

Center for Strategic and International Studies

Online Event

“Humanitarian Operations During COVID-19: A Conversation with Kelly T. Clements and Steven Corliss of the UN High Commissioner for Refugees (UNHCR)”

Featuring:

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Jacob Kurtzer: My name is Jacob Kurtzer. I'm Interim Director of the Humanitarian Agenda. On behalf of the Center for Strategic and International Studies in Washington, I welcome everyone joining us online. Today's event is part of a series that discusses the impact of COVID-19 on humanitarian action, drawing on insights from across the humanitarian spectrum about the challenges that the organizations are facing. We're grateful today to be joined by Kelly Clements, UNHCR's deputy high commissioner for refugees, and Steven Corliss, UNHCR's representative in Bangladesh.

I'll begin today with a short introduction and then turn over to the deputy high commissioner for her remarks. Following that, we'll hear from Mr. Corliss about the situation in Bangladesh. And then we'll have reflections from my colleague, the director – Erol Yayboke from the CSIS Project on Prosperity and Development. Following that, we'll have a Q&A. As a reminder, you can submit questions at any time and this event will be posted in its entirety on our website shortly after its conclusion.

Today and across many conflict zones, COVID-19 has led to many shifts that have threatened to undermine the distribution of humanitarian assistance to displaced communities. Much has been written about the disproportionate impact COVID-19 has on these vulnerable populations. Despite these challenges, UNHCR has continued to remain engaged, working to ensure the needs of refugees remain a policy priority for state actors.

I'd like to turn to you first, Deputy Commissioner Kelly Clements. How is UNHCR responding to the evolving humanitarian situation in the time of the COVID-19 pandemic? Kelly, over to you.

Kelly T. Clements: Thank you very much, Jake. And thanks to CSIS for hosting us today to talk about really a very important topic, as we know. And you've had several in this series which I think has really brought home a few very direct points in terms of what the impact on the coronavirus has meant to humanitarian operations, to the people we're trying to serve around the world. And it is indeed one of the most dangerous challenges that the world has faced in our lifetime. It's a human crisis. It's a health crisis. It's a socioeconomic crisis. As a humanitarian organization, as one that is part of a broader system, from the very beginning, Jake, we have been in a position of wanting to stay and deliver.

Our colleagues, our 17,000 colleagues around the world with 1,000 partners, are strongly committed to a duty to serve. So we have been, from the very beginning, in a position of being able to prepare and to respond to COVID-19, to be able to protect and aid, obviously, millions of people around the world, well over 70 million forcibly displaced people who depend on us and many other partners. We are in a position of where we have, from the very beginning in this particular crisis, advocated strongly for inclusion. You know, we've heard often that the virus knows no boundaries, that the strongest is the weak one amongst us, that we need to be advocating for refugees, for internally displaced, for others to be within national health systems. And

nothing has made this point more importantly in terms of a health emergency than the coronavirus.

At the same time – and I know a couple of weeks ago when you welcomed President Maurer to the program he talked about the normal humanitarian needs that remain and, in fact, increase during this extraordinary time. Wars and conflict continue. Displacement continues. Just in the last month to six weeks we have seen 30 percent increase in the number of internally displaced people in Burkina Faso, for example. And in the Sahel at large, the situation remains very fragile. In Mozambique an additional 200,000 people were displaced in the country, added to those that have already been facing natural disasters. What we have been advocating very strongly, Jake, in these preparations and now our response to the coronavirus is that we continue very strong support to those humanitarian operations on behalf of the millions who depend on us. And this has been a huge concern.

Now in terms of the health impact on the people of concern, so far it has been relatively limited. But we also know that there is significant underreporting. And I know Steve will talk about that in just a moment with regard to Bangladesh. But we also know that the other impacts are massive. The economic – socioeconomic impacts in terms of people not being able to support themselves, livelihoods that have been lost, in addition to the health impact are quite substantial. We're talking about fragile systems. In many cases we and other frontline responders are supporting governments to provide the health care both for their own citizens, but also for the displaced around them and in the host communities. There are about 57 operations worldwide where UNHCR and its partners are actually supplementing or providing the health care in very remote locations.

