



International Organization for Migration (IOM)

The UN Migration Agency

## **Remarks made by the Director General at the briefing for Member States held on 15 April 2020**

### **Introduction**

Good morning and thank you for finding the time to join IOM for our briefing this morning. In these difficult and sometimes devastating times, it is useful to acknowledge the silver lining of modern technology, and our ability to stay connected even while distant.

These are extraordinary times. The global pandemic has gripped many of our countries and forced governments to take unprecedented action to prevent the spread of the coronavirus disease 2019 (COVID-19), as well as mitigate its impacts in terms of health, society and the economy. While we are all, rightly, focused on the immediate epidemiological challenges, at IOM we are deeply aware that COVID-19 will have a deep impact on systems to manage mobility, and leave many migrants and displaced populations in a more vulnerable position.

I want to take the opportunity this morning to update you on IOM's own responses to the pandemic, the impact this has had on our programming, as well as begin a conversation with you all on the future impacts we expect to emerge, and how IOM might support you in the months to come.

With nearly 46,000 travel and health restrictions in 194 countries, according to IOM's own estimates, the international mobility regime has been returned, briefly, to its factory settings. This has created an enormous shock in the world, and particularly for those of us in the international community for whom travel is a sine qua non of our work.

Within this, States are grappling with different realities. While some governments are turning their attention to a partial lifting of lockdown restrictions, other regions of the world are still bracing in expectation of a more severe outcome. In Europe, the region hardest hit so far, health systems are straining but still functional. In other parts of the world, we are deeply aware that health systems are not equipped to deal with even a fraction of the cases encountered elsewhere.

We need to recognize that there are still many unknowns. We do not know what the seasonal impact of the virus will be. This is particularly concerning as winter approaches in the Southern hemisphere, and we cannot discard the possibility of a second wave of infections in the Northern hemisphere. We are all waiting for a vaccine or an effective treatment. However, as we have not yet met this target, we need to anticipate several months where our lives will be, one way or another, conditioned by the virus.

For migrants, that impact is multifaceted.

Within countries that have been hardest hit, migrants are exposed to many of the same vulnerabilities as other citizens, and often to a greater extent. Foreign nationals are more likely to be in overcrowded households and lack the financial means to manage periods of self-isolation or quarantine. Other migrants, in both regular and irregular situations, may have limited access to public health services, or be frightened to access them. IOM has been working to improve information and outreach in this regard, translating key information on COVID-19 symptoms into more than 30 languages for use by front-line organizations working with migrants. It is a good opportunity for us to recall the Political declaration of the high-level meeting on universal health coverage, adopted by the General Assembly of the United Nations last October, and its call to include all migrants.

In addition to this, migrants are frequently on the front line. Migrant health workers are working around the clock in hospitals around the world. Indeed, according to 2016 data from the Organization for Economic Cooperation and Development, foreign-born individuals make up more than 30 per cent of the total number of doctors in Australia, Canada, Ireland, Sweden, Switzerland, the United Kingdom and the United States. We have heard tragic stories of foreign-born doctors and nurses who have lost their lives while fighting to save others, and more hopeful ones from others – such as the UK Prime Minister – who have paid tribute to the care they have received from immigrant professionals.

However, migrant workers are also working in essential positions in other sectors, from the delivery of key supplies, and critical agricultural work, through to shops and supermarkets, ensuring those in lockdown still have food on the table. In recognition of this, we have seen a number of countries extend visas, or the right to work to asylum seekers, to meet critical gaps in the workforce.

So many have recognized the positive and essential role played by migrants and others during the crisis. However, we also receive everyday reports that migrants and minorities are also subject to xenophobic and racist behaviour, which remains unacceptable. In many places, the targets are colleagues within the United Nations.

