

**Statement of Lesley Ziman**  
**Deputy Assistant Secretary for the Bureau of Population, Refugees, and Migration**  
**Before the House Appropriations Subcommittee on**  
**State, Foreign Operations, and Related Programs hearing on**  
**“United States Global COVID-19 Response: Actions Taken & Future Needs”**  
**October 27, 2021**

Chairwoman Lee, Ranking Member Rogers, distinguished Members of the Subcommittee, it is an honor to appear before you today as Deputy Assistant Secretary for the Bureau of Population, Refugees, and Migration (PRM) at the U.S. Department of State. I look forward to sharing with you today how we have utilized the supplemental funding generously provided by the Committee and the entire Congress, not once but twice, to allow PRM to “prevent, prepare for, and respond to” the pandemic among some of the world’s most vulnerable populations.

As we have learned during this pandemic, the existence of COVID-19 anywhere is a threat to global health and security everywhere. These resources have allowed PRM to focus on mitigating COVID-19 among those most often overlooked, while minimizing trade-offs with the other life-saving assistance PRM provides on a regular basis with your support.

PRM’s mission is to provide protection, ease suffering, and resolve the plight of persecuted and forcibly displaced people around the world on behalf of the American people. The COVID-19 pandemic, now nearly two years in duration, shocked a world already strained by the rising number of forcibly displaced persons. Even before the pandemic, the world was facing the highest levels of displacement ever seen. The number of people displaced continues to grow along with the length of time one is displaced. In 2020, the UN Refugee Agency, UNHCR, estimated that 1 out of 95 people globally are forcibly displaced, an 88 percent increase since 2010. Millions around the globe, especially those whose livelihoods have been uprooted and are regularly without healthcare, risk going untested and untreated for COVID-19. While limited access to COVID-19 testing and vital statistics often left our populations of concern under-represented in global hotspot reports, the economic, education, social, and mental health impacts were immediate and profound from the outset of the pandemic. As the pandemic accelerated, PRM’s international organization partners issued emergency appeals that moved from providing personal protective equipment (PPE) to staff and reducing the transmission of COVID-19, to sustaining child education, responding to alarming spikes in gender-based violence, expanding community-based mental health support, and sustaining livelihoods threatened by pandemic economic shocks – as well as treating those who have fallen sick. Unrivaled in recent times, humanitarians on the front lines face a global ‘twindemic’ of COVID-19 and displacement that has demanded immense dedication to humanitarian action, innovation, and partnership.

PRM has prioritized four COVID-19 response and recovery strategic objectives. First, prevent, prepare for, and respond to the immediate health impacts of COVID-19 for populations of concern. Second, ensure populations of concern are integrated into host country vaccine distribution and treatment plans. Third, advocate for and support the provision of mental health and psychosocial services for populations of concern. Finally, prepare for, mitigate, and address economic, education, and protection impacts of COVID-19 on populations of concern. These four objectives are aligned with the U.S. COVID-19 Global Response and Recovery Framework and anchored in evidence-based needs assessments. To support the whole of government approach under the Framework, PRM has built upon our already strong coordination platforms

with USAID to ensure U.S. government humanitarian assistance is complementary as we leverage the investments made by USAID and State, to support the last mile inclusion of PRM's populations of concern in vaccinations at the country level.

Since the beginning of the pandemic, PRM has provided more than \$831 million through 41 partner organizations in more than 80 countries to help some of the most vulnerable people receive treatment and recover from COVID-19. Our work, and that of our partners, has evolved from an early focus on continuation of life-saving humanitarian assistance, towards increased emphasis on the interventions needed to mitigate pandemic impacts and support recovery. As of October 1st, PRM has obligated nearly \$447 million of the \$500 million in funding made available through the American Rescue Plan Act (ARPA) to UN agencies, the International Committee of the Red Cross (ICRC), and almost 30 international and local non-governmental organizations with long-standing partnerships in the most vulnerable communities. Nearly \$215 million of this funding supports UNHCR's COVID-19 emergency appeal. This commitment places the United States squarely as the leading donor to UNHCR's pandemic response and while doing so, emphasizes global responsibility-sharing. UNHCR is using this funding to provide essential health, clean water, sanitation, shelter, and protection services to forcibly displaced persons. PRM also provided more than \$61 million from ARPA funding to the ICRC to support national COVID-19 vaccination efforts, community-based pandemic response by National Red Cross and Red Crescent Societies, and neutral humanitarian access to the world's most marginalized.