The program response that we have taken, Jake, to this crisis has a multipronged approach. First, of course, public health, water, sanitation. Second, importantly because we are a protection agency, protection aspects to make sure that we are monitoring what's happening both in these field operations but also globally with regard to policies put into place by governments. Education remains critically important. As I mentioned, the socioeconomic impacts with regard to people's inability to provide for themselves and their families. So cash-based interventions has increasingly become an important part of our response.

Shelter, of course. Now, we think often of refugees being in remote camp locations, or settlement locations. And in some contexts they indeed are. And Steve will talk to you a little bit more about Bangladesh, where we have the world's largest refugee camp. But 60 percent of refugees are actually in urban environments, living with host communities. And it means that the inclusion agenda is all the more important. So what have we done? Social distancing's become very difficult. We prepositioned, obviously, PPEs, medical supplies, hygiene. We've encouraged, obviously, hand washing, hygiene promotion, and the like. And to the extent possible we've put together with government and others emergency isolation, quarantine, and treatment.

But really what we're seeing is that this has become an emergency on top of an emergency. The impacts on women, for example, the risks of increased gender-based violence are great. We knew even before this coronavirus that one in three suffer from gender-based violence. And the risks of that is increasing. The impact on children with regard to the large number that are now out of school or not able to access any kind of education. Ramping up cash has been critically important for rent, food, and other basics. Protection, of course, is paramount. And in this regard, this becomes critically important when we're talking about access and asylum, which are crucial. What we've seen is that in 161 countries there have been some restrictions to borders or movement. And in 22 out of 195 countries there have been reports of refoulement, or people being sent back without being able to make a case. We know that a health response and a human right in term of seeking asylum can coexist. And this is something that we're promoting strongly.

In terms of the risks versus opportunities, we know that there are many that are stepping up to respond to this crisis, including the international financial institutions, the World Bank, and others. And this is critically important. There will be long-term impacts. We know about that. We're trying very hard not to see some of the restrictions baked in. And we're looking, very importantly, at continuing to make people at the center of our response, leaning heavily on local actors. And I'd like to turn to Steve, who can give you some very concrete examples of this. Thanks.

Steven Corliss:

Thanks very much, Kelly. And thanks to Jake, and to CSIS for hosting us.

Let me start with really the big picture. When we think about Bangladesh, we tend to think about the Rohingya. But the COVID-19 pandemic is hitting very hard in Bangladesh. And it's hitting hard now. While we see Europe and other places coming a little bit out of the darkest period of the pandemic, we're entering that period now. So the health system in the country is under tremendous strain, but I think the socioeconomic impacts are going to be bigger and longer term. The ready-made garment industry's responsible for over 80 percent of Bangladesh's export earnings. A lot of contracts have been lost. A lot of employment has been lost.

Five percent of the GDP comes from remittances. And Bangladeshis abroad are finding themselves out of work and unable to return. And if they come home, they come home to a very uncertain future. And like many other lesser-developed countries – and I must say that Bangladesh was at the threshold of graduating from LDC status – day-laborers, people who what they earn today they eat tonight and if they don't work tomorrow, they don't eat. This is really hitting hard for the poorest Bangladeshis.

But before COVID, this operation was really quite challenging anyway. As Kelly was saying, we had 860,000 people living in a single complex of camps. And this is the largest by far concentration of refugees anywhere in the world. This resulted from an influx in 2017 of 740,000 people who came into the country within three months. And they entered a forest reserve. It was a set of unstable hillsides in a forest reserve. And within a relatively short period of

time, it was transformed into a city. I arrived here fifteen months after the first influx. And I found a stable, well-run – still an emergency, but a stable, well-run operation. And in the 33 years that I've been with UNHCR I've never seen anything like it in terms of its vastness.

So – sorry, I lost track of my thing. Yeah. So the thing to understand, I think, about the camp is that we have protection issues. We've continued to have protection issues in the camp. But the atmosphere in the camp was calm. There was a positive feeling in the camp. People always remarked on the fact that people were smiling. Why would that be? Because the Rohingya in the camp were experiencing a level of relative freedom that they had never experienced at home. They're able to associate. They're able to move freely within the camp. And that really, I think, created a sense of relative tranquility in a very difficult situation.

