

**Conferencia Modelo de las Naciones Unidas en Nueva York para América Latina y el Caribe**  
**New York Model United Nations Conference for Latin America and the Caribbean**  
**NYMUNLAC 2021 – Virtual Edition**  
*5 -8 March 2021*

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**ECOSOC Humanitarian Affairs Segment (HAS-ECOSOC)**  
**Interim Technical Note due to the COVID-19 pandemic**

**HAS-ECOSOC topics update: 2020 to 2021 and COVID-19**

It has been a year since the publication of the committee’s study guide, and from that moment the world has definitely changed, specially due to COVID-19.

In this brief update we will mention how the COVID-19 pandemic changed the international landscape regarding our topics “Addressing internal displacement associated with disasters and conflict” and “Progress and Actions to Protect from Sexual Exploitation and Abuse”.

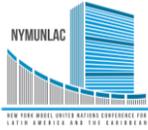
We have included references for further research, and encourage you to read beyond this brief summary.

**Topic A: Addressing internal displacement associated with disasters and conflict.**

The internal migration continues to be one of the first topics on the international agenda and the COVID 19 pandemic has deepened this issue. According to the Regional Office for North America and the Caribbean, the coronavirus disease is highly transmitted between migrants due to the extremely hard conditions surrounding the migration process, such as barriers to health services, very poor living and working conditions and exploitation.

In the face of the global pandemic, internally displaced people are especially at risk. Whether they were forced to leave their hometowns because of conflict, violence or disasters, millions of internally displaced people worldwide live in densely populated areas, are unable to self-isolate, and lack access to water, sanitation and basic healthcare.

Not only this, but also internal migration may have played an important role in the extensive community transmission of the virus. Important evidence and news reports indicate that, following the uncontrolled outbreaks and the economic deficit and recession, many internal migrants decided to return to their place of origin. This was especially true for recent migrants who maintain strong ties with their place of origin but have a limited support network in their destination place. These individuals could have been asymptomatic carriers or may have contracted the disease while travelling. This could ultimately result in places with more returning migrants increasing the number of infections and, ultimately, deaths.



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At the beginning of the last year, 79.5 million people had been forced out from their homes due to persecution, conflict, and human rights violations. This total included 45.7 million internally displaced people: 29.6 million refugees and others forcibly displaced outside their country and 4.2 million asylum seekers. Existing and new conflicts and the novel coronavirus have dramatically affected their lives in 2020.

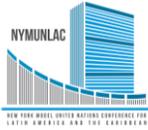
Despite Antonio Guterres, U.N. Secretary-General's, urgent request in last March for a global ceasefire while the world puts front the pandemic, nevertheless, conflicts and persecution continued. Violence in countries like: Syria, the Democratic Republic of the Congo, Mozambique, Somalia, and Yemen drove new displacements.

“The staggering figures recorded in the first six months of the year (2020) are testament to the persistent volatility of displacement crises worldwide,” said IDMC’s director, Alexandra Bilak. “Compounding this is the Covid-19 pandemic, which has reduced access to health care and increased economic hardship and protection risks for displaced communities.”

It is important that governments take an inclusive approach to ensure that all migrants, regardless of their immigration status, and non-national ones, are considered in public health planning, care, response and communication. This means: the use of appropriate language, culturally appropriate recommendations and modalities of treatment, and ensuring that all migrants, whether in a regular or irregular situation, can access health services, without fear of stigma, arrest or deportation, among other risks.

We leave you with the words of Alexandra Bilak, Director of IDMC:

*"It is still too early to fully grasp how Covid-19 will affect the tens of millions of people displaced inside their own countries – many of them fragile ones, with strained health systems and infrastructure. We can only imagine what it will mean for the women, men and children living in displacement camps, overcrowded slums or small apartments for whom access to clean water, healthcare and government support is limited, and who will suffer disproportionately from its impacts. As the world gradually uncovers the devastating long-term consequences of this virus, the world's internally displaced risk becoming the pandemic's most tragic victims."*



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**Topic B: Progress and Actions to Protect from Sexual Exploitation and Abuse**

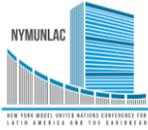
Protection from Sexual Exploitation and Abuse (PSEA) must be seen in the COVID-19 scenario as prevention, forming a critical part of coordinated humanitarian action and response. The crisis does not create new responsibilities; rather, PSEA actions during the COVID-19 pandemic should strengthen existing actions to protect people receiving humanitarian assistance. The UNHCR states that “All people should remain safe from sexual exploitation and abuse while receiving humanitarian aid, including healthcare services and treatment, without abuse or exploitation.”

Given the severe impact which the measures taken to contain the spread of the COVID-19 pandemic have had on the lives of children, adolescents and their families – including the closing of facilities serving the care and education of children and adolescents, as well as the restriction of social contact– there is reason to fear an increase of violence against children and adolescents.

On one hand, with the closure of schools and other social assistance services (which often play a key role in detecting and reporting cases of child abuse and sexual exploitation), the likelihood of increase in online time (with the ever more present treath of grooming and childpornography), and the confinement at home (sometimes with their aggressor), are considered an increased risk of sexual exploitation. On the other hand, greater difficulties in accessing health services, as well as increased burdens and separation from caregivers (due to quarantines, or severe illness/death), may lead to SEA against children, in particular girls, including child/forced marriage or transactional sex.

As seen in previous public health emergencies, when the humanitarian response scales up the risk of SEA increases. Women and children in particular face increased risks of failed protection.

Now more than ever, we need a strong and fast coordinated response. COVID-19 has not only bridged a new health problem, but has worsened every single issue we had before; and only together will we be able to surpass it and bring forth a better shining future.



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**References and other links of interest**

**On topic A, “Addressing internal displacement associated with disasters and conflict”:**

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**On topic B, “Progress and Actions to Protect from Sexual Exploitation and Abuse”:**

Interim Technical Note: Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response- Version 1.0. (n.d.). IASC. Retrieved March 2, 2021, from <https://interagencystandingcommittee.org/other/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19-response>

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**THREATS AND TRENDS CHILD SEXUAL EXPLOITATION AND ABUSE - COVID 19 IMPACT. (n.d.) Interpol. Retrieved March 2, 2021, from <https://www.interpol.int/content/download/15611/file/COVID19%20-%20Child%20Sexual%20Exploitation%20and%20Abuse%20threats%20and%20trends.pdf>**