

Quick Readout of Weekly Virtual Consultations with NGOs “Working with WHO in COVID-19 Response”

13 May 2020

Overview

The 9th virtual consultations featured Dr. Michael Ryan, Executive Director, Health Emergencies Programme (WHO), and Dr. Ibrahima Socé Fall, Assistant Director-General, Emergency Response (WHO) in a conversation with Ms. Kelly T. Clements, Deputy High Commissioner. Moderated by Arafat Jamal, Head of Partnerships and Coordination Service, the consultations offered a platform for 150 participants to discuss a wide range of topics, including future directions of the virus and our responses, health response, gender and disability sensitivity, duty of care, coordination and civil society engagement in COVID-19 response, especially in refugee, forced displacement and urban poor settings. The senior WHO colleagues were generous with their time, despite being in the midst of a global crisis and involved in partially conflicting high level meetings. NGO participation was high, engaged and involved a large number of medical focused NGOs that do not usually participate in the UNHCR consultations.

Action/follow-up

- UNHCR, WHO, NGOs to continue 1) messaging about the concern for low income countries with fragile health systems and 2) advocating for inclusion of people forced to flee in the national COVID-19 responses.
- UNHCR, WHO, NGOs (incl. FBOs and CSOs) to strengthen partnership and collaboration in a collective response to COVID-19 via coordination at global, national and local level.
- UNHCR and WHO to organize an NGO consultation on progress made in COVID-19 Supply Chain System.
- WHO to follow up with NRC offer on COVID-19 facility construction and adaptation.
- WHO to work with IRC, MSF and other health NGOs to explore possible standardized syndromic approach in COVID-19 case identification in refugee and forced displacement settings.
- WHO to explore possibility of providing sign language interpretation at its press conferences.

Key points from presentations

Ms. Kelly T. Clements, Deputy High Commissioner (UNHCR)

- Appreciated WHO's strong leadership in the COVID-19 response and preparedness.
- Recalled the strong partnership between WHO and UNHCR on inclusion of refugees into disease response plan, Inter-Agency COVID-19 guidance documents, collaboration with ministries of health and NGOs to enhance prevention and preparedness, and specifically on Mental Health and Psychosocial Support.
- Stressed UNHCR's work on COVID-19 response and commitment to stay and deliver, noting revised appeal; reiterating UNHCR's commitment to ensure funding is channeled to NGOs; mentioning the need to prepare for scale up in resource-limited refugee hosting countries.

Dr. Ibrahima Socé Fall, Assistant Director-General, Emergency Programme (WHO)

Prognosis for low resource countries with fragile health systems

- Briefed that WHO is working on different scenarios regarding prognosis for COVID-19 pandemic and voiced concern over potential outbreak, e.g. Sub-Saharan Africa.
- Underscored the need to work with NGOs especially in low-resource countries.

Dr. Michael Ryan, Executive Director, Health Emergencies Programme (WHO)

Uncontrolled transmission in crowded refugee sites and a window to prevent outbreaks

- Opined that current state is still the beginning of the pandemic in countries in a fragile state. E.g. the number of cases in South Sudan increased 250% over a week.
- Underscored that the risk of uncontrolled transmission in crowded refugee sites, forced displacement settlements and urban refugees hosting areas still exists.
- Underlined that it is important to continue communicating on the risk of COVID-19 outbreak in the low-resource high-risk countries.
- Shared that in a closed environment, the attack rate (transmission) is higher than in normal circumstances. He gave the example of Singapore, where migrant worker hostels have seen a much higher attack rate, in an overcrowded urban slum or in a refugee camp, the impact of a possible outbreak would be deadly. Urgent work is needed to put in place the necessary prevention, detection, and control methods to impact the transmission and control the earliest cases.
- Argued for adaptive strategies ('MacGyver' style) in a crowded camp environment and adapting the best available technologies to the working context to save lives. E.g. increase medical oxygen support instead of expensive ventilators.