It's a huge operation. We have nine U.N. agencies that are operational in the field. We have over 120 nongovernmental organizations. Tens of thousands of workers. So it's really a team effort. Before the COVID-19 pandemic began more than 20,000 people had active passes that they could use to enter the camp during the day for operational purposes. It's the largest single field location, I believe, for UNHCR anywhere in the world. We have 400 people in a single sub-office. So we entered the pandemic with a stable camp, and a well-run, well-supported – I must say, you know, 70 percent of our joint response plan was funded the last two years – and I think well-coordinated.

So then we come to the pandemic and what were the two real goals that we wanted to achieve? One was to limit the spread of the virus into the camp. And the other one was to prepare for the day that the virus actually arrived. The mitigation measure we chose, together with the government, was to limit the contact between people outside the camp and people inside the camp. So it reduced our operations to critical activities only. And this meant a reduction of 80 percent – still a large number in absolute terms; 5,000 people still have access to the camp. Not every day, some once a week. But before the pandemic it was over 20,000, as I said. So what are critical activities? It's health care and nutrition most of all. Water, sanitation and hygiene, and food security. The things that you need to allow people to shelter in place and them to be treated. But I want to add one more to that, and that's communicating with the communities.

So what does this COVID-19 response look like in Bangladesh? The first thing I want to say – there are a couple of principles. Refugees and the host community are treated alike. The virus doesn't respect your status or the border of the camp, so we really have to an integrated response to what we're doing. And I'll speak a bit about that in a moment. The second part is really refugees at the center. And I know that sounds like jargon or rhetoric, but what I saw here in Bangladesh when I came was something really remarkable, that tens of thousands of refugees are working as volunteers, with a small stipend, host community members also working as volunteers. And they're the backbone of the response. There are community outreach members who go out and look for the vulnerable. They pass messages to the community.

Community health workers which are passing messages – who are passing messages on COVID-19. In effect, they're the – they're the first responders of the response.

So this was something that we thought about from the very beginning as a medium-term sustainability strategy, that refugees would become more important as the funding decreased, which it always does, and partners left the scene. We've had to rely on it much more and much earlier than we expected with this 80 percent reduction in the humanitarian workers in the camp. So while I want to say that there are protection issues, in some ways they become more dire in the camp because of the COVID-19 pandemic. The refugees are really at the center of everything we're doing. When I talk about protection issues I'm talking about sexual and gender-based violence, particularly domestic violence which is a global phenomenon that the pandemic has brought that, but also other forms of violence in the camp that we do try to combat.

The key elements of the response, I think the first thing to say is that information is the first line of response. When you're in a crowded setting like this camp, which has perhaps double the population density of Manhattan, social distancing is obviously a challenge. Health care is going to be limited, and I'm going to say a couple words about that. So what's really most important is telling people how they can protect themselves, what are the hygiene practices they can adopt, wearing masks, social distancing, and knowing the symptoms of COVID-19. And through this network of volunteers we cascade messages to the community. But I want to say, it's not easy. You read a lot in the media about the fears people have, fears of approaching health facilities. What will happen to them if they're diagnosed as COVID-19 positive? And indeed, some of them fear that they could be mistreated if they – if they do come forward and are found to be positive.

But let me just say a couple things about the physical response. One, reinforcing health care. And we have actually started the construction of dedicated health care facilities for COVID-19 treatment – isolation and treatment. UNHCR opened the first about two weeks ago. And these are actually hospitals. So from a vacant patch of earth, in five weeks we've created small hospitals for COVID-19 treatment. It will never be at the level we need. Our target is to have 1,100 beds for the refugees in the host community. Johns Hopkins University's done some modeling for us. And at the low-end scenario we would need 5,000 beds on peak day. On the high-end scenario we would need 16,000 beds. So we're operating with a middle-ground scenario which we think is credible, that we may need 10,000 hospital beds at peak, and we're going to be lucky if we have 1,000 or 1/10th.

Of course, WASH, as Kelly has said, water, sanitation, hygiene, is an important part of that. We've constructed nearly 10,000 handwashing points across the camp and also have disinfected on a regular basis about 45,000 wash facilities. And this is, of course, an ongoing process. So those are the broad dimensions of the operation on the ground and some of the challenges that we're facing. Thank you.

Jacob Kurtzer: Thank you to both Kelly and Steve for that synopsis. I'd like to turn now to my colleague, Erol Yayboke, deputy director and senior fellow at CSIS's Project on Prosperity and Development to begin our Q&A. Erol, over to you.