Many migrants, along with nationals of affected countries, have lost their livelihoods during the crisis, and they tend to be overrepresented in the sectors hardest hit by the ongoing lockdown. Foreign-born nationals are more likely to be employed temporarily, often precariously, and in the sectors that have been hardest hit, such as the service sector or construction. As your governments develop economic packages to mitigate impacts and provide safety nets for workers who have lost income, it is vital that migrants also be included in these policies as far as possible, or they will risk destitution and worse.

At IOM, we are receiving reports of stranded migrants in various countries who are unable to return home, yet keen to do so. Meanwhile in Asia, Africa and South America, IOM is working to ensure that the needs of large numbers of returning migrants – from Cambodia to the Bolivarian Republic of Venezuela – are met, while addressing overarching public health concerns.

Elsewhere in the world, IOM is working to ensure the continued safety of displaced populations, particularly those in camps or camp-like conditions. These groups are already

highly vulnerable to contracting infectious disease and live in conditions where a virus can spread more easily. While, so far, cases have been limited, we cannot assume this will continue to hold.

Those caught up in conflict are also harder to reach and monitor, while also being the most ill-equipped to protect themselves against infection. Our experiences battling Ebola in West and Central Africa have highlighted the particular challenges of working in unstable environments, and the knock-on effect that other diseases, such as measles, may thrive while our attention is elsewhere.

### **IOM action in response to COVID-19**

I would like to give you a short update on what IOM has been doing to support governments and other partners in the response to COVID-19.

- **Health support and disease surveillance**

Our first response has been in providing health support. Hundreds of our health workers around the world – working in over 50 countries – have been working with governments to ensure the health of those on the move, not least through strengthening disease surveillance at entry and exit points (airports, seaports and land border crossings) in dozens of States, including along Afghanistan’s borders with Pakistan and the Islamic Republic of Iran. In Mozambique, for example, IOM is engaging in community contact tracing and household tracing of migrants with the support of community networks.

We are also providing quarantine and isolation support for returning migrants in a number of countries, including Cambodia, the Lao People’s Democratic Republic and Thailand. In the Bolivarian Republic of Venezuela, we have seen over 40,000 returning migrants in the past several weeks and we are working with the Office of the United Nations High Commissioner for Refugees (UNHCR) to meet their immediate health and shelter needs.

In camp settings, IOM is increasing water access and hygiene measures at scale across its operations, to minimize the risk of contagion, while training staff to recognize symptoms, for instance in Cox’s Bazar, Bangladesh. Across the world, IOM is providing sanitary and other supplies to travellers. In North Macedonia, for example, IOM is distributing hygiene kits to all those transiting through the country or accommodated in reception centres.

- **Communication and community engagement**

IOM is engaged in a wide range of activities, not least awareness-raising about the risks of COVID-19. We are working with various governments on information campaigns, for example in West Africa, but also with our community networks to ensure health information is communicated in accessible and culturally appropriate ways to the most vulnerable. These have been undertaken in several countries, including Afghanistan, Bangladesh, Greece and Yemen.

- **Crisis coordination and planning**

IOM is supporting border and health coordination in a number of countries, including Haiti, Mozambique and Viet Nam. The Organization is in close and regular contact with government counterparts to coordinate the next steps.

- **Monitoring**

The COVID-19 outbreak has heavily affected global mobility in the form of various travel disruptions or restrictions. To better understand how COVID-19 affects mobility, IOM has developed a COVID-19 global mobility database mapping the different restrictions to provide a global overview. This information is meant to serve IOM Member States, IOM and its United Nations partner agencies, as well as voluntary partner agencies, in responding adequately and in a targeted manner to the current crisis and to address the specific needs of migrants and mobile populations affected by the global mobility restrictions.

The Organization is also developing a database to track regulatory responses related to consular, visa and immigration policy, comprising over 450 situations so far. This database highlights the situation of stranded and temporary migrants and is intended to support governments and IOM in identifying gaps in programming and assistance. We hope to share this with you in the coming days, to support your own programming and offer insight into the various practices that have been undertaken by fellow States.

