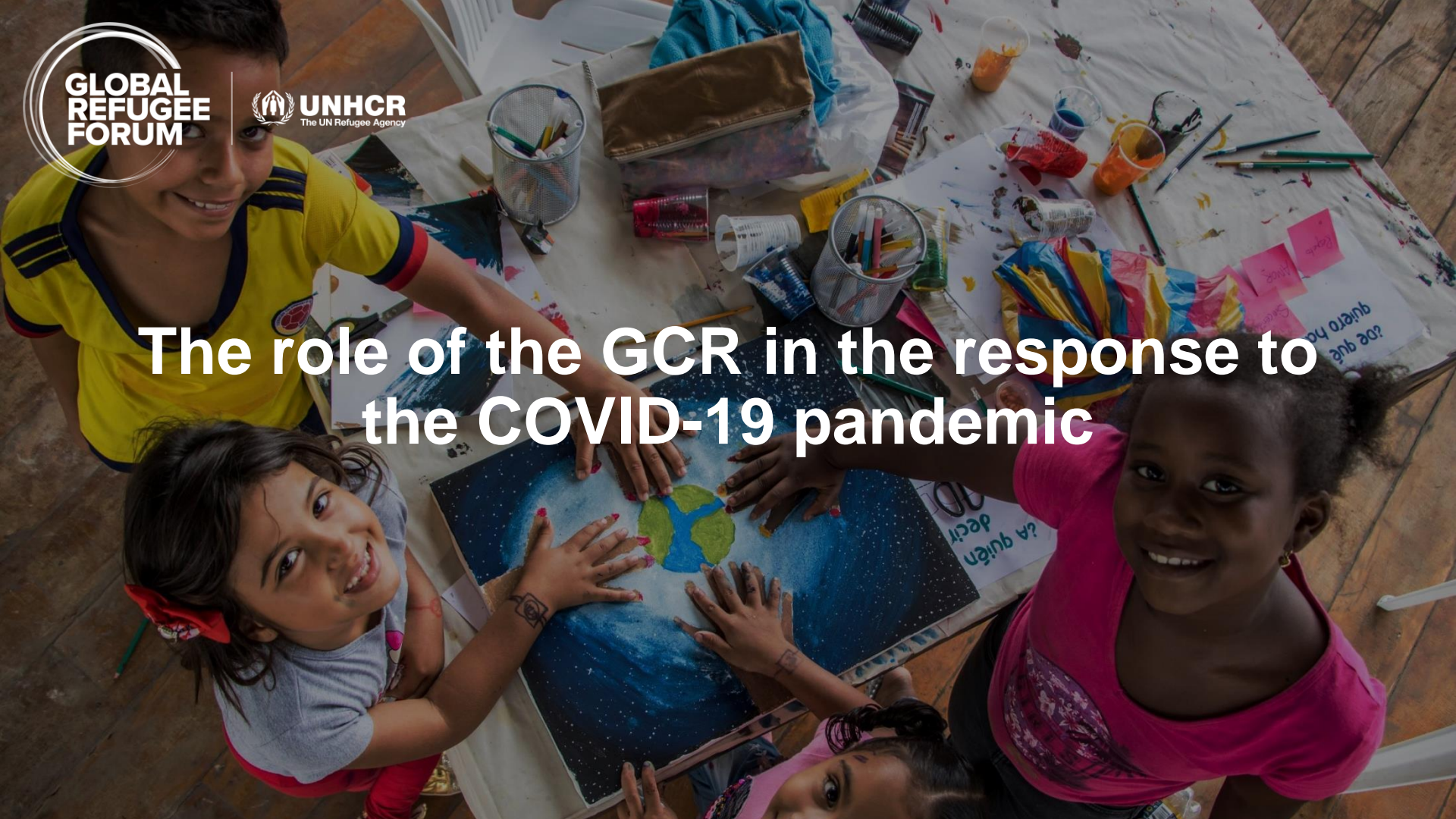




The role of the GCR in the response to the COVID-19 pandemic





Key Principles

- Burden and responsibility sharing
- Protection
- Inclusion in national systems
- Multi-stakeholder engagement



Support for the Response

- Accelerate GRF pledges (see examples)
- Protection mechanisms (asylum systems, specific needs)
- Multi-stakeholder approach (NGOs, development actors, cities, private sector, IOs, refugees)
- Support Platforms (dedicated meetings, joint statements)
- Communications and advocacy (appeals, public messaging)