Erol Yayboke: Thanks, Jake. And thanks to Steve and to Kelly. Really, really interesting stuff.

I've been thinking about the longer-term impacts of COVID on human mobility broadly. And I've written a couple of things about this. And so I wanted to just throw a couple things on the table and then follow up, first to Kelly and then to Steve, with a couple of questions. I worry that the COVID-19 pandemic is going to, just generally speaking, increase inequality between countries, within countries. This is, obviously, something that affects refugees and IDPs greatly because they tend to be some of the most marginalized folks within society already. And now you've got further exacerbation of that marginalization.

I'm also worried that whatever little mobility was allowed for refugees, for asylum seekers before is going to be even less now. Sort or recipient countries are going to be less willing to accept. There's going to be fears, both out of health and other types of concerns. There might be rising xenophobia, et cetera. Think of it as a faucet is easier to turn off than it is to turn back on, in some cases.

You both have talked about it a bit, but the inability to move generally speaking to get out of harm's way is something that particularly worried about that. I want to ask you both about IDPs. Steve, I know in your previous life you had a role on IDPs. And, Kelly, I'd love to hear about sort of special considerations. But I'm guessing that one of the longer-term impacts is an increase in IDPs both in terms of number and severity of their situation. So I've got more that I want to say, but the audience is not here to listen to me. But I thought I would just throw a couple things there.

So, Kelly, you mentioned that there would be long-term impacts and you didn't really expand on that. So whether it's the ones that I mentioned or some others, what do you see as some of the longer-term impacts of COVID-19?

Kelly T. Clements: Well, thank you very much, Erol. There are a couple of ways to address this. And I think both of your points that you've made, the rising inequality in this particular situation. I mean, we look at the context in which you're calling us from currently today in terms of discrimination, inequality, and so on. Let's multiply that really across the globe, because what we've seen is COVID-19 has brought to the fore, I think, in all kinds of ways that we have major challenges across the globe when it comes to people who do not have the same rights, they don't have the same access to resources. And when you're in a situation, which is what we've seen now, where you've got some statistics where you could see 1.6 billion people, half the global workforce, without livelihoods. You could see hunger and famine of historic proportions. And we've seen the World Food Program – I know you'll have David Beasley on next week; he can talk about this – 265 million people that are lacking some

kind of food security. You put this on top of displacement, and it really exacerbates, as you said, the most marginalized margin. And this is something, of course, we're deeply concerned about.

I did not talk about the resources that we are seeking as part of the global humanitarian response plan. But the latest appeal is about 745 million for our agencies and partners. About 40 percent of that is for cash-based interventions. It's trying to – this is not a long-term solution – but it's trying to at least have a short, stop-gap measure where people can have some resources to be able to support their families and not be forced to move again to survive. They've already faced one flight, or two, or three with regard to war and conflict. This kind of inequality and impact of what we're seeing now shouldn't be yet another reason to move.

The other aspect that, of course, you're talking about in terms of mobility and long-term potential, I did allude to this, of course, when I talked about protection asylum restrictions that we have seen in some countries. And this is something that, obviously, we're tracking across the board with regard to a little bit over 160 countries that have put some kind of restrictions in place. And obviously we would advocate that those be as temporary as possible, certainly not as, as we would say, be baked into a long-term approach. And that it is possible to protect one's health, the health of a host population where a refugee or an internally displaced person might find oneself, be able to protect the health of that community at the same time that you're protecting that person's human rights. So clearly this would be something that would be extraordinarily important.

Indeed, you're about to talk to the master, Steve, on internal displacements. He helped us before his current assignment place a real spotlight on our stepped-up approach when it comes to internal displacement. But this is something that the agency across the board has looked at. We've looked at countries and contexts where, as I mention at the top, we've seen increased internal displacement. The impact, of course, of COVID-19 on top of that displacement exacerbates. But some of the same kinds of inclusion, policy approaches, the national health systems that need to take refugees and IDPs into account at the local level, at the national level. That does, of course, apply to internal displacement, some of the protection issues that we're looking at, again, globally, looking at it in the context of some of those particularly fragile countries, but working closely with governments to try to design approaches that are humane, good for public health, but also good for protection. Thank you.

