

Center for Strategic and International Studies

Online Event

“Humanitarian Operations During COVID-19: A Conversation with António Vitorino of the International Organization for Migration”

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FEATURING:

António Vitorino,

Director General,

International Organization for Migration

CSIS EXPERT:

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Transcript By

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Erol Yayboke: Hello, everyone, and welcome to the Center for Strategic and International Studies. We are doing an event today on “Humanitarian Operations During COVID.” We are really honored to have director general of the International Organization for Migration, the U.N.’s migration agency, António Vitorino, with us today. This is part of a series of conversations that CSIS is having as part of its humanitarian agenda, which is currently led by my friend and colleague Jake Kurtzer. It’s the brainchild of Kimberly Flowers, who we are honored to have back with us today helping moderate.

I’m Erol Yayboke. I’m a senior fellow and the deputy director of the Project on Prosperity and Development at CSIS, and I’ve done a little bit of thinking about migration and the impact of COVID specifically – (inaudible, technical difficulties) – to you.

But as I think about the impact of COVID, I think about the fact that essentially global human mobility has all but ceased. So people have stopped moving, and they will have difficulty restarting even though demand to do so will be really high is the first point.

The second point is that this – (inaudible, technical difficulties) – the pandemic will have a significant impact on global inequality, I think, because low-skilled and low-income migrants are disproportionately negatively affected. And by the way, those same – (inaudible, technical difficulties) – send remittances to – (inaudible, technical difficulties) – countries, oftentimes to humanitarian contexts as well, providing a really critical lifeline to those places.

And lastly, I think forced migrants themselves are unable to move. So this is IDPs, refugees, asylum seekers, those affected by climate change, et cetera. I think vulnerable people that are in humanitarian scenarios are going to be stuck there, and that’s problematic for a whole host of reasons.

So, Director General, we are really honored to have you. António Vitorino took over the IOM in 2018 and is just a leader in his field. So, Director General, really honored to have you. Can you tell us a little bit, just to kick it off, about is this – is this COVID-19, the pandemic, is this just another thing that IOM is doing as part of an incredible suite of things that IOM does, or is this really transformational to your whole business model, thinking about humanitarian operations?

António Vitorino: Sorry. Are you with me now?

Erol Yayboke: Yes.

António Vitorino: OK. Good morning and thank you for the invitation.

I was saying that it is both some of the things that we are used to do and it’s rather transformational. In the 150 countries in which we are present, I can tell you about my worst nightmare and about my greatest concern.

My worst nightmare are camps and camp-like settings of refugees and IDPs. Until now we have been able to contain the spread of the disease in Greece or in Cox's Bazar, but in fact we all know that camps are the most vulnerable positions for the spread of the virus and I'm afraid the worst is still to come.

My greatest concern is to guarantee that all migrants, irrespective of their legal status, have access to universal health care. And in the current situation it is extremely difficult to guarantee that migrants, especially those who live in very poor conditions in urban slums and that are quite away far from the main health-care centers, can have access to health care.

But of course, on the other side there are transformational things.

First, the reality and new reality of what we call stranded migrants – migrants that were on the move in their migratory trajectory or going back home, returning home because of the pandemic, and that have been stranded in borders due to the closure of the borders, due to the travel restrictions, due to the lockdown. And this is happening in East Asia. It is happening in Africa. It's happening in Latin America.

The second concern I have is about the socioeconomic impact of the pandemics and the response of the pandemics to the situation of migrants everywhere. In countries of destination, because they are the first ones to lose the job, they are the first ones to be in very poor living conditions without access to social safety nets.

And the side impact of this situation is the drop of remittances they send back home. The World Bank foresees a drop of 20 percent of the remittances this year, and that will also aggravate definitely the socioeconomic situation in the countries of origin.

And it is transformational, also, because due to the fact that the world has come to a stop, resettlement has been suspended, returns have been suspended, and now countries are starting their discussion about reopening borders. But this is a very complex discussion, both from the practical point of view and from the political point of view.

From the practical point of view, the key issue is how can you combine border controls and border management with health-safeguarding measures. And the combination of the two can create worldwide a two-tier or even a three-tier mobility system because not all countries can afford the investment in infrastructure and in training and in deploying the necessary tools to guarantee health controls at the border crossings.