- **Facilitating safe border crossing**

IOM's integrated border management experts are working closely with our migration health teams to offer advice and technical support to Member States' immigration authorities working at ports of entry in order to effectively and safely deal with the enormous challenges caused by the COVID-19 crisis. For example, the IOM Office in Mauritania is supporting active health screening and referrals at the few designated ports of entry which remain open to travellers and goods. This kind of activity is vital to maintain local cross-border trade that is critical to so many communities.

Our experts are also supporting national immigration, border and consular authorities to facilitate access to emergency health care for migrants – regardless of their migratory status – through enhanced, coordinated procedures with relevant health authorities.

- **Coordination and cooperation within the United Nations system**

IOM is also working to understand the full implications of this pandemic, to address the need to ensure future social cohesion and economic health for migrants across the world, and to help design policies that can contribute to their support.

Much of this work is taking place in coordination with other United Nations agencies. IOM is a key partner in the United Nations Crisis Management Team, established by the Secretary-General and led by the World Health Organization, and its multiple workstreams.

IOM co-leads, together with the International Civil Aviation Organization and the International Maritime Organization, the workstream on travel and trade impact – majorly contributing with invaluable data on border closures, thanks to our Displacement Tracking Matrix. The aim of the workstream is to create a more comprehensive picture of closures of border crossings, ports and airports.

IOM and UNHCR have jointly impressed on the Crisis Management Team the need to consider migrants and refugees more systematically across the workstreams. As a result, an informal grouping will be established under the aegis of the Team, most likely around the IOM-coordinated United Nations Network on Migration to avoid any duplication of work.

IOM is also actively involved in assessing the United Nations system’s capacity and capability in terms of medical facilities worldwide and is working closely with other United Nations bodies to establish the best use for the extensive medical network that already exists in countries.

IOM contributes to the system-wide efforts in ensuring that United Nations personnel and implementing partners are adequately protected with regard to medical needs, so that they can continue to fulfil their vital duties across the world – often at the front line of humanitarian emergencies. The costs for this are currently assessed in a system-wide effort and are likely have a serious impact on agencies’ budgets.

IOM is also contributing to the United Nations development system’s efforts to understand and respond to the long-term socioeconomic implications of the crisis and ensuring – along with UNHCR – that migrants and displaced populations are a key target group for the proposed Multi-Partner Trust Fund.

IOM is also – as the coordinator of the United Nations Network on Migration – actively considering its own contribution to the COVID-19 response, and is drafting a number of papers on the impact of COVID-19, as well as fully integrating the work of the Network and the work of the Migration Multi-Partner Trust Fund, created by the Global Compact for Safe, Orderly and Regular Migration, in order to combat the crisis.

### **Challenges being faced by the Organization**

For all of us, the pandemic has had a deep impact. IOM is guided, first and foremost, by the need to ensure the safety of its staff, as well as the safety of the populations of concern to the Organization.

With this in mind, I am pleased to report that the vast majority of our programming continues to be delivered, either as planned or with necessary adjustments. Where required, colleagues in the field have been quick to explore and apply alternative ways for programme and project delivery. Whether through utilizing online tools, liaising with stakeholders to adapt or change the timing on deliverables, or shifting from group activities to more focused individual engagements, IOM staff have found a way to continue the Organization’s important work. Indeed, our work has intensified in critical regions, including in Greece, and is maintained in Libya, despite worsening conditions.

Indeed, the current situation has brought to the fore our deserved reputation for being a responsive, agile and flexible partner. However, in a limited number of programme areas, particularly those that are “client-facing”, it has simply not been possible to make adjustments, and we have had to temporarily suspend operations in a few areas.

In coordination with UNHCR, IOM has temporarily suspended its refugee resettlement movements. Since then, over 1,000 such movements have been cancelled, affecting over 10,000 individuals. Resettlement remains a life-saving tool for many refugees. IOM and UNHCR are working with States to ensure movements can continue for the most critical emergency cases wherever possible, and count on all countries who have committed to resettling refugees to maintain that commitment as soon as it becomes practicable. In this regard, we have gone ahead with the preparatory work for existing cases. IOM is actively exploring ways in which it may be able to resume such movement operations.

