tippy taps” had been installed in communal areas, including all distribution points and an additional 120 backpack sprayers were provided to enhance disinfection activities.

Responding to questions, Mr. Mahecic said testing was conducted by the Bangladeshi authorities and had been ongoing for six weeks. There were no recorded COVID-19 cases in detention centres so far. The conditions in detention centres were poor and UNHCR had called for asylum seekers who were detained to be released in host communities.

COVID-19: Situation in Libya

Andrej Mahecic, for the United Nations Refugee Agency (UNHCR), said that, amidst deteriorating security conditions, as well as restrictions on movement due to COVID-19, UNHCR had provided emergency assistance to some 3,500 refugees and internally displaced Libyans during the last two weeks. The assistance package had helped some 1,600 urban refugees, more than 700 refugees being held in detention and close to 1,500 displaced Libyans in different sites across Libya, and included one month’s worth of food and hygiene kits. Refugees had told UNHCR staff that they were desperate for help. Many had been supporting themselves through daily labour, which has had to stop because of the curfew and other restrictions related to the outbreak of the COVID-19 pandemic. A snapshot survey by the Mixed Migration Centre suggests some 75 per cent of refugees and migrants had lost their jobs in March and April. Before Ramadan, some
had said they could only afford to eat one meal per day. Others had formerly received extra assistance from relatives through international money transfers but were now struggling as this had stopped in recent weeks.

A full briefing note is available here.

Alessandra Vellucci, Director of the United Nations Information Service (UNIS), added that on the previous day, the Spokesperson of the UN Secretary-General had reiterated his call for all parties to the conflict in Libya to do everything in their power to uphold their responsibility to protect civilians in accordance with international humanitarian law and humanitarian principles. In addition, while donors had been generous, a boost in funding to continue humanitarian programmes was urgently required. As of 14 May, the Libya Humanitarian Response Plan, which required $130 million, was only 14 per cent funded.

**COVID-19: Situation in Central America**

Andrej Mahecic, for the United Nations Refugee Agency (UNHCR), warned that an escalating situation of chronic violence and insecurity, coupled with COVID-related restrictions, was risking lives and exacerbating hardship for tens of thousands of people in the north of Central America. Violence had forced some 720,000 people in the region to flee their homes, as of the end of last year. Almost half of them were now displaced within their own country, including some 247,000 people in Honduras and some 71,500 in El Salvador, while others had fled across borders. Today, despite COVID-related lockdowns in Honduras, El Salvador and Guatemala, internally displaced people (IDPs) and community leaders reported that criminal groups were using the confinement to strengthen their control over communities. This included the stepping up of extortion, drug trafficking and sexual and gender-based violence, and using forced disappearances, murders, and death threats against those that did not comply.

A full briefing note is available here.

Responding to questions, Mr. Mahecic said there were at least 270 reported COVID-19 cases amongst refugees and migrants from Venezuela. He would later send figures on COVID-19 cases in other countries to the journalists.

**COVID-19: Vaccination in the Democratic Republic of the Congo**

Marixie Mercado, for the United Nations Children’s Fund (UNICEF), said routine vaccination rates for children had declined between 2 and 10 per cent in the Democratic Republic of the Congo (DRC) in January and February this year, compared with the same period in 2019, mostly due to poor cold chain systems, low coverage and vaccine stock-outs. In all, 86,905 children had not received the oral polio vaccine; 84,676 children were not vaccinated against measles; and 107,010 had not received the yellow fever vaccine in the first two months of the year. This was particularly alarming in a country where just over one-third (35 per cent) of children aged 12-23 months are fully vaccinated before their first birthday. The DRC could potentially see more polio cases and see a resurgence of measles and yellow fever epidemics. Beyond vaccination, COVID-19’s disruption of health systems and access to food could mean tens of thousands of additional child deaths in DRC. Despite the emergence of COVID, UNICEF had supported the Government of the DRC to keep vaccinating children in critical outbreak areas, including Ituri, North Kivu and Equateur province. To do that safely, UNICEF also provided infection prevention and control kits including gloves, masks, thermometers, soap and water, and hand sanitizer. UNICEF was urging the Government of the DRC to conduct catch-up campaigns and intensify immunization activities across the country.