And also a political question, because when countries decide who is allowed to come in and with which countries you open your borders, of course this is a very sensitive question. And most likely in the future we'll see in the short term a reduction of demand for migrant labor in the developed world, and on the other side an intensification of regional mobility, of mobility within

travel bubbles or within areas – regional areas – where movement might be easier than global mobility as we have learned in the past.

So IOM – and I will conclude with this – is trying to adapt to this new world post-pandemic in addressing the challenges of migration on one side, but on the other side also looking how to restore global mobility, safeguarding health for the migrants themselves and for the communities they go towards in their migratory journey. And we are full of uncertainties. We are full of doubts about the way the pandemic will evolve.

It will evolve in an asymmetric way. When we see improvements in one place, we see the increase of cases in another case. And then we are watching now a new resurgence of cases in Europe, that was coming down; it's going up again. And we have a number of countries where the situation is extremely dramatic. In Yemen, for instance, or in Latin America with the Venezuelans' displaced people, or in northwest Syria in Idlib, those are places where conflict, poverty, climate change have a huge impact in the humanitarian assistance to migrants and internally displaced people, and the COVID-19 pandemic is a threat to the well-being of those people.

So, in a nutshell, uncertainties, bigger threats, some nightmares, and the need to mobilize the international community to support those that are most in need. There you have my answer.

Kimberly Flowers: Thank you very much, Director General. As Erol mentioned, my name is Kimberly Flowers and I'm a senior affiliate with the Humanitarian Program at CSIS.

And I also just want to thank Erol for his leadership on this issue. CSIS has worked on these – on this issue for a number of years, and Erol is someone who I enjoy reading his work on this.

And Director General, we're so pleased to have someone like you here to talk to us about this. I'd actually like to start by talking about just the operational element from the organization perspective, meaning: How has the shutdown restricted your operations and the things that you would normally do? And most importantly, how has it affected maybe your employees or your staff on the ground who are trying to continue to do such important frontline humanitarian work?

António Vitorino: Well, definitely they're impacted, but we follow the motto "stay and deliver." Our people have stayed in duty stations. And we have managed to get some humanitarian waivers in a number of countries so that we could guarantee not only that the IOM staff, but our implementers – the international NGOs, the local NGOs – could have access to migrants.

Our first priority was the protection and the safety of the staff and our partners, definitely – distribution of PPEs, disinfectant, rules about how to deal with the pandemic when getting in touch with the beneficiaries.

But secondly, from the operational point of view, we had to re-shift quite a number of our priorities. And we are a very projectized organization, so we launched a funding appeal which is funded roughly at 40 percent at the current moment. We have redirected some of the funding that we have for projects that were in standby. And I must say that the donors have been rather flexible in accepting this re-shifting of projects and in responding to our funding appeal, starting with the United States but also Germany, Japan. Those countries have been extremely cooperative and they have supported IOM operation.

So, all in all, I would say that we have kept the connection with the field in spite of the lockdowns, in spite of the travel closures. We are present in more than 180 points of entry, those points – borders that still are open, trying to train and build capacity in those points of entry so that border guards and immigration officials can be more prepared to deal with people that might be infected.

But I don't hide to you that, of course, with the border closures, there are asylum seekers who have been deprived to present their asylum claims and the stranded migrants are blocked in very difficult conditions. We have managed to bring back to their countries of origin quite a large number of stranded migrants. But when they go to the countries of origin, they are confronted with very difficult realities because the countries of origin that accept their own nationals who return may not be able to deliver the necessary humanitarian and health assistance they are in need. This is very clear, for instance, in the case of the Venezuelans who are returning back to Venezuela when we know that in Venezuela their system is in crisis and the Venezuelan government cannot guarantee the appropriate health care to those who return home.