Similarly, IOM has scaled back a number of migration health assessment programmes and visa application programmes, and reduced operations of family reunification and humanitarian visa programmes. As of 3 April 2020, 75 per cent of IOM’s migration health assessment centres had temporarily ceased health assessment activities, though efforts are being made to serve migrants with significant medical conditions.

Where operations continue, IOM has adopted a number of precautionary measures, including the development of specific standard operating procedures for COVID-19, health education and counselling for migrants, and strengthening of pre-embarkation checks.

Some of IOM’s voluntary return programmes have been curtailed, including vital operations in Libya. However, IOM remains aware that many migrants are choosing to return without support, and is endeavouring to meet their needs upon arrival, in coordination with home country governments. For those for whom voluntary return has been suspended, IOM is offering counselling, as is the case in Germany.

Other programming has slowed or halted due to restrictions on travel and lockdowns, and access to critical populations in several places has become more difficult. We will need your further flexibility and consideration as we begin to ramp up our work once more and ensure health concerns can be fully integrated into our programming.

Let me now turn to the impact that this is having on the administration, human resources and budget of the Organization.

Over the past month, we have seen nearly all IOM offices, as part of their respective United Nations country team, activate their business continuity plans. In many cases, this has seen staff move to home-based work at their duty stations. In a limited number of cases, we have authorized staff to leave their duty station if they have heightened risk factors relating to COVID-19, including age or pre-existing medical conditions.

Nonetheless, by and large we have encouraged staff to remain at their duty station; in essence, we “stay and deliver”. I am proud to say that the overwhelming majority of our team is still in situ working to deliver essential aid to populations in need, and our work continues

as close as it can to the pre-COVID-19 norm. The esprit de corps and the dedication and commitment to this Organization and its values displayed by IOM staff globally are truly impressive.

Under the current circumstances, one of the heaviest burdens that we carry is the duty of care to our IOM colleagues working in the field. I am particularly concerned for colleagues in offices in places with weak or already overburdened national health systems. We are now working tirelessly through the United Nations system to strengthen first-line response at the national level for United Nations personnel and, where care cannot be provided in-country, to help establish seven regional hubs for the provision of emergency medical care.

Up to today, we have relocated 21 staff worldwide from Iraq, South Sudan, Turkey and Yemen. As for ourselves, we can report 21 cases, 7 of which have tested positive for COVID-19, with the remaining 14 probable. At present, we have 112 suspected COVID-19 cases among IOM staff and their dependants. The larger IOM clusters are located in the Philippines (22), Switzerland (22), Thailand (15), Côte d'Ivoire (10) and Peru (7).

IOM will play a critical role within the United Nations system response given its significant medical presence throughout the globe, with IOM medical teams already present in more than 70 sites across 51 countries. We are working closely with the World Health Organization and the World Food Programme on a plan to repurpose these teams to help not only in the national responses to COVID-19, but also to provide direct medical support to United Nations personnel where national health systems can no longer cope.

The timely provision of personal protective equipment (PPE) for staff is also critical if we expect colleagues in the field to continue with their operations or shift into COVID-19 response work. Through a United Nations system-wide procurement exercise, I have authorized the procurement of PPE globally for a budget of up to USD 15 million. Where authorized, this procurement will be charged against programme and project support costs. However, we still anticipate a large gap between what we will soon need to spend on PPE and what we can charge to programmes and projects.

The pandemic has underlined the fragility of our highly projectized operating model. Unlike many United Nations agencies which are operating with longer-term funding cycles, the impact of COVID-19 on IOM has been immediate and sometimes hard. The flexibility shown by our donors has been very welcome, and, wherever possible, we are now working with our donors to adjust programme delivery to allow our operations to continue, or for resources to channelled into COVID-19 responses.

