



## CCHN Monthly Forum

# Humanitarian Response to the COVID-19 Pandemic

*Online Event - April 15, 2020*

### *REPORT*

The first of a series of Monthly Forum gathered over 200 frontline humanitarian professionals and policymakers from around the world in an online space, where experiences and perspectives on the humanitarian response to the COVID-19 pandemic were exchanged. This first forum set the focus of the CCHN community of practice on the challenges and dilemmas of asserting the core principles of humanitarian action in some of the most difficult choices regarding the response to the pandemic. This open and field-oriented exchange represents a baseline of information gathered through the network of community members of the CCHN, with the view of supporting the efforts of field practitioners in engaging with local and national authorities in maintaining and restoring life-saving programs in favor of the most vulnerable groups.

### ***Launch and Opening Remarks***

**Peter Maurer**, ICRC President, launched the CCHN Monthly Forum series and shared his thoughts with the participants. In his speech, Mr. Maurer stressed the importance of building a collective responsibility to respond effectively to the pandemic. He suggested that humanitarian negotiators are particularly well positioned to mobilize the collective commitment of governments in these difficult times to contribute to the design of a proper public health response along the humanitarian principles of humanity, impartiality, neutrality and independence. He further proposed that frontline negotiators should base their interventions as much as possible on observations informed by public health sector. Tools and methods provided by public health specialists and researchers should inform the proposed plans in addressing the impact of the crisis on the most vulnerable. Lastly, Mr. Maurer suggested that the mobilization of this collective responsibility and provision of public health recommendations must come down to practical steps adapted to each context to contain the virus, while protecting the lives and dignity of the most vulnerable populations in complex environments affected by conflicts.

The opening remarks were presented by:

- **Dr. Ibrahima Socé Fall**, Assistant Director-General for Emergencies Response, WHO;
- **Grainne O'Hara**, Director of Division of International Protection, UNHCR.

**Dr. Fall** shared WHO concerns about the impact of the outbreak particularly in fragile and conflict affected countries. He touched on WHO's support measures to countries through the Global Humanitarian Response Plan and stressed on the importance of a collective response. Dr. Fall shared that negotiation tools and methods are ever more relevant for frontline humanitarians in order to access and provide health services to populations in conflict affected areas.

**Ms. O'Hara** highlighted that the context of COVID-19 has presented new challenges and obstacles on a scale and type that the humanitarian sector has not faced before. She called for advocating and negotiating for the inclusion of people on the move, specifically refugees, displaced populations and migrants in the public health plans of affected countries. She shared that excluding non-citizens undermines the overall effectiveness of a public health response and that governments should make sure that public health systems are able to respond to the needs of displaced populations regardless of their status without provoking a backlash that may come from host communities.

### ***Regional Working Groups***

*Summary of discussions on current challenges of humanitarian negotiation in regions*

#### **Africa**

Concerns of answering to and managing the significant pre-existing needs of populations were shared. Concern for secondary impacts (beyond direct health impacts) was highlighted throughout the discussion including food crisis linked with economic concerns, delays and reversal of peace and conflict mediation processes, reductions in program funding. The changing dynamics in previously "stable" contexts with developmental programming shifting to more complex operational environments and the introduction of "new" negotiators lacking the skills and experience to lead principled negotiations was discussed as a potential problem. Impacts on human resources due to travel restrictions were cited as a challenge while opportunities were also noted linked to localization and remote management systems. Questions of duty of care, safety of staff and a fear of humanitarians being perceived as a vector of transmission were mentioned in several contexts. Engagement of local communities were seen as a priority.

One participant, based in Goma, DRC highlighted the challenges of information gathering and sharing and the risk of false information and rumors on the humanitarian response. She gave a number of examples expressing the multi-layered challenges the response is facing with impacts at the global, regional and local levels. Another participant working in Burkina Faso noted that COVID-19 is adding complications to the already existing challenges in the Sahel region and highlighted some efforts to shift program delivery strategies including cash grants and mobile transfers as a way to support populations while not putting people at increased risk.

