The 3rd CCHN Monthly Forum gathered more than 120 frontline humanitarian professionals, field practitioners, policymakers, experts, and government representatives from about 50 countries online to take stock of how non-state armed groups have positioned themselves during the COVID-19 pandemic and to address some of the most pressing humanitarian challenges encountered by populations living in conflict areas. Following some introductory remarks by David Harland, Executive Director of the Center for Humanitarian Dialogue, the CCHN presented the results of a survey on “The Role of Armed Groups in the Provision of Health Services during the COVID-19 Pandemic”. In the following panel discussion, speakers highlighted additional trends on how armed groups have responded to the pandemic and reflected upon the long-term consequences. Afterwards, participants had the opportunity to learn from each other’s frontline experiences and exchange views during thematic working groups. Claude Bruderlein, Director of the CCHN, concluded the event by delivering some final remarks. The event was moderated by Joëlle Germanier, CCHN Head of Operations, and was the third in a series of online events called “CCHN Monthly Forum”.

Introduction

While Governments worldwide are reacting to the COVID-19 pandemic, non-state armed groups have been similarly confronted with the challenges linked to the spread of the Corona Virus. In Syria, Afghanistan, Gaza and the Philippines, armed groups have adopted health-related measures to contain the COVID-19 pandemic. In other countries such as Cameroon, the Central African Republic, South Sudan, Colombia, and Yemen, certain armed groups have agreed to a ceasefire to facilitate the delivery of health services.

In his introductory remarks, David Harland, Executive Director of the Center for Humanitarian Dialogue, one of the CCHN’s strategic partners, emphasized that the pandemic and the UN Secretary General’s call for a global ceasefire have impacted the behavior of armed groups. Particularly those armed groups aspiring to statehood and seeking to expand their legitimacy responded positively to the call for ceasefire. Mr. Harland also emphasized that armed groups are not necessarily interested in promoting public health but rather tried to gain political or military advantages from the pandemic.

Panel discussion

During the panel discussion Hichem Khadhraoui, Director of Operations at Geneva Call, highlighted that only those armed groups with some degree of control over territory or
Influence over the population were able to implement health care measures. He also emphasized that some armed groups have had a prominent social role during the COVID-19 pandemic and underlined that more than twelve armed groups have signed a declaration in which they commit themselves to safeguard access to health care and help prevent the spread of COVID-19. Mr. Khadhraoui concluded his remarks by saying that those armed groups that were already committed to health care prior to the outbreak of the pandemic, were also more invested in health services during the crisis, thereby underlining the need for continued engagement with non-state armed groups on issues related to public health.

In her intervention, Ashley Jackson, Co-Director of the Centre for the Study of Armed Groups at the Overseas Development Institute (ODI), emphasized that it is important to reflect upon why armed groups have responded to the pandemic the way they did, and to look at their actions rather than their declarations. Ms. Jackson pointed to the lessons learned from past emergencies during which armed groups established similar patterns of behavior and specific mechanisms to deal with the crisis. She further underscored the multi-dimensional nature of the pandemic, which does not only affect health related issues but will also have economic consequences that will affect the relationships with armed groups in the future.

The third panelist, Kinday Samba, Deputy Country Director of the World Food Programme (WFP) in Cameroon, was no longer able to join the event due to an emergency on the ground.

Survey Results

The CCHN conducted a survey among its community members to develop a more nuanced understanding of the impact armed groups have had on access to health during the COVID-19 pandemic. The preliminary results showed that 50% of the health services in areas controlled by armed groups are provided by armed groups or affiliated health providers. While primary health care is the most common service provided, close to 60% of armed groups or affiliated health providers offer special care for COVID-19 patients. However, the survey also found that 60% of armed groups impose some kind of restriction on access to health services for the population.

The results confirmed that most armed groups are motivated to provide health services to increase their legitimacy, however, the survey also found that close to 70% of armed groups offer health services to fight COVID-19. Moreover, the findings showed that how armed
groups are perceived as a result of their health service provision varies significantly across regions.

Furthermore, the survey found that for about 60% of humanitarian negotiator, it has become easier to negotiate with armed groups since the outbreak of COVID-19. However, a similar number of humanitarian negotiators said that it has also become more difficult to build trust with armed groups since the beginning of the pandemic.

Working Groups

Participants of the 3rd Monthly Forum were split into fifteen working groups to discuss how the COVID-19 pandemic has impacted humanitarian access, how international organizations have responded, and how humanitarian negotiations have been impacted by the crisis. The discussions in the working group showed that since the outbreak of the COVID-19 pandemic the humanitarian situation has become increasingly more difficult. Governments are taking advantage of the situation to expand their control. Armed groups have implemented quarantine measures, but often lack health care capabilities to respond adequately to the pandemic. While there is a common ground for dialogue based on a shared interest to respond to the crisis, it is not yet clear whether this will translate into opportunities for negotiation. At the same time, a lack of coordination among humanitarian organizations has so far prevented a more effective response by the international community.

At the end, Claude Bruderlein, Director of the CCHN, presented the results of the working groups and offered some final remarks to conclude the event. In his remarks, Mr. Bruderlein emphasized that the group discussions made it very clear that humanitarian spaces have been shrinking since the beginning of the COVID-19 pandemic. Limitations imposed due to lockdown measures have been used by both Governments and armed groups to expand their control over humanitarian action. While the crisis has created opportunities for more remote negotiations, it will be important to establish a community dialogue to regain trust and improve the humanitarian response.

Upcoming Events

- Online and Hybrid Peer Workshops at Global and Regional levels on Humanitarian Negotiation
- Summer Briefing Sessions on the Response to COVID-19 in the Middle East: How to Prevent and Mitigate Risks in a Negotiation – 22 July, 2020

Events only open for CCHN community members:
- CCHN Digital Office Hours
- Negotiation Support Cell
- Online Community of Care Dialogue on Preventing and Mitigating Stress in High Pressure Negotiations

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