Kimberly Flowers: You mentioned several things that I want to dig a little bit deeper on, but I think I'll start a little with the bigger picture first and then we can go into more detail. You know, you mentioned at the opening – your kind of opening answer talking about the complexity of this from both the practical and the political side, and then – and most recently you just talked about, you know, the funding appeals and donors having to be flexible, shifting priorities. So my question to you is, you know, it takes a lot of political will in order to address these issues, as we know, and it doesn't always get enough attention as we know on this call it deserves. Talk to us a little bit more about what you're seeing in terms of political attention to this. Is it – is this an opportunity to get, you know, more – to get more attention and funding towards the more vulnerable or is this, you know, taking over other issues? Is now climate change being pushed aside? Or, you know, what are you seeing in terms of political priorities and the support that you need from major donors?

António Vitorino: I would – I would say that in terms of funding, my key concern is not the current year in the sense that the response to the pandemic has been quite relevant from the donor countries and they have been sensitive to the priorities that we have put forward to protect those who are more

vulnerable, especially women and girls and people with disabilities. My key concern is going to be next year, to be absolutely honest with you, because this is such a dramatic situation all over the world.

It's a global pandemic, so it's quite understandable that countries will start by looking inward, taking care of their own internal situation. And the key question is, will they be able to take care of their own citizens – which is quite fair – but at the same time keep the engagement with the humanitarian crisis that we are living worldwide? Because one thing is clear: The humanitarian crises remain as a huge priority and the COVID-19 pandemic only aggravates those humanitarian crises.

And therefore, I hope that there will be sufficiently room for donor countries to look at their own national reality but at the same time keeping the engagement, because the world has not stopped because of the pandemic. There are a number of realities that remain.

Look to Yemen. The country is on the brink of breaking up. The situation is dramatic from the conflict point of view, but also from the humanitarian point of view. We deliver health services in Yemen, but the situation in the country is so tense that we have difficulty to reach the ones who are in need of health care.

But you can also look to Idlib. You have almost 1 million people blocked in the northwest region of Syria. The secretary-general appeal to a ceasefire, to on-hold on the conflict, has been followed during some weeks, and that was positive. But now the conflict is escalating again, and those people depend absolutely on the international community to survive. And we are approaching the 10th of July, when the Security Council has to renovate the cross-border resolution that allows the international community to support the people that are in northwest and also in northeast Syria departing from Turkey. If the resolution is not extended, there can be a dramatic humanitarian crisis in northeast and northwest Syria aggravated by the pandemic itself.

So the needs are there. They remain. But of course, the pandemic aggravates those needs, and the international community needs to mobilize to support those people who are in extremely dire conditions.

Kimberly Flowers: Yeah. I also want to talk a little bit about – I mean, you've mentioned already how much this has affected mobility. You know, IOM, you now, is known for tracking, you know, these global migration patterns. I'm curious your thoughts on what's been, like, maybe surprising to you in some of the global patterns that have changed in terms of movement.

And also – this is really a separate question, but also, you know, what kind of long-term or far-reaching impacts do you see? I mean, you've mentioned it's going to get worse. You're really worried about next year. But do you have anything that's really indicating how this is going to have some really longer-term impacts and massive changes in terms of migration patterns?

António Vitorino: Well, I think that the biggest danger is to scapegoat migrants as the carriers of the virus. Unscrupulous politicians and demagogues can use the pandemic as a weapon of aggression against migrants. And we see already in a number of countries – not just in the Global North, but also in the Global South – racist and xenophobic reactions against foreigners, against those who come from abroad, even if they are fellow citizens who just returned to their countries of origin.

So the first concern I have is, how can we restore global mobility, preventing the use of the pandemic as a weapon of aggression against migrants, refugees, asylum seekers, internally displaced people? If you look to the long term, my concern is that the opening of the borders will be extremely asymmetric. And it will require some shared criteria about how to combine crossing the borders with guarantees of health safety for those who travel, but also for the communities they are traveling to. And this is not just an issue for migrants; it's a global issue for all kind of traveling – for professional, for business, for students. And I don't see any global instance where this dialogue can be developed: What are the standards? What are the criteria? What is the scientific base for setting a number of criteria to reconcile opening of the borders with health-proving guarantees and safeguards?