Erol Yayboke: I'm glad you mentioned the funding. I mean, that's your appeal. HCR has not always been fully funded in appeals. And so can you give us a sense of how that's going or how – yeah, how's that going?

Kelly T. Clements: Well, you may know, Erol, that there have been several articulations to the international community of requirements that the humanitarian partners need in this response. And there was a pretty substantial increase of that appeal that was launched just a few weeks ago. The first appeal that we put out, about 255 million (dollars) actually, was almost fully subscribed, and

very, very quickly. That allowed us to preposition orders, for example, for PPE, for medical supplies, hygiene, soap, and other things that our operations and our colleagues, the personnel of the organizations that are working on the frontlines, what they need.

And that certainly was very helpful. We also used a component of that for this really quick impact support through cash-based interventions. But we see the need for that to significantly increase. So the 745 million (dollars) that is part of that \$6-plus billion request to the international community has not seen as much of a response as we would hope. We're somewhere in the neighborhood of about 23-24 percent overall. That leaves obviously a large number of needs unmet. And obviously we can get the resources out quite quickly. And that's something that the earlier we get the resources in this particular crisis, the better able we'll be able to respond with partners.

Erol Yayboke: Excellent. Thanks, Kelly.

Steve, would love to bring you in on this IDP question. I also – I was in Bangladesh in early 2018. And actually the reason for my trip originally to go out there was actually to look at climate change-related displacement within Bangladesh. And I happened to be there in January 2018, I believe it was, which was about when almost a million Rohingya came. And so the focus of my trip shifted. But that climate-related part of the Bangladesh story I'm guessing remains. You've got a beautiful view of Dhaka behind you and it seems a little bit clearer, maybe, the air there. But climate change is still going to be a big problem there. So if you could comment Bangladesh-related on the IDP thing, put on your previous hat, add to anything Kelly said there, and then give us just a quick soliloquy on the climate stuff, that'd be great.

Steven Corliss: Sure. I mean, and my focus at UNHCR, of course, was more on conflict-related displacement, which we don't really expect to be a feature of Bangladesh. But to say that COVID-19 and all of the socioeconomic fallout from that is a tremendous stressor. So it's very – are you catching me? Yeah. It's a great stressor. So this is going to cause more internal displacement globally. And yet, at the same time, countries are becoming more inward-looking. And so as Kelly mentioned, I think it's 96 countries that have complete barriers to the admission of anybody for asylum. And the government of Bangladesh has also made clear that the ship is full in Bangladesh, and that more Rohingya are not really welcome in the country at this time.

On climate change, Bangladesh – the foreign minister always says: We have two resources in this country, water and people. And it is a country with a lot of people, and also a lot of water. If this was the daytime photo you would see it's a very – there's a lake outside that is susceptible to flooding. And Bangladesh does expect over the next 50 years a significant amount of internal displacement caused by coastal erosion and disasters along the coastline. So this is going to be a feature of life and may be more difficult to manage now in an environment where the socioeconomic impacts are landing. And maybe that's where I could turn to next.

As I said at the beginning, when we talked about Bangladesh for the last couple of years, rarely did we talk about any – on the humanitarian side – anything except the Rohingya. But now it's really landing in a very serious way. And in the Cox's Bazaar district, we would have the program for the Rohingya and also for the host communities. I think it was more than symbolic. It was more than a sideshow. This is a country which has received the maximum allocation from the World Bank's special sub-window for refugees and host communities. Nonetheless, it was small in relation to the refugee response. And I think what we're going to see, with the return of expatriate workers, with the return of the garment workers to the community, tremendous pressure on the very poor local community. And that's going to have to be addressed or we're going to lose protection space for the Rohingya in this country. So this is, I think, an important point – important point to make.

Maybe one other thing, just to give a concrete and positive example of what Kelly was saying about putting the COVID-19 response and protection together. Bangladesh did allow the rescue and safe disembarkation of nearly 400 Rohingya refugees about six weeks ago. We brought them into the camp, at the government's request. We quarantined them safely because they wanted to be sure that they weren't infected with COVID-19. Then they were brought back into the – into the camp, and now they're settled back with their families. So that showed how a government and the U.N. can work together to solve protection issues in a protection-sensitive way.