However, in some cases this has not been possible. In particular, our client-facing programmes – including the Health Assessment Programme and our visa application centres – have been particularly hard hit, with the overwhelming majority of clinics and centres now temporarily closed.

With little alternative, I have asked our human resources team to develop and apply a special mechanism that will allow IOM to invite staff to move onto leave with reduced pay where programmes and projects are suspended as a result of the pandemic. I would emphasize that

we will first examine opportunities to redeploy these staff to alternative roles within IOM; however, we must also recognize that this will not always be possible. Importantly, this mechanism will provide for a continuation of medical insurance for those staff members affected and the provision of a modest percentage of take-home pay. This will be a temporary measure as we remain hopeful that these programmes will reopen during the second half of 2020.

The Department of Resources Management has also been moving quickly to adapt to our new operating reality and we have seen the rapid development and introduction of new procedures relating to procurement, payment authorizations, medical clearances, sick leave processing, rest and recuperation at hardship duty stations and medical evacuation. I have no doubt that we will continue to display our agility and flexibility as the coming weeks and months unfold and new challenges present themselves.

### **IOM Global Strategic Preparedness and Response Plan**

As many of you will have seen, in February 2020 IOM launched its Global Strategic Preparedness and Response Plan for COVID-19. Based on consultations with its offices across the world, IOM is seeking funding contributions amounting to nearly USD 500 million for its global response to the COVID-19 crisis, across 140 countries, in Asia, Europe, Africa, the Middle East and the Americas.

This represents a nearly five-fold increase over IOM's earlier appeal. The original appeal – totalling USD 116 million – focused on immediate priorities and was targeted towards those countries we considered to be the most vulnerable to the global pandemic.

In the ensuing weeks, much effort went towards retooling IOM operations towards COVID-19-related work where relevant, as the pandemic continued to spread to new regions. The activities proposed in this new call are very much aligned to national priorities and the multiple, direct requests IOM has received for support: to assist vulnerable populations, to support governments, to second staff to front-line responses, and to maintain critical programmes and activities.

The funding requirements outlined also reflect the current state of discussions and coordination within the United Nations system, which has essentially adopted a three-track approach:

- First, through the United Nations Crisis Management Team and global initiatives that relate to system-wide actions. This includes IOM's leading efforts on mobility tracking and the monitoring of global travel restrictions.
- Second, through the Inter-Agency Standing Committee (IASC) and efforts to supplement COVID-19 response efforts in countries already affected by humanitarian situations. An initial global appeal released by the IASC is now in the process of being revised.
- Third, through a specific coordination effort in relation to the medium- and long-term socioeconomic impact of the COVID-19 situation on national economies, a process led by the Deputy Secretary-General, and to which IOM is contributing.

In many countries and regions, IOM teams have already released their specific response plans and funding appeals. To the greatest possible extent, these are now being reflected in full within the consolidated IOM global appeal I am presenting to you today.

IOM is thus engaged on multiple fronts, and is orienting its activities around four main strategic priorities:

- **Coordination, partnerships and data:** We will support national and regional coordination within countries and across borders to support timely health care and referrals, while enhancing regional and national disease surveillance, information-sharing and reporting. This includes assisting national governments to facilitate access to emergency health care for irregular migrants, including identifying temporary legal solutions for access to medical care, and coordinated temporary measures regarding visas and consular support. We will also engage with and support inter-agency efforts to develop national and regional preparedness and response plans through contingency planning processes, including for countries with a risk of increased displaced populations; and, within this context, enhance mobility tracking.
- **Support for national crisis preparedness and response plans:** This includes risk communication and community engagement; disease surveillance, including monitoring systems at points of entry; national laboratory systems; infection prevention and control; and logistics and supply chains.
- **Continuity of service and access to populations of concern,** with focus on camps and camp-like settings (coordination), water, sanitation and hygiene, and shelter assistance.
- **Support in addressing the socioeconomic impact of the crisis.**

### **Looking forward**

I would like to conclude with some thoughts about the future. Our response, like yours, is focused on the immediate situation at hand. However, it is our assessment that the medium- to long-term impacts will be extremely challenging for migrants, and future migration patterns worldwide, though these will differ significantly by region. The predicted economic recession, already a reality in some countries, will also deeply affect the employment of migrants and the scale of the remittances they can send home. It will limit the positive contribution that migrants make to the achievement of the Sustainable Development Goals.