And this will require investments – investments in infrastructures; for testing, for instance; investment in contactless biometrics; investing in training the personnel that is in charge of the borders. And not all countries can do the same kind of investment. So we can't create a system with multispeed, where some countries find it easier to travel around, others find it much more difficult. And we definitely need to have an instance where this dialogue can take place. Because in the long term, if no one – if there is one person that is not safe from the pandemic, no one is safe.

And this leads us to a broader conversation about vaccines, about equal and fair access to vaccines, about the immunity certificates, which can only be developed if there is sufficiently science evidence. And at the current moment we have no vaccine, we have no medicine that has proven to be effective in killing the virus, and we have no scientific guarantees about how long that immunity stand even for those who have been infected and fortunately have recovered.

So this is a complex issue, and all these pieces needs to be brought together and to start a dialogue about the profile of global mobility in the years to come. And I am correct: In the YEARS to come.

Kimberly Flowers: I'm glad you brought up the discrimination issue because that was going to be my next question, but I feel like you answered it quite well.

I want to turn now – we're getting some questions from our online audience and there's one that has really sparked my attention, and it's about the United States and the United States pulling its support from the World

Health Organization. As you might know, we have an election happening this year – (laughs) – in the United States and a big political divide happening in our country right now. So the question is around, you know, has the Trump administration or the United States, them pulling their funding from the World Health Organization, has that had any impact on IOM or any impact that you've seen in terms of humanitarian operations?

António Vitorino: As I told you, the United States is the bigger donor to IOM, including during this pandemic – both our traditional partner, which is PRM, but also different sectors in USAID – because we just don't deal only with the humanitarian assistance. We also deal with the traffic in human beings, for instance, preventing of traffic in human beings. And I'm very concerned with traffic in human beings, I must say, because what I see is that there are people so desperate with the lockdowns that the networks – the criminal networks that operate in trafficking – have suspended their activities for two or three weeks in the beginning of the pandemic, but now they are back, and they are back in force. And we see that in Libya, for instance, in Central Mediterranean. We see that also in Latin America.

So we work with a number of agencies in the United States that deal with different parts of our portfolio, not just mobility but also prevention of traffic, but also recovery. And recovery and transition and recovery is extremely important, because if you look, for instance, to the Sahel region, what we see is that the pandemic has been used by armed groups to take advantage from the fact that there are weak states there, weak public authorities, weak health systems, and they try to gain ground on the basis of the lack of protection delivered by the state.

So what is here in front of us is a broad agenda. And from the bilateral relation with the United States, I must say that we have got a very positive response and I don't think that the support to IOM has got nothing to do with – (laughs) – WHO. We are different, separate agencies.

You know, something that probably is not very well known is that IOM is a medical operational organization. We have more than 100 staff – medical staff; we run 60 clinics all over the world; and we have 18 laboratories; and we have two radiology centers, one in Manila and another one in Nairobi. That's why we are very much engaged in cooperating with the national governments and with the U.N. system in testing people and in delivering protection and care to the U.N. staff all over the world, and that is also partially thanks to the contribution of donor countries.

Kimberly Flowers: Well, you just taught me something. I did not know that IOM had clinics and medical staff, so I appreciate learning something new.

Another question that we have from the audience – and you know, this issue actually came up in the conversation with executive director of the World Food Programme David Beasley in this series. Erol mentioned at the beginning that this talk today is a part of a series – a series that CSIS is doing on “Humanitarian Operations During COVID-19.” But the question is around

your logistics line or your supply chains, because as we know, you know, you rely on some of that for your medical supplies or all kinds of things. Have you had any issues in terms of your supply chain? Are you still able – you know, has that been restricted at all, or are you able to still be successful on that front?

António Vitorino: Well, almost – I'm checking my figures. Sixty-one percent of our missions worldwide have a negative impact in supply chain, 61 percent. The World Food Programme is doing a remarkable job with an alternative supply chain system that they have set up in a very short period of time, both for food, non-food items, health kits, and medicines. And I think that the U.N. system as a whole, led by the World Food Programme, is doing a remarkable job in overcoming the disruption of the supply chains that have occurred due to the travel restrictions, the closure of the borders, and the lockdowns.