Follow-up on GRF pledges

1. **Analysis:** See pledging examples in WASH, health, social protection
2. **Implementation:** Accelerated follow-up, share, amplify, and replicated good practices
3. **Tracking:** Update on progress in the Dashboard
4. **Future planning:** Lessons learned to inform strategic development of future pledges

ANNEX- Examples of relevant pledges made at the GRF

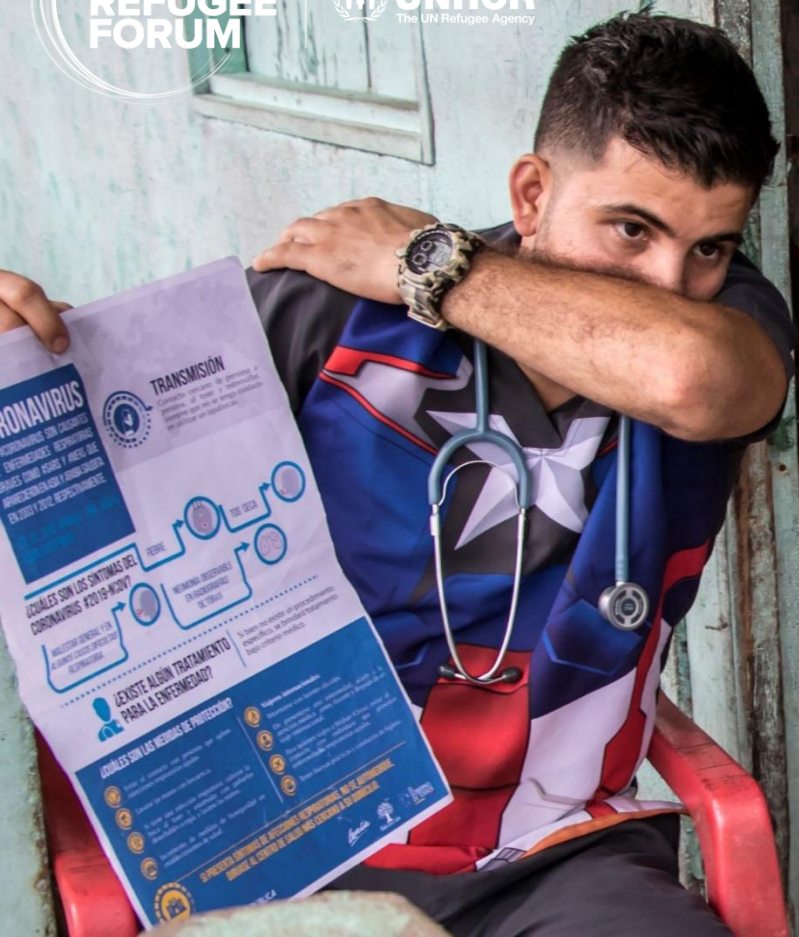
1	HEALTH					
STATES				OTHER STAKEHOLDERS & PARTNERS		
Pledges by countries of origin, transit, and destination						
AMERICAS	AFRICA			EUROPE	ASIA	IOs, NGOs and Donors
	EHA & GL	Western & CA	Southern Africa			
Costa Rica: This pledge provides insurance for universal access to health services for refugees and asylum seekers, namely basic health services (first level), as well as care in an emergency (second and third level). This is through international cooperation with UNHCR. Currently, 5,700 vulnerable refugees and asylum-seekers have been secured. The average monthly investment per person is USD 63.	Djibouti: Continue to include refugees in national systems: education, health and livelihoods. Will establish integrated rural colleges in refugee hosting villages to provide education and health services. Uganda: pledges to improve equitable access to and quality of health services for over 1 million refugees and 7 million host communities by implementing the Health Sector Integrated Refugee Response Plan (Para. 72-73 of the GCR). This plan was launched to improve equitable and well-coordinated access to health services for over 1.3million refugees and around 7.2 million host communities in Uganda. It entails a paradigm shift from a mainly humanitarian focus to developing integrated health services for both refugees and host communities over a five-year period (2019-2024) for long-term sustainability. While Uganda continues to invest significant domestic resources, additional multi-year funding is needed to cover the USD 110 million average per year, to address immediate needs and build a resilient health system that can guarantee sustainable and equitable access to health services for all in refugee-hosting districts.	Cameroon: Expand 2016 agreement with UNHCR on healthcare to include urban refugees (not just rural). Côte d'Ivoire: Provide healthcare and education to refugees in the country. Nigeria: Pledges to include refugees, IDPs, returnees and their host communities in national development plans beyond 2020 and commits to ensure adequate budgetary allocation, including but not limited to, education, health; jobs and livelihood opportunities; and other factors of economic recovery and growth scheme.	Republic of Malawi: The Government of Republic of Malawi commits to include refugees into the National Development Agenda. Including refugees in national systems and providing support to ongoing and immediate needs in health & water and sanitation. Republic of Mozambique: The Government of Mozambique pledges to continue the local integration practice, aiming at stronger synergies between refugees and host communities, and increase access to education, health and basic services for refugees and host communities by 2023.	Azerbaijan: Inclusion of refugees, as well as persons under UNHCR's protection into the national health insurance scheme in Azerbaijan. Within the implementation of this pledge more than 2000 refugees and other persons under UNHCR protection will be included in the health insurance for primary and secondary healthcare services. Montenegro: Inclusion and increased access to PHC and integration of RH & MHPSS in basic health service packages.	Afghanistan: Facilitate access to expanded healthcare in areas of return. Korean NGO Council: Support for refugee children's health in Korea.	Canada: Financially supporting the World Bank in inclusion efforts for health and nutrition services in Cox's Bazar. The Danish GCR Coalition: Ensure that national Jordanian "charity" NGOs providing standard primary healthcare services to vulnerable population groups, including Syrian refugees and other persons of concern, are more fully integrated into a national healthcare services delivery system and are recompensed through the national health budget for provision of services. The formal recognition, accreditation and inclusion of PHC clinics operated by national "charity" NGOs into a more integrated and coordinated national PHC service delivery system would inter alia increase the number of PHC clinics operating under a reformed national primary healthcare delivery system.