This also portends to be a recession with a difference, if we are not careful. If we are unable to reignite migration and mobility, the world's ability to recover from economic recession will also be more limited. And this is the paradox. Health concerns call for restrictions in movement, travel and exchange of goods, but, on the other hand, there will be no sustainable recovery without trade, mobility and the reopening of borders.

Instead, States and regional governance structures have an opportunity to build health concerns into immigration systems so as to find a new balance between mobility and public health, without jeopardizing the social and economic potential that migration holds. IOM is

already working with a number of governments to think through what “health-proofing” border management systems might entail, and we stand ready to offer advice based on our knowledge and experience.

Our concept of the value of migration has also experienced a shock. Much of the public debate in recent years has centred around the value of skilled migrants and, to a certain extent, a parallel rejection of unskilled migration. However, we have now seen in this crisis a recognition of the essential nature of some migrant workers, regardless of skill. Those who deliver food, clean public spaces or provide domestic care have not typically been regarded as skilled, but we have seen how vital they all are in pinning our societies together in a time of crisis. Indeed, a number of governments have lifted travel restrictions for essential migrants, notably those engaged in seasonal agricultural work, but also those who provide key cross-border services.

As we look forward into an extremely uncertain future, some key questions lie ahead:

- How can we health-proof our travel and immigration systems, to make sure that future health shocks of this type do not require this level of global paralysis again? We have learned a great deal from the Ebola crisis about the value of preventative infrastructure and mobility tracking: how can IOM support countries as they build this into existing systems?
- How can we ensure that the deep economic recession that looms does not negatively impact migrants and particularly displaced populations, already vulnerable to the smallest of shocks? It is one thing for us all to work from home and join conference calls, but many more have already lost jobs and income, or have placed themselves in danger in order to maintain employment and family life.

This shock has highlighted – once more – the dangers of persistent inequality in our societies. While we go about the consuming work of mitigating impacts at a macro level, and trying to establish a new status quo of human mobility, we should note the opportunities ahead of us to address the critical protection gaps that have been laid bare through this crisis, from social protection safety nets to public health access. Inclusion is not just good for migrants, but a public good which will benefit all of us.

IOM is working tirelessly to support States around the world in extraordinarily difficult circumstances. Yet I want to emphasize that we are maintaining daily operations as far as possible, while we contribute to the COVID-19 response and slowly pivot towards the longer-term implications and required interventions.

We are aware that, for every government around the world, this is an all-consuming domestic crisis, requiring all available national expertise and resources. In these times, it is difficult to look ahead and consider the regional and global implications of the pandemic, which seem remote compared to those at home. However, if we are to mitigate the short- and long-term impacts of this pandemic for those we serve, we will need to work together. This is a time to re-evaluate and stress the value of multilateralism.

I count on your support to IOM at this difficult time. At the same time, you can count on IOM to support you as you look beyond response to recovery, to integrate health concerns into international mobility, and support migrants, displaced populations and all those we serve to ensure the impacts on the most vulnerable are as limited as possible. For IOM, there are now two key words: “adapt”, as we have always done, and “innovate” in the way we work.

Lastly, I would like to take a moment to pay tribute to my IOM colleagues around the world. Despite difficult circumstances, IOM staff have demonstrated their expertise and commitment, as well as their ingenuity, in ensuring that immediate needs are met, whether through procuring equipment or exchanging vital information. The work of IOM staff, and their dedication, is testament to the Organization’s vital role in responding to the COVID-19 crisis. They, and I, will continue to support you in the coming weeks and months, as the full implications of this pandemic unfold. We hope for the best, but you can be sure that we are prepared for the worst.