

Viewpoint: COVID-19 and the Humanitarian System¹

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1. Overview/Key Messages

Where COVID-19 intersects with humanitarian crises, the pandemic threatens to create humanitarian catastrophes and reverse gains made in reducing vulnerabilities including poverty in the last five to ten years. Populations in fragile countries have already been exposed to additional risks and vulnerabilities with 40 to 60 million people estimated to fall under extreme poverty only in 2020 and another 130 million people will be food insecure.² These countries will face unique challenges as they have very limited testing and tracing capacity, lack strong institutions, and often rely on humanitarian assistance as a lifeline. The humanitarian system is responding to both pre-existing and COVID-19 related needs for 110 million people in 57 countries with a US \$31 billion price tag.³ Nevertheless, the global pandemic demonstrates that the traditional humanitarian business model needs to change. The UN and international community should use this pandemic as an opportunity to amend this business model by removing siloes, exploring complementarity, and being creative in finding new financial instruments to fund humanitarian operations.

2. Impact on humanitarian needs and vulnerabilities

COVID-19 has exposed populations in crisis-hit countries to new and compounded vulnerabilities but its full impact is yet to be fully felt and understood. Before the COVID-19 crisis, humanitarian agencies have identified that 167.6 million people will be in need in 2020 based on vulnerability characteristics such as sex, age, disability, displacement status, and poverty, among others. Older people with co-morbidities, women, children, chronically ill, groups and communities experiencing poverty, and displacement (internally displaced persons (IDPs), refugees, migrants, stateless people) are some of the most vulnerable and at-risk populations. Moreover, COVID-19 carries the risk of shifting the focus of humanitarian response from addressing pre-existing needs to COVID-19 related needs only. While up-to-date people in need data is not available yet, it is safe to assume that millions of new people

¹ This paper solely reflects the author's own opinions and cannot be attributed to the United Nations

² Extreme poverty is defined as living under US \$ 1.90 per day. The World Bank suggests that poverty reduction gains in the last five years are likely to be lost. Please see the World Bank update on poverty as of 21 April, available at:

<https://www.worldbank.org/en/topic/poverty/overview>,

For food insecurity figures, please see WFP's Global Report on Food Crises, available at:

<https://www.wfp.org/publications/2020-global-report-food-crises>

³ The Global Humanitarian Overview, as of 21 April, Available at: <https://hum-insight.info/>

will now require humanitarian aid. This is because most humanitarian crisis-hit countries have weak or partially functioning health systems. In some countries such as Syria, Yemen, and Afghanistan hundreds of medical facilities have been damaged or destroyed due to years of crisis while thousands of health care staff have been internally and externally displaced, depriving these countries of the human capital required to confront COVID-19.

Testing, tracing, and treatment capacities in some of the crisis-hit countries are either non-existent or barely available. As of 21 April, there are 16,884 confirmed cases with 650 confirmed deaths in 25 crisis-hit countries.⁴ While these figures may appear low, one should note that testing, tracing, and treatment capacities are limited in these countries, meaning it is difficult, if not impossible, to know the true scale of infections in them. Even with limited infections, some of these countries will struggle to cope with the health impact of COVID-19. Take Somalia, for instance. There are **zero ventilators** in the country, meaning severe COVID-19 patients will not receive the required oxygen treatment to survive. The Central African Republic and Mali only have three ventilators each, hence, there is one ventilator per two million people in the former and one per 6.5 million people in the latter.⁵

Beyond health impacts, the COVID-19 pandemic represents a crisis of unprecedented proportions in terms of food security, access to essential services, and shelter. The economic consequences of COVID-19 will mean that millions of people will lose their income and livelihoods and will have reduced purchasing power pushing them to become food insecure. In addition to 135 million people currently requiring food assistance in 2020, another 130 million people could be pushed to the brink of starvation by the end of the year.⁶ Of note is the situation in Yemen where 20 million people or 2 in 3 people depend on food assistance for their survival, and more than one million children are already suffering from wasting.⁷ Families will have to face the stark choice of skipping a meal or reducing portions to feed their children while not being able to afford key items such as clean water or soap to prevent COVID-19. Dilemmas will also emerge as populations look for economic opportunities and want to move to various parts of a country; should they be allowed to move and increase the risk of spreading the virus or should they remain in their place of residence but face food insecurity and hunger?

