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In 2020, the COVID-19 pandemic revealed the weaknesses of the humanitarian sector in the face of a global and systemic crisis. International aid organisations were subjected to significant constraints, limiting their ability to take action due to movement restrictions, but also due to the stigmatisation of staff, lack of trust within communities and the system’s lack of agility. Despite these difficulties, humanitarian organisations did show a great deal of adaptability in order to pursue their programmes and deploy their COVID-related activities. But the pandemic brought home the fact that international organisations only have a marginal role to play in responding to a multi-sector crisis of this scale.

For their part, national and local actors were often better placed to gain access to and communicate with people, particularly to disseminate public health and prevention information, to identify priority cases and deliver vital assistance. Despite all the constraints, new forms of activism and grassroots action blossomed all over the world to bring about change or provide assistance.

The health crisis and its secondary effects highlighted shortcomings and inequalities of all kinds, in both the Global South and the Global North, which sometimes led to genuine humanitarian and social crises.

At the same time, the pandemic boosted certain issues that the aid sector has been talking about for years (the increased role of local actors, the environmental footprint of aid, integrating climatic risks into project design, etc.).

The global crisis caused by COVID-19 therefore appears to be an opportunity and a decisive moment to reorientate the way humanitarian action is implemented. By raising questions about its approach and its operational methods, it has forced the sector to rethink the roles of different actors and the way that international aid functions. These issues are all the more important as the current crisis could just be a ‘foretaste’ of crises to come due to climate breakdown and its multiple consequences.

On 22–24 September 2020, we were able to hold the Autumn School on Humanitarian Aid, with around thirty people (respecting relevant protective measures!) present at Groupe URD’s headquarters. In the light of recent work carried out by Groupe URD (the COVID-19 Observatory), the Autumn School underlined the need to rethink and reinvent the operational methods of the international aid sector so that it can fully play its role in meeting the challenges ahead and counter the inward-looking tendencies of societies in all crisis contexts, both in the North and the South.
‘COVID-19 feedback exercise’: what happened, and what we learned
by François Grünewald

Using the Open Space method, a feedback exercise was carried out during the Autumn School on Humanitarian Aid about the different facets of the COVID-19 crisis and how it was managed. The initial part of the exercise consisted of collectively establishing a timeline of the events that took place. The workshop looked at three distinct periods (prior to 15 March, between 15 March and 31 May, and since 1 June 2020), and focused on three areas: what happened; the measures implemented and actions undertaken; what we learned. This article attempts to describe the ‘timeline’ that was drawn up.

1 / PRIOR TO 15 MARCH 2020

What happened

Though a certain number of elements seem to indicate that SARS-COV-2 was already present in Europe in the last months of 2019, it was in January 2020 that things began to gather pace when China sounded the alarm after discovering a form of pneumonia with an unknown source. From 22 January, the 6 million inhabitants of the province of Wuhan were locked down, but contaminated people had already begun spreading the virus on every continent. Fears began to rise when several clusters were found outside Asia (Italy, Iran, etc.) and on 24 January the first three cases were announced in France, all linked to people who had travelled from China. But it was only on 30 January that the WHO declared that the COVID-19 epidemic was a ‘Public Health Emergency of International Concern’.

After this initial period when the situation appears to have been underestimated, a first major cluster was identified in Italy in mid-February, then another in France, and soon after in Spain. After a period of doubt about the seriousness of the problem, monitoring systems were set up at the beginning of March. These quickly helped to assess the scale of the epidemic in Europe. Meanwhile, in the United States, which appeared to have been spared, the situation suddenly deteriorated. The WHO officially declared that COVID-19 could be characterised as a pandemic on 11 March, while the first cases were found in Africa, generally linked to people arriving from China or Europe.

At this time, the epidemic seemed to be gradually coming under control in
Asia and many were astonished to see Chinese aid arriving in Italy. It was not until almost every country was locked down that Europe and the majority of the world properly took stock of the situation: the impact of the pandemic on health, but also, and perhaps especially, the measures implemented to control the movement of people and goods that were progressively put in place to stop the virus spreading.

Measures implemented and actions taken

Soon, alerts were issued from numerous sources. Recommendations and protocols began to be sent to the field, notably the Middle East and Africa. Following the internal alert that was issued on 20 January, Médecins du Monde began to produce COVID-19 memos as of 6 February. COVID-19 Task Forces were set up (mid-February for the International Committee of the Red Cross, mid-March for Coordination Sud and OCHA). In France, the Ministry for European and Foreign Affairs set up a crisis unit to advise embassies and begin organising the return of French citizens.

What we learned

At the beginning of March, many organisations began to understand that a major change was taking place. As such, they had to consider withdrawing key staff, develop continuity plans, and establish mechanisms and tools to adapt activities to remote management. Staff also had to be protected, which was made possible by the first instalments of emergency funding. Certain organisations (e.g. Action contre la faim and Médecins sans frontières) set up crisis units to monitor the epidemic and launch initial responses.