The border issue is very challenging, because Bangladesh is quite concerned about the conflict that's ongoing in northern Rakhine state, and what the implications of that – could be for that for the remaining Rohingya population, even though the conflict in northern Rakhine is not principally between the Rohingya and the government forces, but rather between the Rakhine Buddhists and the government forces.

Erol Yayboke: You mentioned the camps, Steven. And we have a couple of audience questions now that I'd like to turn to.

Jack is asking: Given the density of the density of the camps in Cox's Bazaar what methods is UNHCR using to administer testing? And sort of are there best practices that can be taken and used by other humanitarian organizations?

Steven Corliss: Yeah. Testing has been a real challenge. You know, we were initially testing according to WHO protocols that you test if there's a suspect death, if someone has a severe, acute respiratory infection, or if they're a direct contact of somebody who is a confirmed positive case and they're symptomatic. More recently we started testing people who presented other lesser symptoms and weren't suspected of COVID. That's when the first positive cases came up. But the government was very concerned about those people being returned to their houses, and rather wanted them to be isolated. When people knew they would be isolated, they stopped coming forward for testing. And as I mentioned earlier, they have fears sort of up to and including I'll be killed if

I'm found to be COVID-positive.

So right now we have a dilemma, in that the testing rates within the camp have dropped rather precipitously. And I won't say we're flying blind, but we have to make some very important readjustments now. I think it was a good practice, the sentinel surveillance testing that was going on, because it was starting to give us a better picture of the prevalence of COVID in the camp. But right now we're at 30 confirmed cases. And I can say with a certainty that there are far, far more cases of COVID in the camps, but we're not actually able to detect them.

Erol Yayboke: So a best practice there is be very, very careful about messaging on the frontend. You know, because unintended – it sounds great to isolate someone, but the unintended consequences of doing so could be catastrophic.

Steven Corliss: Now, people who are confirmed positive do need to be isolated. And we have created isolation centers for that purpose. And we're starting to move people into them. We do have people in isolation today. But when the numbers start to grow, the effort will have to be home-based care. There simply is no alternative because the numbers are going to be too high. So both for people who will be in home-based care and also for the vulnerable population, the elderly – and we have about 4 percent of people over 60. I didn't know that was elderly because I happen to be 60 myself. But we're saying over 60, they should be staying home, and we should be providing them with care at home. And that's a mechanism that we're working on quite strongly. We did explore a creative approach to shielding the elderly, but we found that that was not going to be operationally feasible for the context of the camps in Cox's Bazaar.

Erol Yayboke: Two quick things. One, would love to unpack that maybe in a future event. And, two, you're a young 60, Steve. You're a young 60.

So, Kelly, we have another question from Sindar (ph), who's asking: When a vaccine is developed for COVID – he uses "when," I'm acknowledging that the "when" is maybe when and if. But hopefully – let's be positive. When a vaccine is developed for COVID, are there plans in how distribution will be managed by the international community, and especially for those in vulnerable environments?

Kelly T. Clements Thanks, Erol. I wonder if I can pick up just one little bit of good news that has reached me as we've been online with you on the last question, because you asked about funding and prospects. And obviously there is much more needed. And I should have also added, of course, the U.S. with 64 million (dollars) has been our largest supporter of that appeal. But the good news that I received while online with you is that if you compare private sector, individual and business, giving to our organization, we are nearly 30 million (dollars) above this same time last year. And some of it is, of course, other emergencies we're actively fundraising across the globe, but there is an outpouring of support related to the coronavirus, and trying to assist refugees, and the impacted host communities, and internally displaced, which we deeply appreciate. We joined with WHO and UNICEF and the World Food

Program just recently the Solidarity Fund, which is a way that, again, private business has been able to join the effort. And there have been some particularly important partnerships, I think, with Unilever, for example, and Sony, UPS in terms of being able to support some of the deliveries, including to Steve's operation, which has been extraordinarily important.

I want to raise – on the issues of vaccine – and obviously, we're not a vaccine agency, but we're following, as everybody else around the globe, these issues very closely. This is probably an emergency of such a historic proportions, as we talked about, but the collaboration, the cooperation that there has been within the system – U.N., private sector, NGO partnerships, governments and so on – in terms of both what we need to prepare, but then when, for example, we have big issues, like supply chain breaks and the like, where we see really a coming together, including, you know, priorities across the globe, become quite important.