Responding to a question on Ebola, Margaret Harris, for the World Health Organization (WHO) said there had been a small flare-up, but vaccines supplies were sufficient, and there had not been cases in several days.

Ms. Mercado said there was a growing reluctance amongst mothers to get their children tested because of false rumors related to COVID-19, even if the vaccines were not related to the coronavirus.
COVID-19: Humanitarian outlook in the Sahel

Jens Laerke, for the Office for the Coordination of Humanitarian Affairs (OCHA), said eight United Nations aid agencies and NGOs working in Africa’s Sahel region had warned that 24 million people, half of them children, now needed life-saving assistance and protection. That equaled one person in five of the total population of 120 million in the Sahel and was the highest number ever recorded. The agencies yesterday had presented their humanitarian overview of the region covering humanitarian needs in Mali, Niger, Burkina Faso, north-east Nigeria, Chad and northern Cameroon. The multi-layered crisis was triggered by a deterioration in security that had led to displacement within countries and across borders, rising hunger, inequality, and the direct and indirect consequences of the COVID-19 pandemic, including a reported rise in gender-based violence. There were 4.5 million internally displaced people and refugees in the region; 12 million people who were food insecure at crisis and emergency levels; and 1.6 million severely malnourished children in the Sahel. Agency programmes for this year aimed to reach 17 million people and require US$2.8 billion. Only 18 per cent of this had been received so far.

The Overview of Humanitarian Needs and requirements for the Sahel Crisis is available here.

COVID-19: World Health Assembly and other COVID-19 related matters

Fadela Chaib, for the World Health Organization (WHO) said that, this year, due to measures to prevent COVID-19 transmission, the 73rd session of the World Health Assembly would be held as a virtual meeting for the first time ever. The agenda had been limited to two days, starting on Monday 18 May at noon and concluding later than Tuesday 19 May. The Assembly would be webcast live.

Responding to questions on Taiwan, Ms. Chaib recalled that the World Health Assembly was a meeting of Member States, and that WHO acted as the secretariat for the Assembly. Member States could decide which matters they wished to discuss, bearing in mind that the world was facing a global pandemic.

Responding to a question on ultra-violet light, Margaret Harris, for the World Health Organization (WHO) said what exactly killed the virus had yet to determined. Ultra-violet light could cause damage to skin and other problems. The WHO did not, therefore, recommend the use of ultra-violet light to treat COVID-19.

On the impact of air pollution on people’s ability to recover from COVID-19, Ms. Harris said that a causal link could only be scientifically established after long-term studies were conducted. It was clear, however, that people with lung diseases were more vulnerable to COVID-19.

On the expulsion of four WHO officials from Burundi, Ms. Chaib said WHO was committed to working with Burundi and supporting the response to the COVID-19 pandemic. WHO had been in communication with the government of Burundi to clarify and understand this decision.

On vaccines, Ms. Chaib said that on 24 April, WHO, together with global health actors, private sector partners and other stakeholders had launched the Access To COVID-19 Tools (ACT) Accelerator, a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. The issue was not only to accelerate the development and availability of new COVID-19 tools, it was also to accelerate equitable global access to safe, quality, effective, and affordable COVID-19 diagnostics, therapeutics and vaccines, and thus to ensure that in the fight against COVID-19, no one was left behind. On 4 May, during the European Union’s international pledging conference, some €7.4 billion had been pledged for research and development for vaccines, diagnostics and therapeutics, in a powerful and inspiring demonstration of global solidarity.

Announcement: World Telecommunication and Information Society Day

Monika Genher, for the International Telecommunications Union (ITU), said the theme of this year’s World Telecommunication and Information Society Day, which would be held on 17 May, was Connect 2030: ICTs for the Sustainable Development Goals (SDGs)
ITU would hold a high-level virtual event on 18 May on the role of information and communication technologies to deliver the SDGs and at the same time address COVID-19. To connect all to a better world, ITU and its 1000+ members had a common strategy – the Connect 2030 Agenda.