The group shared thoughts about the need to review the similarities of the Ebola responses in West Africa and currently in DRC as well as the challenges of "stacking" responses with covering a variety of health needs for example (DRC: measles, cholera, Ebola, COVID-19). The group discussion ended with some words of hope from a participant who noted that during her experience in the West Africa Ebola response it was difficult to see a potential end to that

crisis but eventually that outbreak ended and that the current COVID-19 pandemic will have an end as well.

### **Asia**

On the public health situation, participants talked about the immense pressure put on already fragile health systems, with a risk of a break-down associated with limited medical supplies and equipment, particularly PPE, limited testing capacity and the potential inability to cope with the crisis. Some also mentioned the difficulty of implementing physical distancing measures in highly dense communities, as in the camps of the Cox's Bazar. In Afghanistan specifically, the high influx of returnees from Iran challenges the health system, increasing the risk of transmission and undermining the response capacity.

Some participants stressed the impact of the restrictive measures and new operational priorities on access negotiations to deliver assistance and protection to populations in need. In contexts like Bangladesh and Myanmar, it seems that tighter restrictive measures and shifting priorities actually contribute to shrinking the negotiation space even more. In other contexts, like in Afghanistan, the situation may create new opportunities for opening a dialogue with certain non-state armed groups in need of medical and other types of support in areas under their control. Specific to the situation in Myanmar, there is also a growing concern that an increased militarization of the crisis response could come at the expense of humanitarian operations and access to population in need. Mobilizing support of the authorities for programming that is non-COVID-19-related, i.e. protection activities, was cited as a general challenge.

Participants also raised safety and security concerns during the discussion. As a secondary impact, livelihood opportunities are severely affected, raising deeper socio-economic issues and tensions, especially in the Afghan cities that are the most affected. Questions of staffing challenges were also common to different contexts, with reduced teams and the risk of staff exposure to the virus. Related to this the question of perception from communities also seems to have a high impact on the capacity to operate, which is especially true in Bangladesh, with national and international humanitarian workers being seen as potential transmission vectors of the virus.

### **The Middle East**

COVID-19 pandemic has affected the operations and staff of humanitarian organizations in the Middle East despite the current low number of official COVID-19 cases. Humanitarian organizations are struggling with the effects of the lockdown and movement restrictions, both internally and externally, as well as from the lack of protective equipment and the stigmatization of humanitarian workers as being the vectors of transmission of the virus. Also, many participants shared their concerns over livelihood opportunities of hundreds of thousands of families that are left without sources of income.

In terms of access negotiations, the pandemic has opened some new opportunities to negotiate access to hard to reach areas in Syria and Yemen however, due to the militarization of the public health response the negotiators are also dealing with new interlocutors which brings about new challenges.

Participants also discussed that while calls for de-escalation were successful in some frontlines in Syria and in Yemen, the crisis has at the same time enabled other fronts to escalate, particularly in Syria, where IS has launched a new offensive, and in parts of Iraq, where tribal clashes are flaring up.

The participants of the working group were particularly concerned about the fate of migrants who end up in quarantine centers in Yemen as well as for the displaced Syrians both inside and outside of the country. Some participants reflected on how frontline negotiators could be supported with the challenge to negotiate with new interlocutors in a particular climate of suspicions and rumors due to the pandemic. Questions were also raised about the possibility to strike a balance between confinement and responding to the humanitarian needs.

### **Latin America**

Participants of the working group on Latin America, discussed the impact of the pandemic on the humanitarian space and raised common issues including the restricted access to populations in need particularly migrants, refugees and returnees, overwhelmed health care systems and security concerns as a consequence of the COVID-19 pandemic.

Regarding the operating capacity, participants shared that the humanitarian organizations are facing challenges to coordinate efforts among themselves, as well as with the governments. It was mentioned that there is a change of power dynamics, which has reduced the space of the humanitarian organizations over the emergency response. The organizations are having to re-negotiate their space and their capacity to support governments in their crisis response. Most of the participants expressed their need and interest in negotiation tools and methods that can further strengthen their capacities. Specific interest in tools for remote and digital negotiations in the context of the pandemic was highlighted.