COVID-19 containment measures such as physical distancing and confinement generate additional challenges for vulnerable populations. How can internally displaced persons and refugees sheltering in densely populated camps with squalid living conditions implement physical distancing? There are 77 thousand refugees per km in the Kutupalong camp in Cox's

⁴ COVID-19 Pandemic in Locations with a Humanitarian Response Plan, As of 21 April 2020, Centre for Humanitarian Data. Available at: <https://data.humdata.org/visualization/covid19/>

⁵ 10 African Countries Have No Ventilators. That's Only Part of the Problem, as of 17 April. The New York Times, Available at: <https://www.nytimes.com/2020/04/18/world/africa/africa-coronavirus-ventilators.html>

⁶ The World Food Programme Chief's Statement to the Security Council as of 21 April, Available at: <https://www.wfp.org/news/wfp-chief-warns-hunger-pandemic-covid-19-spreads-statement-un-security-council>

⁷ Yemen Emergency Food Security Dashboard, as of March 2020, Available at: https://docs.wfp.org/api/documents/cba89edb470f4816b0a335fa1a088555/download/?_ga=2.60862316.1927053337.1587541521-128303918.1581347618

Bazaar, Bangladesh which is seven times higher than the population per km in New York City.⁸ Considering that there are over one million refugees living in this camp with limited health care and sanitation services, COVID-19 could spread like a wildfire in this camp as well as hundreds of other camps in Lebanon⁹, Syria, Yemen, Somalia, and elsewhere. Finally, schooling has been suspended in many humanitarian crisis contexts with 250 million children¹⁰ running the risk of not being able to return to school, potentially dropping out and risking missing their vaccination, which then could lead to another series of health problems.

3. Impact on humanitarian operations and system

The humanitarian system is responding to pre-existing needs and adapting quickly to respond to COVID-19 related humanitarian needs across the globe by providing crucial information and data to inform public health responses, appealing for a global ceasefire, mobilizing health supplies and expertise, and advocating for resources, among others, to reach the most vulnerable. Country operations have either adjusted or are in the process of modifying their operations in crisis-hit countries to respond to pre-existing and COVID-19 needs as effectively as possible. Yet, much more is needed as the humanitarian system faces significant questions and challenges ranging from logistics and humanitarian access to lack of funding and coordination set-up challenges.

3.1. Limited humanitarian access and disrupted logistics networks: Although humanitarian access is still possible in many parts of the world, several COVID-19 related constraints including border closures, curfews, suspension of international flights, restrictions on exports, and limitations on points of entry have emerged and restricted effective response. These constraints primarily affect humanitarian personnel and movement of goods into and within a country thereby resulting in limited capacity and goods to deliver aid. For instance, the United Nations Humanitarian Air Service (UNHAS), which flies humanitarian personnel in some of the most difficult operations where commercial flights are either non-existent or do not comply with safety procedures, has grounded its planes in some of the key humanitarian operations such as Yemen and operates with limited capacity in others. Humanitarian actors in Syria, South Sudan, Nigeria, and Colombia have put in place enabling measures such as exemptions to travel restrictions for humanitarian staff to ensure continuity of humanitarian operations while UNHAS is working to set up air bridges in regional hubs to ease the movement of goods. These, however, raise questions as to whether such exemptions could do harm (through staff movement and goods which could increase the risk of transmission), whether the benefits of operating with exemptions for humanitarian agencies outweigh the

⁸ Can I Stay or Can I Go Now? Longer Term Impacts of COVID-19 on Global Migration as of 21 April, CSIS, Available at: <https://www.csis.org/analysis/can-i-stay-or-can-i-go-now-longer-term-impacts-covid-19-global-migration>

⁹ How COVID-19 is limiting healthcare access for refugees in Lebanon, as of 21 April. Available at:

<https://www.thenewhumanitarian.org/feature/2020/04/21/Lebanon-coronavirus-refugee-healthcare>

¹⁰ UNICEF estimates that 250 million children live in conflict affected countries which declared school closures as a result of COVID-19.. See the statement from the UNICEF Executive Director Henrietta Fore: <https://www.unicef.org/press-releases/covid-19-global-ceasefire-would-be-gamechanger-250-million-children-living-conflict>

risks and duty of care to staff, and, how international humanitarian organizations could sustain working remotely, especially considering the financial and operational costs involved.

3.2. National governments and local actors' leadership: COVID-19 has the potential to alter the dynamics between international and local humanitarian organizations and governments. International humanitarian agencies often hold significant power when compared with national organizations, which do not have access to international funding opportunities and are often left out of international coordination mechanisms. With international staff having to work remotely, local actors are on the front line of the COVID-19 response as humanitarian work requires field presence and acceptance from local communities. Combined with years of advocacy to localize humanitarian response and ease local organizations' access to funding opportunities, and understanding of local systems and traditions, local organizations are in a prime position to claim a bigger and powerful role in humanitarian response pending donor buy-in. Simultaneously, governments are re-asserting their leadership in public health response and scrutinizing the work of international agencies more than ever. More than 120 countries including several crisis-hit governments have introduced, adapted or expanded social protection systems which enable affected communities to remain resilient and maintain their living conditions. This does not only highlight governments' crucial role in fighting COVID-19's health and non-health impacts but also brings to the fore some inherent weaknesses in the traditional humanitarian business model, i.e. provision of short-term assistance that only addresses symptoms of a crisis. The key indicator of government and local actors' leadership and role in humanitarian aid will be whether governments could extend social protection and other assistance to IDPs, refugees, and other vulnerable groups without discrimination and based on needs.