At this stage, the availability of equipment was not yet an issue and few experts were mobilised. The response was implemented by staff in the field. In rich countries, women played a major role in trying to control the virus (e.g. as care assistants, nurses, those who made masks, childminders, housekeepers, and domestic helpers), often working without protection. Two major issues emerged: that of anticipation-preparation, and that of protecting carers.

What happened

Due to the rapid saturation of health systems, Italy and then France decided to lock down, followed by other countries, in a relatively uncoordinated manner. Europe became the epicentre...
of the crisis as of 13 March, followed by the United States, and particularly New York State, as of 11 April. European and international flights were halted, and most airports closed. Lockdowns of different kinds were implemented almost everywhere in the world.

It became clear that the COVID-19 crisis would also be a social crisis. The restrictions particularly affected those in the most insecure low-paid jobs who were unable to work from home. Schools were also closed, bringing the risk of deschooling, etc. The situation became increasingly difficult for all those who were no longer able to work, and those who no longer had access to food due to lockdowns and the slowing down of international and local trade. A new term was coined in France – ‘premiers de corvée’ (roughly meaning ‘those who do the hard work’) – referring to those who work in healthcare, cleaning, the food sector, waste disposal, water supply, electricity, etc., who often are not very visible but who play a crucial role in the functioning of modern societies.

Towards mid-May, lockdown was lifted in a certain number of countries, including France, but people were encouraged to limit their mobility. At the same time there was a serious deterioration of the situation in the Americas (e.g. Brazil, Peru, and the United States), while Africa continued to have few cases, despite initial fears because of the weak capacity of many African health systems to manage epidemics. The international community began to receive more detailed information about the reality of the pandemic in China, which led to a virulent attack against the WHO by Donald Trump.

**Measures implemented and action taken**

While debates raged within sections of the health sector and the media about treatments and methods of transmission, aid practitioners – who were also locked down – began to review their strategies. Protecting medical staff was one of the first priorities, but withdrawing expatriate staff raised numerous questions about local capacity and the ability to coordinate with expatriates. Organisations began to establish systems for monitoring cases and situations in the countries where they were implementing projects, with maps of each country. With visits by headquarters no longer possible, and concerns about risks for staff, practitioners in the field began to define the due diligence that they should exercise. While it was necessary to put in place systems to protect staff, and particularly medical staff (and equip health ministry staff), many questions were raised about supplies of personal protective equipment.
(PPE), which became the object of international competition. In April there was a global shortage of PPE stocks, including FFP2 masks, leading to cases where these were requisitioned by the authorities. What is more, the large number of orders for these placed in China showed that many countries, including rich countries, were not prepared for such a pandemic, despite the numerous warnings that there had been in recent years.

At the same time, international aid organisations began to detect cases among their staff, which led to a tightening of lockdown protocols. As a result, staff became increasingly dependent on tools for working and discussing remotely, such as Zoom, WebEx, Teams, Skype, etc. It was the beginning of a long period...

The development of response strategies raised important questions about issues of prioritisation in the health sector (COVID-19 vs. other medical problems), and also about the role of social assistance, and even food assistance. Subsequently, numerous fund-raising campaigns were launched to manage the COVID-19 crisis (26 March: joint appeal by the Red Cross and Red Crescent; UN appeal), a substantial number of technical notes were produced (by WHO, the WASH Cluster, the Sphere project, USAID, etc.), and think tanks and academic institutions began to get involved (at the end of March, Groupe URD launched
its COVID-19 Observatory, as did CERAH in Geneva, ALNAP launched its COVID-19 Portal, etc.)

From mid-March, due to the new working conditions, the reinforcement of operational continuity plans became a priority for humanitarian actors: decisions had to be made about adapting human resources, staff repatriation, sending relay staff, and which activities to maintain... Due to limited supplies, some organisations decided to fund the local production of masks and to design shock-responsive social protection projects. In the majority of cases, appropriate protection measures had been established for staff, partners and beneficiaries by the end of March. In April, most major humanitarian donors, as well as development donors, agreed to allow programmes to be adapted both in terms of content (responding to the different facets of the COVID-19 crisis) and methods (working from home, remote monitoring, localisation). In certain cases, organisations established forms of mutual support, pooling their competencies.

Based on the experience of Ebola, the competition to find a vaccine began to heat up. This raised the question of whether there would be equal access to the vaccines, given the risk that certain rich nations might buy them up in advance, and Oxfam launched its ‘Free vaccines for all’ campaign. Another issue was the time that was needed for vaccines to get through the different health security filters before being
available on the market. At the end of April, WHO launched the COVID Tools Accelerator (ACT), an international collaboration project that aims to accelerate the development, production and equitable sharing of COVID-19 tests, treatments and vaccines, in order to fight more effectively against the pandemic.

What we learned

This disease-related crisis was clearly now a global crisis, and not only a public health crisis. Advocacy related to economic and social issues increased, as did advocacy in favour of a large-scale response. The major international financial institutions began to respond by setting up specific COVID-19 funds. In terms of operational response, a large number of cash-based emergency food programmes were launched between the end of April and the beginning of May.