So in terms of planning, obviously, we're taking a strong queue on this from the secretary-general and WHO. But I would expect, given, for example, you saw last week the secretary-general focused his policy brief on people on the move. There's been a very strong focus on forcibly displaced. That this would be something that in terms of making sure that the most marginalized are also included in some of the plans, and their inclusion in national health systems remains critically important. And here I would like to make the link, of course, to the World Bank and some of its support, including the \$1 billion in grants that it will make available, including on health system reinforcements and the like, that will also help on a series of issues, including socioeconomic impact and the like, but also global issues related to vaccines and so on.

Erol Yayboke: Excellent. Thanks, I was just going to – I was – Jake, real quick, I was going to wonder if the good news was, you know, causal or correlated to what we're doing here. (Laughter.) But also it's probably more due to the fact – I had the privilege of being at the Global Refugee Forum in December. And it was – such a core focus was kind of engaging and meeting the private sector where they are and partnering with them. So I agree that that is really good news.

But, Jake, back over to you.

Jacob Kurtzer: Thanks. I wanted to pick up, Kelly, on some of the last points you made. You talked about this cooperation within the system. You know, you mentioned the secretary-general. And, you know, the secretary-general put out this call for a ceasefire – a global ceasefire. And, you know, your former high commissioner once said: There are no humanitarian solutions, you know, to meet political solutions. And we've seen just international gridlock around some of the more political issues. And I wonder how that political gridlock impacts an organization like yours. How does that affect your ability to stay and deliver, to respond? And maybe thinking more positively, how has the pandemic led to opportunities for greater cooperation at various different levels

Kelly T. Clements: OK, very – (laughs) – very different questions there.

Indeed, the secretary-general has called for a global ceasefire. We're strongly supportive of that. That will make our jobs infinitely easier. As you head from President Maurer and certainly from our colleagues in multiple locations, you know, we have – we have over half in operations in some of the toughest places to work on Earth. And so strongly support, for example, what we've seen recently in Libya, or in Yemen, or in parts of Syria. This makes it difficult for us to reach people. It makes it difficult to move. It makes it difficult to preposition supplies. It makes it difficult for us to be able to aid those that may be infected. And across the board, it's not good, clearly, for the people affected, or for the countries or communities in which they are living. So this is something that from a peace and security angle, fundamentally important. And as I mentioned, this is – wars and conflicts have not decreased with the coronavirus' spread. And we've seen increased displacement in some key areas around the world.

Now, on opportunities, however, and here is where we see – and, Erol, thanks for the plug on the Global Compact on Refugees and the Global Refugee Forum in December – there really was a joining together of the international community. And we have not seen that kind of private sector engagement and support in previous efforts. But it's – we see it now amplifying in terms of the response and the preparation to this crisis. And we see that as a long-term benefit.

But the inclusion, self-reliance, the need for people to be able to get back up on their feet quickly, to be able to work and provide for their families, the education agenda which has been so critically important to ensure that refugees, internally displaced children and so on, have some access to education and the like. All of this connects to a narrative that we really don't see any of this disconnected in terms of the opportunity to ensure that you have both the displaced, as well as host communities supported, really is fundamental, I think, in terms of seeing some of the inequality that we talked about earlier in the program even out. And that's going to be fundamental to the future of this – of this world.

Jacob Kurtzer:

So we're starting to run short on time, so I wanted to ask you: You know, in 2016 the international community got together and talked about the future of humanitarian action. And there were a lot of, you know, buckets of things that the international humanitarian system was supposed to move forward towards. Localization of humanitarian response, public-private partnerships, private sector engagement. And I think we're seeing a lot of that now by necessity, the inability or the reduction in staffing by international organizations has necessitated handing over a lot of functional and management responsibilities to either local staff or local partners.

We're seeing that because the pandemic knows no boundaries and it's an easier – to me, it seems an easier thing to support than in a conflict environment you have private sector giving increasing. You have a more aggressive stance by the international financial institutions. My question is, do you see this as something that will stick? And what are you – what steps

can we take now to make it stick, right? Is this by necessity and then, you know, when things hopefully go back to normal, we revert back to old practices? What steps can we take now, both from your perspective as a, you know, at UNHCR, but from our perspective, you know, as a platform to promote good practice. What do you think we should be thinking about? What steps should be taken now to ensure that these kinds of things stick, and they're not, you know, temporal for a crisis, but actually really the way forward?