Having said that, I'm very concerned with the figures I see because I see famine rising in a number of places, especially, for instance, in Yemen or in northwest Syria, even that that will be aggravated if the cross-border resolution is not extended. But also, we see very disturbing figures about assistance to pregnant women by WFPA, for instance, or in the drop of the vaccination campaigns in a number of countries in the Global South. And all these signs show that, irrespective of the efforts to guarantee alternative supply chains, I fear that the current situation is worsening other diseases and other social conditions that will have to be overcome in the next few months. Otherwise, people will be sick or even dead.

Kimberly Flowers: Right. So another question – again, this is from the audience, but I – actually, I had it written down as something I wanted to talk to you about too – is around localization. You know, we know that for the last many years that's been a push globally, of how to ensure things are more local. So are you seeing perhaps – I don't know if there's a gap. Like, are international NGOs having to leave because of the pandemic or maybe their operations are more restricted? Or how have you been able to work more with local organizations, or how have you used the local organizations to be sure to continue to deliver to meet the needs of the most vulnerable?

António Vitorino: Well, we have a long track record of working with local NGOs. Eighty-five percent of our budget is channeled through NGOs in general, and we are a very much proximity organization because IOM has a reputation of being results-oriented. And you can only be results-oriented if you are very close to the situations, to the problems, to where the needs are. We are in 150 countries, you know, and we have more than 470 offices all over the world. And our offices are not in the capital of the country; they are on the sites where they are really needed.

And so from our perspective, our work together with local NGOs is our daily life. It is our daily life. And in that sense we have the networks already very much established, so it was not a big issue for us to continue our work through the local networks – in line, by the way, with the grand bargain commitments in this respect.

Kimberly Flowers: You've mentioned Yemen several times, as well as Syria. My background is actually in food insecurity, and so, you know, it breaks my heart when I hear and where I know that areas that are already, you know, having severe food insecurity issues may be headed towards a potential famine. Of course, those issues are just exacerbated by what's happening.

My question, though, really is, are those the ones that are most on your mind? I'm sure there are others, but which countries or which areas – I don't want to say keep you up at night because I hope you get some sleep, but what are the areas that you really are most concerned about and that you hope that people would pay a bit more attention to?

António Vitorino: Well, I would say that camps are my worst nightmare, definitely, wherever they are. It can be Cox's Bazar, definitely, where you have 1 million Rohingya in camps. It can be the IDP camps in Syria. It can be the camps in Kenya or in Uganda of refugees and asylum seekers. It can be the internally displaced people in camps in Niger or in Nigeria, or the people on the move that are not in camps but really are in relevant theaters of Venezuelans moving in Colombia, in Ecuador, or in Peru. Those are the places that, to me, are my utmost concern.

In Yemen, 80 percent of the population depends on humanitarian aid, definitely. We, IOM, we support 5 million people in Yemen. With the difficulties of reaching to the beneficiaries, we have 30 health – 36 health facilities in Yemen, mainly in the north of Yemen, and the situation there as far as the pandemic is concerned is of a dramatic rise in the number of cases and very weak national system of health – national health system.

So I've given you a list. Of course, we are also concerned with the Greek situation, not to give Europe apart. But in Greece, we are mainly in the mainland in Greece. We have transferred in the last two month(s) of last year 20,000 people from the islands to mainland Greece. But of course, Greece is still an issue of concern for us, those in the islands and in mainland, especially unaccompanied minors. We are now trying to relocate those unaccompanied minors to other European countries that have accepted to welcome them.

And the situation in the Western Balkans is also a situation of concern for us because there has been a rise in the number of people on the move. And due to the lockdowns, this has been a very severe winter for migrants in the Western Balkans.

So it's a long list, I'm afraid. (Laughs.)

Kimberly Flowers: Yeah, that's a very long list, but I think it's a reminder of the humanitarian challenges that are happening –

António Vitorino: Absolutely.

Kimberly Flowers: – all around the world even before, you know, the pandemic.