3.3. International aid business model and architecture: Although COVID-19 is a public health matter, its non-health impact is and will be devastating in crisis-hit countries raising questions as to whether current business models and international coordination frameworks are fit for purpose. There are currently three parallel response efforts underway; (1) public health response led by the World Humanitarian Organization in support of national governments, (2) humanitarian response coordinated by the UN (United Nations) Office for the Coordination of Humanitarian Affairs and the UN High Commissioner for Refugees (for refugee contexts), and (3) socio-economic development response coordinated by UN Development Coordination Office. In addition, the World Bank, and the International Monetary Fund, while part of the broader UN system, have their own support schemes. Each aid framework then has its own coordination and response plan both at the global and country-level resulting in potential duplications and siloed approaches to reduce vulnerabilities of affected populations, competition over scarce resources as well as mandates thereby limiting the effectiveness of the system. Could the international community afford to maintain such an approach in the aftermath of COVID-19? Current developments show the system will have to adjust and advance a unified and system-wide framework that is fit for purpose.

3.4. Humanitarian financing: Even prior to COVID-19, the humanitarian system faced funding shortages given the exponential growth in needs and scarce resources. In 2020, humanitarian organizations initially appealed for US\$ 29 billion and have then asked for another US\$ 2 billion, with a funding level of only 10 percent as of 23 April.¹¹ The Ebola emergency taught us that swift and resource-sufficient action is key to limit transmission, yet, the funding level for the COVID-19 humanitarian response is currently at 30 percent, ringing alarm bells for the health and well-being of populations in some of the most difficult contexts. Simultaneously, the US Government, one of the largest donors of the UN and WHO (World Health Organization), has suspended funding to the WHO until a review of WHO's handling of the COVID-19 is completed, stretching resources and complicating the race against time to save lives and livelihoods.¹² Hence, the sustainability of current humanitarian financing mechanisms and tools are in question as are the pillars of the multilateral system upon which the humanitarian system is built. Neither humanitarian organizations nor fragile countries can afford to rely on funding mechanisms that are not fast, predictable, and based on a shared responsibility principle. In the short-term, a quick solution could be to rapidly upskill national and local health care workers and expanding partnerships with industries that can pro bono produce supplies such as PPEs (Personal Protection Equipments), tests, and other medical supplies. Simultaneously, fragile countries may opt to use the World Bank and the International Monetary Fund tools to deal with COVID-19, but the humanitarian community will need to find other solutions that will reduce dependency on big donors for the medium and long-term. Such solutions may include investments in insurance products, regional preparedness and solidarity funds that can be triggered regardless of the category of emergency/need (peace, development, humanitarian, public health), NGO Liquidity Fund, local private fundraising, and anticipatory financing mechanisms that can be triggered on the basis of risk thresholds. . These solutions will need to consider experiences with the World Bank's Pandemic Bond Instrument and balance out requirements for a swift and predictable response vis-à-vis return expectations of investors.¹³

4. Moving Forward

The humanitarian community will need to recognize the gravity of challenges posed by COVID-19 ranging from its impact on a trembling multilateral order and respect for norms, the size of needs vs limited resources, and effectiveness and agility of its business model. These challenges cannot be addressed at once, and the focus should remain on responding to COVID-19's impact. Nevertheless, there are several opportunities that we can and should take advantage of in humanitarian response. First, we can extrapolate some lessons learned from the Ebola emergency as well as the ongoing COVID-19 response to inform and adjust the humanitarian business model and architecture. We have seen an increasing number of public

¹¹ The COVID-19 Global Humanitarian Response Plan will be updated on a monthly basis and financial requirements are likely to increase as the impact of the crisis is felt in crisis-hit countries.

¹² Trump suspends funding to World Health Organization, Financial Times, Available at: <https://www.ft.com/content/693f49e8-b8a9-4ed3-9d4a-cdfb591fefce>

¹³ World Bank pandemic bond instrument fails in COVID-19 response, as of 7 April, Available at: <https://www.brettonwoodsproject.org/2020/04/world-bank-pandemic-bond-instrument-fails-in-covid-19-response/>

health emergencies since the start of the 21st century with corona type viruses being the reason for most if not all these emergencies. Not all will require a humanitarian response, but the system must be sufficiently prepared and offer predictability. Second, as we struggle to move and be physically present in fragile countries, we can use technological advances and local ability and knowledge to address COVID-19 and similar emergencies. This ranges from using drones to move medical supplies including tests to remote locations to using 3D printers to produce medical supplies to recognizing local humanitarian organizations' leadership. Third, we have a unique opportunity to encourage governments to invest in essential infrastructure and services as opposed to continuously addressing shortcomings with short-term interventions that are quite expensive. Fourth, the humanitarian system needs to complement national social protection systems by filling in gaps where government response falls short and using cash-based response modalities including but not limited to social safety nets to re-vitalize local markets and private sectors, which are themselves responding to COVID-19 as well.