An example of this comprehensive response can be seen in Brazil. PRM assistance to IO and NGO partners in Brazil supports "Operation Welcome," the Brazilian government's response to the influx of Venezuelan refugees and migrants, which I learned about firsthand during a December 2020 virtual visit organized by UNHCR and IOM. In addition to immediate assistance such as water, food, shelter, and documentation, "Operation Welcome" also provides critical medical attention including offering COVID vaccinations to refugees and migrants upon arrival. Health and economic setbacks hit Venezuelan refugees hard, and they were some of the first to lose jobs. With the supplemental funding, we were able to maintain their self-reliance through a faster return to the workplace and stabilize communities by providing immediate support in the interim.

During this pandemic, we have also come to appreciate just how important engagement by established and trusted community partners is towards achieving pandemic control. As borders closed and movement of people and goods ground to a halt early in the pandemic, PRM worked with our UN partners to rapidly fund local organizations to support continuity of assistance when it was needed most. Local organizations have not only been directly responsible for implementing the COVID-19 response, but also strengthen organizational resiliency to future shocks. One of our COVID-19 response priorities this year was to increase the number of agreements with our NGO partners where they have a comparative advantage to address specific COVID-19 response gaps in programming – and we succeeded – funding 30 different NGOs – more than four times as many as last year. The assistance provided by PRM's local and international partners emphasizes best practices through involvement of host communities, adherence to humanitarian standards, and promotion of innovative delivery strategies, such as an expansion in community-based mental health interventions where trained neighbors provide the compassion and healing essential for moving towards recovery. To address the alarming spikes in gender-based violence, PRM's pandemic response funding has enabled partners to mainstream GBV prevention and support services into health, education, and livelihoods programming.

UNHCR in their lead role on protection, expanded the Gender-Based Violence Toolkit for humanitarians to provide actionable resources to partners and communities. PRM partners innovated GBV case management services based on the degree of pandemic restrictions in any given locality, creating support lifelines whether by phone or trained community members. The COVID-19 pandemic has underscored the importance of prior Grand Bargain commitments that increased support for local staff and organizations. Our “new normal” will continue to address increased needs to bridge pandemic-related educational gaps and mitigate future spikes in protection concerns, such as gender-based violence and mental health and psycho-social services.

High coverage vaccination is a critical pandemic off-ramp especially for vulnerable populations unable to consistently adopt other mitigation measures due to poverty, inadequate shelter, and conflict. The world’s most vulnerable face myriad challenges to inclusion in vaccination efforts. In March 2021, a World Health Organization-led analysis of national vaccination plans revealed that 59 percent did not specifically include refugees or asylum seekers. PRM and our partners have been strongly advocating for the equitable inclusion of refugees, asylum seekers, migrants, and other displaced persons in national level vaccine planning and roll-out. It is not only ethically the right thing to do, but also important for public health and global health security. PRM is able to more substantively advance access equity concerns thanks to the broader U.S. vaccination strategy and engagement presented earlier by my fellow panelists. Today, I am proud to share that thanks to U.S. diplomacy and tireless engagement by PRM partners, UNHCR is reporting 121 out of 123 countries monitored have begun COVID-19 vaccination among populations of concern.

Despite these gains, we still have a lot of work to do. We face a wide global equity divide in doses administered for the forcibly displaced due to supply constraints impacting low-income countries. This divide is difficult to monitor as most nations do not routinely report the number of persons vaccinated by their refugee or displacement status. However, experience in refugee communities to-date shows us that it is possible to achieve high coverage vaccination goals when supplies are available. Earlier this year, the first COVID-19 vaccination clinic for refugees was started in Jordan to protect Syrian refugees. PRM partners, working closely under Jordanian health leadership, have subsequently been able to scale vaccination access for refugees, both within camps and in the community, using common procedures established by the national vaccination program. PRM welcomes efforts by GAVI to bring the COVAX Humanitarian Buffer into full operation with vaccine distribution to humanitarian organizations that can reach populations that others cannot. Humanitarians know vaccination operations, know their communities, and will continue to play critical roles in pandemic recovery.

We are at a crossroads, where global solidarity is demanded and the commitment to humanitarian action tested on a path towards defining a “new normal” in the post-pandemic future. The high transmission rate of COVID-19 across the world has further demonstrated how interconnected we are from the spread of the disease to the global economic and supply chain impacts. We have witnessed how a risk to any person or country is a risk to all people and countries. This has driven home the moral imperative that the world not forget to ensure we support the health and security, through humanitarian assistance, for refugees and other displaced persons.

Thank you for the opportunity to appear before you today and for supporting our ability to respond to the pandemic. I would be happy to answer any questions that you may have.