Kelly T. Clements: Thanks, Jake. You know, you mentioned something that was contained actually in the grand bargain that was agreed to back in 2016. And that remains a pivotal piece of work for all of us. And the localization agenda was one. I mentioned at the top, we have over 1,000 local and international partners. But primarily local. And they have been on the frontline of this response from the very beginning in terms of preparation, in terms of response. And you got a good, I think, flavor of that from Steve in terms of his remarks.

There is much, I think, that will – there's no way that it can become unglued once we are beyond the current phase of this pandemic because I think, if anything, it has brought home how important those first line responders are, how important it is that – for example, we are often asked the question: How have you been able to stay and deliver? We have over 70 percent of our team members are national colleagues who have remained with their families in areas and continued to deliver, even if we have not been able to have the engagement and access that we have wanted for temporary – for short periods of time.

In the same situation with regard to partnerships, when we talk about communicating with the people that we're serving, it is the partnerships that we've had with local responders engaged in all aspects, health and beyond, that has allowed this kind of communication to take place. Some of the promotion that we've talked about earlier. So in terms of the localization agenda, some of what we need to be looking at is how do we root this both in terms of policy, but also in terms of our response and engagements. And I know there's been an active discussion about the appeal that is out there.

How can we get resources more quickly to the people that are on the frontline of this response? And that's something we are keenly dedicated towards, trying to make some of our own regulations, procedures much more nimble and streamlined, particularly for those that may not have as sophisticated in terms of their own procedures, to make sure that they've got what they need to be able to respond. So I think we're going to see fundamental changes to the system, and this is another in terms of long-term impact. We are due to have a conversation soon about the future of aid. What does it look like? Who's involved? And how do we change what we have currently in place?

Jacob Kurtzer: Thanks. I want to turn to you, Steve, before we finish and see either – you know, you've now listened to some of these last questions. If you have anything you want to add to that or particularly about, I mean, the localization

and the response of UNHCR and Bangladesh, I'd appreciate some final thoughts. You're on mute. Can you make sure to –

Steven Corliss:

Yeah. What I mentioned a while ago, the most local level for any response is the level of the refugees. And I think we've done quite a lot to put them at the center of the response. They want to be heard more. They want to be more involved in management. They're the arms, but I think they'd like – and they're the eyes – but I think they'd like to be the brains of the operation. We have to work on that. We have as a team a localization roadmap that we're developing with support from Brock University. And I think this experience will be a driver for making that move forward more concretely on the ground.

A couple of other things just to mention in closing, and that's an appreciation for the government of Bangladesh for including the Rohingya refugees in the national plan of action for response to COVID-19. And then we of course have a separate plan that we're implementing on the ground, but it's fully aligned with what the government is doing. So this is a good partnership.

But I think the final thing I wanted to mention was the team that works on the ground. And the way I put it is, they work without nets. As we are now heading into the worst period of the COVID-19 pandemic on the ground. We have thousands of frontline workers who are going into the camp. There isn't a health care response for them. The international staff have an eight-week R&R cycle. So they're supposed to go out every eight weeks. Most of them have been here four to six months. National staff are facing a lot of risks when they go home to their families, the risk of bringing the virus into the home.

We're working to build a treatment facility for our humanitarian workers, for 6,500 humanitarian workers, to make sure that there is something – just something there for them to receive treatment. But we've had to go even further because that's maybe two months away. We've even created a small ICU in the containerized part of the UNHCR offices in Cox's Bazar. So just to give a sense of what our colleagues are up to and what they're facing every day to stay and deliver. And I just wanted to recognize that before we conclude our session today.

Jacob Kurtzer:

Yeah, thanks for that, Steve. I appreciate it. It gives a little bit of an insight for those of us, you know, watching online, who aren't there, what the kind of decisions you all have to make when you're out there and in that kind of operation.

So on behalf of the Humanitarian Agenda, on behalf of Erol and the PPD program at CSIS, thank you very much, Steve, thank you, Kelly, for joining us today. And to our viewers online, this will be posted in its entirety at its conclusion. Thank you very much for joining us. Have a great day.