Some participants reported that although many organizations had to evacuate their international staff, localization trends that are taking place (e.g. nationalizing specific roles and responsibilities) can bring new opportunities for the processes of negotiation with some governments. National staff, in general, are highly competent and this allows humanitarian actors to rely on the national staff for continuation of operations where possible.

### ***Interview with Experts***

*Summary of the discussion on negotiation strategies in the context of the COVID-19 pandemic with:*

- **Dr. Sinead Walsh**, EU Ambassador to South Sudan, co-author of [\*“Getting to Zero: A Doctor and A Diplomat on the Ebola Frontline”\*](#);
- **Dr. David Fairman**, Managing Director at the Consensus Building Institute and Associate Director of the MIT-Harvard Public Disputes Program, co-author of [\*“Negotiating Public Health in a Globalized World: Global Health Diplomacy in Action”\*](#).

Now being engaged in the COVID-19 response in South Sudan and building on from her previous engagement in Ebola preparedness in Sierra Leone, **Dr. Walsh** shared her views and experience with the participants. She suggested that negotiation in the context of an outbreak

is primarily about advocating to the people in charge of the national response what the technical (health) and humanitarian experts are recommending. Diplomats can take a 'connector' role in this sense, she said and further elaborated on some of the techniques she uses as follows:

- Identifying the experts and building relationships with them and helping them build informal relationships with each other is key. Both health and humanitarian expertise are equally critical in an infectious disease crisis in a country like South Sudan;
- Having a list of key advocacy messages that is regularly updated based on the collective reviews by the humanitarian and technical experts and dissemination of it among actors is important. A message about the continuation of other humanitarian programmes is a must;
- Relationships are critical and time has to be invested in building trust with counterparts so that they see you as an honest broker when you are trying to push something. Understanding the politics of who's who in the government and their positions is vital for that.

**Dr. Fairman** shared his perspective about relationships, interests and alliances in regard to humanitarian negotiations in the context of a pandemic. The core interests of the humanitarian community remain the same but tradeoffs among those interests in some contexts can be acute. The balance between mobility and the COVID-19 response should be grounded down to local levels. Identifying what is essential to meet the access goals and what can be willingly traded off as non-essential with your counterparts can be of use. Alliance between humanitarian community and health experts is necessary for assistance and protection interventions to aid the local populations.

Dr. Fairman suggested that remote and digital communications will raise new challenges. Meeting the counterpart for the first time digitally and attempting to build trust is a challenge. Dr. Fairman further suggested the following as potential enablers for these processes:

- Be introduced by someone who is trusted by the counterpart already;
- Spend enough time to make human-to-human connection with the counterpart and allow him/her/them to share experience with you as a concerned person rather than being perceived as a foreign humanitarian;
- Understand their position and interest and seek common or complementary interest through your actions;
- Localization creates an opportunity to further build capacities of local frontline colleagues and partners as negotiators and that appropriate guidance from international levels need to be assured.

Q&A session with the participants followed in a plenary discussion. This included conversations among the participants in the "chat room" on the views and perspectives shared by the experts.

### ***Upcoming CCHN Activities***

The CCHN Director, **Claude Bruderlein** presented a set of upcoming activities linked to the response to the pandemic, including:

#### **For CCHN members:**

- [Online Peer Group Meeting on the impact of COVID-19 pandemic on migrants, IDPs and refugees](#) - May 4<sup>th</sup> at 14h00
- [Online Briefing Session on how public health approaches can inform humanitarian negotiation in times of a pandemic](#) – May 5<sup>th</sup> at 14h00
- **Regional peer circles** of frontline humanitarian negotiators starting on May 6<sup>th</sup>
- [CCHN Negotiation Support Cell](#) connects frontline professionals with a support group structure and a community of care.

#### **For all participants:**

- [Online Induction Peer Workshops](#) on Humanitarian Negotiation starting on April 27<sup>th</sup> and May 25<sup>th</sup>
- [2<sup>nd</sup> CCHN Monthly Forum](#) on May 15th
- [Covid-19 Resource Database, Harvard Humanitarian Initiative](#)

\*\*\*\*\*