You know, I have this vision – I've had this vision in my head for a while. We're all washing our hands a lot more lately, and last – I guess it was last October, last fall, I went on a CARE trip to Bangladesh and visited Cox's Bazar for the first time, and they did, like, a handwashing demonstration with a group of women to show us, you know, some water and sanitation techniques that they were learning. And I think about them as I wash my hands and how I do it. But it made me think, as you've mentioned several times now that your nightmare is these camps. And when I think back to my time in Cox's Bazar, I think, how in the world can they socially distance, you know? How do they – you know, how do they put in any measures in place to protect themselves when water is limited, space is limited? What are some of the, I guess, best practices or just advice or thoughts you have on how to make these camps not the nightmare scenario that could so easily happen?

António Vitorino: Well, social distance in the camps, it's a no go. It's impossible. Let's be honest, it's impossible. So you need to take other preventive measures.

First, raising awareness. That's a key issue. And if you consider that since the beginning of the pandemic, together with UNHCR, with UNICEF, with the World Food Programme, in the camps in Cox's Bazar we have been able to conduct training sessions for almost 400,000 people, OK. We are talking about 1 million people. We reached out to 400,000 in two month(s).

We have deployed in Cox's Bazar, as we have done also in South Sudan for instance, or in Sudan, a network of wash stations. Those are stations for washing the hands, and we have distributed disinfectant – with a limited scope, let's be – let's be very frank. We are talking about huge numbers. So we guarantee the continuous refurbishing of the water stations, so to guarantee the continuity of the minimum safety rules like washing the hands or using disinfectants.

We count very much on women because women are extremely active in spreading and raising awareness about the prevention measures that need to be taken, much more than men. So women are our target.

But of course, if the virus strikes in a camp, the situation will be extremely difficult to contain. We have until now 49 cases in Cox's Bazar, five deaths, so until now we have been successful in containing the spreading of the virus. We had a couple of hundreds in Greece, we have isolated them, we have treated them in cooperation with the Greek health system, and I think we have managed to contain the spread of the virus.

But as you can imagine, it can happen any minute now, especially in those places where migrants are in detention. If you look to Libya, for instance, the detention centers are extremely prone to the spread of the disease among migrants. And since transmission can be done by asymptomatic infected

people, it's extremely difficult to test all the people because there is a huge lack of testing in the market – (laughs) – and we cannot guarantee the capacity to test everyone that should be tested.

So we need to be very attentive, to be constantly monitoring the situation, and trying as much as we can to contain the spread of the virus. It is a daily – a daily fight.

Kimberly Flowers: Yeah. I was going to ask that but you kind of already answered, which is, you know, do you have access to the right sort – the number of tests and the kinds of PPE and other kinds of equipment that you need. But I feel like you answered that. You can say more on it if you wish, but our time is actually ending or it's near.

António Vitorino: Yes.

Kimberly Flowers: So I want to – I want to say a couple of things in wrapping up.

One is, for those who have watched this from the beginning, Erol Yayboke from CSIS, the deputy director of the Prosperity and Development who helped start off today and was our host, he's had some internet connection issues so I'm going to continue it through the end of our program today.

But a question I know he would have probably asked at the end – and the question I want to turn back to you, Director General, as we wrap up – is, you know, you mentioned this is such a complex problem, but what is the one message that you really want our viewers to take away from today? If there's one thing that you hope that they understand and remember in terms of, you know, humanitarian operations under COVID-19 in relation to migration.

António Vitorino: Well, it's more than migration. It's a humanitarian message that is much more comprehensive: Nobody is safe until everybody is safe. So if we want to take seriously the SDGs – the Sustainable Development Goals and Agenda 2030 – where it is said do not leave anyone behind, migrants cannot be left behind. So they need to be inclusive – inclusive in the health care, inclusive in the economic and social recovery that will be needed. That will be my key message: Don't leave migrants behind.

Kimberly Flowers: That's an excellent message to end on: Don't leave migrants behind and nobody is safe until everybody is safe.

Director General António Vitorino, thank you so much for your time – the afternoon for you, morning for us. We're grateful, again, for your leadership during such an uncertain time. And we're just so thankful for you sharing your thoughts, your wisdom, and helping us better understand this issue.

Thank you to all those who watched online, especially those who sent in questions. Please continue to keep CSIS in mind as you think about these

issues and continue to watch and listen and learn. Stay safe, everyone. Have a great day.

António Vitorino: Thank you.