Inclusion of refugee and displaced populations in national COVID-19 responses

- Opined that COVID-19 crisis exposes the inequities in society, with refugees amongst the most vulnerable.
- Highlighted that urban poor, severely impacted by the lockdown, are perhaps even more voiceless than refugees in the crisis. Noted that the lockdown should only apply to specific situations and it is not a widespread method that WHO recommends.
- Underscored that exclusion of vulnerable groups in COVID-19 response is not only a disgrace of human rights, but also a disgrace of risk management.
- Argued that advocacy of inclusion of refugees and displaced population into national health response should appeal to people's good and real instincts - "nobody is safe until everybody is safe".

Logistics system and Supply Chain

- Briefed on logistics system, highlighting the efforts of UN Supply Chain Task Force and Purchasing Consortia, with notable contribution from UNICEF and WFP, against the backdrop of an overall breakdown of the entire global supply chain.
- Shared that now the UN has capacity to purchase (common purchase pool for \$200m), procure validate material and distribute to fragile countries, meeting 30%-40% needs.

- Underlined the actual distribution system is open to all humanitarian actors, including both UN and non-UN organizations, and prioritizing humanitarian supply other than COVID-19 supply. Welcomed NGOs' feedback, especially on allocation process.

Interventions and feedback from participants

COVID-19 health response

- NRC expressed interest in supporting national and local authorities in terms of infrastructures.
- IRC enquired about guidance from WHO on COVID-19 case definition without relevant testing available.
- International Association of hospice and palliative care (IAHPC) mentioned need to support palliative care.
- International Medical Corps asked about mental health and psychosocial support in COVID response.
- International Society of Radiology (ISR) mentioned collaboration with WHO on a Rapid Advice Guide on medical imaging in Covid-19.
- WHO suggested to link NRC with its international network of architects and engineers. Echoing IAHPC, WHO noted the need to ensure supply of essential medicine. In case of lack of testing, WHO said any adult presenting acute respiratory syndromes to be considered as a suspect of COVID-19 and expressed interest to work with IRC, MSF and other health NGOs to explore possible standardized syndromic approach.
- UNHCR pointed out that mental health is part of the GHRP.

Gender sensitivity in COVID-19 response

- Plan International enquired on gender sensitivity in COVID-19 preparedness and response.
- WHO noted that circumstances created by the pandemic are increasing vulnerabilities for women and girls (violence, exclusion, isolation and exploitation). Meanwhile, there are opportunities to leverage already ongoing activities and learn from similar past experiences. As health cluster, WHO works very closely Global Protection Cluster with dialogues going on between the two clusters to strengthen the messaging and support colleagues at field level.

Disability sensitivity in COVID-19 response

- World Federation of the Deaf (WFD) asked if WHO could make information accessible to disabled people, e.g. sign language interpretation at its press conference. WHO promised to address this gap. (NB: what about UNHCR?)

Duty of Care

- International Federation of Medical Students Association (IFMSA) voiced need to include young people in the response plan and asked how stakeholders support health workers. UNHCR reiterated the importance of duty of care and affirmed it is paying close attention to protection of care givers and health providers.

Coordination and Civil Society engagement in COVID-19 response

- Global Health Council (GHC) enquired on the entry point and coordination body for CSO's engagement.
- Caritas Internationalis enquired on WHO's plan to work with FBOs in COVID-19 response.
- WHO said they recommend their teams / coordinators to ensure that national preparedness response plans also include CSOs and FBOs. The same should be applied widely to Humanitarian Response Plans.

- UNHCR added that IASC is the global platform for UN and CSOs coordination in COVID-19 response.

Resources shared by participants

- [WHO Mental health & COVID-19 Page](#)
- [IASC Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#)
- [IASC Storybook for Children on COVID-19](#)

Prepared by Partnership and Coordination Service (PCS)

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