El Salvador: Improving health care services for internally displaced persons, deported persons in need of protection, refugees and asylum seekers.					Thailand: Vaccination services for refugee children.	Denmark: Continue supporting the Government of Jordan in ensuring greater access for Syrian refugees to the Jordanian primary and secondary health system. Danish support will include a new contribution amounting to 50 million DKK to the Joint Health Fund for Refugees in Jordan (JHFR), which is a special account placed in the Central Bank of Jordan and managed by the Ministry of Health. This contribution is directly linked with a health engagement through the Global Concessional Financing Facility and with an EU Madad Fund contribution to the health sector in Jordan, along with capacity support from other donors. Such support includes a component related to sexual reproductive health and rights.
Mexico: As a result of the reform in terms of universal access and free health services (creation of the Institute of Health for Wellbeing), approved by Congress in 2019, the applicants of the refugee status and refugee women in Mexico have access to		Senegal: Plans to provide a "refugee card" to rant access to services to refugees at the same levels as for Senegalese. The Republic of Senegal is committed to integrating low-income refugees into the health insurance.	Republic of Namibia: Strengthen access to quality health services and provision of medicines, including medical equipment as well as trained medical personnel. In order to achieve the above the GoN allocates an amount of NS 70 000 000 for the period 2019 to 2023.	The Republic of Albania: Eliminating legal barriers to better ensure the rights of refugees to access health services. Republic of Cyprus: Implementing integration strategy which includes access to health care and MHPSS.	MENA Islamic Republic of Mauritania: In order to improve access to basic services, the Islamic Republic of Mauritania undertakes to ensure the inclusion of refugees in health services under the same conditions as nationals.	GAVI: Financially supporting immunization service delivery for Bangladesh. Germany: Promotion of structural, long-term mental health and psychosocial support in development cooperation programs. Sweden: Continue to financially support Uganda's efforts to include refugees in the national planning framework. Sweden specifically committed to support the increase of digitalization within agriculture, health and education, including integration of refugees. The Global Fund: The Global Fund will fully align with the principles of the recently adopted Global Action Plan 2019-2023 (GAP) (72nd WHA) on Refugee and Migrant Health. This includes ensuring appropriate access to comprehensive HIV, tuberculosis and malaria prevention and treatment services; supporting the continuity of services across borders; integrating services for refugees into national systems; and ensuring that national strategic plans and proposals cover refugees needs.

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Refugees in the COVID-19 crisis

Asylum-seekers, refugees, people who are internally displaced (IDPs) or stateless are doubly challenged by the COVID-19 outbreak and have particular needs that should be considered as part of emergency preparedness efforts and the overall operational response.





Refugees in the COVID-19 response

- Special page on the Digital Platform (globalrefugeescompact.org) on the COVID-19 situation and links to the GCR
- Relevant pledges for the COVID-19 response and long-term solutions
- Highlighting good practice projects in COVID-19 related areas

Call for COVID-19 Good Practices in the “spirit” of the Compact