It was also at this time that certain thinkers began to look ahead to the world after the pandemic. The connection between the risk of pandemics and environmental degradation began to be understood better and to be more present in public debates.

3 / SINCE MAY 2020

What happened

From 22 May, the epicentre of the pandemic swung between Latin America and India. Europe was split between optimism (freedom of movement and the return of economic activity) and the renewed lockdown of certain regions (notably in Spain). The number of cases had still not significantly risen in Africa, even though the situation varied a great deal from one region to another. The deterioration of the economic situation was evident in many contexts both in the Global South and the Global North, and there was a huge increase in inequality.

In addition, due to the ‘infodemic’ and ‘infoxication’, it became difficult to understand how the situation was evolving. The quantity of rumours and fake news grew with tragic consequences: by 15 August, more than 600 violent incidents against healthcare workers/institutions had been recorded in 40 countries.

Measures implemented and actions taken

In May, an original initiative, the European Union Humanitarian Air Bridge,
was established involving a network of NGOs, the Humanitarian Logistics Network and two donors (DG ECHO and the CDCS). Within a few weeks, this initiative helped to fly over 1000 people into field contexts. Between May and August, it allowed 785 000 tonnes of equipment to be transported. While staff were gradually returning to their offices, both at headquarters (the ICRC’s ‘Back to office’ plan was implemented in August) and in the field, widespread fatigue was apparent at all levels within organisations. The cancelling of international events involving NGOs (Global Cluster, etc.) and their replacement by video-conferences continued to have an impact on the system. Lockdowns not only affected activities but also contributed exhaustion among staff, bringing psychosocial risks: this fatigue had to be managed, and measures were taken to increase staff resilience and provide those in need with psychological support... This situation led to the need to find replacement staff, and to plan for time off and the financial difficulties this would bring: all of which were expensive measures that were not funded by donors. In France, Coordination Sud’s efforts to raise awareness of the structural impacts of the crisis on NGOs in 2021 highlighted that organisations had used up all their own funds due to the cancellation of fund-raising events and new expenses linked to the pandemic.

In certain difficult or unstable contexts, alternatives to locking down were explored (e.g. by ACF in DRC and Lebanon). Having been in place for a number of months, international directives began to evolve on a number of levels (masks, case identification, cash assistance, etc.). On 3 June, a UN briefing regarding access to the MEDEVAC mechanism was sent to NGO staff.

In August, the first results of studies on the treatment of COVID-19 were published, leading to debate and controversy, particularly regarding chloroquine: only corticoids were recognised as being effective. Serious cases began to be treated more effectively in countries with well-equipped health facilities, reducing the amount of time patients spent in hospital and thus reducing the pressure on emergency services.

More and more attention was given to the issue of vaccination following the GAVI Vaccine Alliance’s call to establish a vaccination fund. There was ferocious competition between the major pharmaceutical laboratories, despite the official messages about international collaboration.

One concern was the effect that the COVID-19 crisis would have on development budgets, a concern heightened by the announcement of cuts to the UK aid budget. Oxfam subsequently launched its campaign calling for multinationals who have made significant
profits during the crisis to redistribute their wealth.

What we learned

On a strategic level, taking lessons from previous health crises into account proved crucial in numerous contexts. In contrast, when these were overlooked, the situation became difficult to manage. The results of studies on the social impact of COVID-19 (economy, gender, exile, etc.) began to be published, with inequalities increasingly evident, once again raising the crucial question of social protection.

And lastly, many aid organisations began to see the need to integrate COVID-19 and the emergence of probable health crises into their ‘normal’ way of functioning in the field and at headquarters.

François Grünewald

Director of Strategic Foresight
Groupe URD
COVID-19: Overcoming controversies and achieving a more predictive form of crisis management

by Jean-Luc Poncelet

This article is based on the research carried out by Groupe URD’s COVID-19 Observatory¹ and the conclusions of the Autumn School on Humanitarian Aid. It aims to identify some of the main factors that are prolonging the crisis and its negative effects all over the world, given that the objective is not to stop the pandemic but to control it more, and to move from crisis management to predictive management.

Twelve months after the start of the COVID-19 epidemic², with hundreds of millions of people locked down and billions of dollars invested in the response³ ⁴, we may have hoped that the end of the crisis would be in sight, at least in the Global North, with its apparent advantages in terms of financial and material resources. However, the number of countries that have currently reimposed lockdowns would appear to indicate the opposite. COVID-19 is still on the front pages every day, controversies continue to rage on social networks and in the media, and the decisions made by the majority of governments are continually changing. A major disaster for many... Faced with such general confusion, and control measures that, until recently, were limited to dictatorships and countries at war, the exasperation of the public and the politicisation of such measures is understandable.

CONTROVERSIES OF DIFFERENT KINDS

Before discussing specific actions that would allow the response to be managed in a more organised manner, it might be useful to analyse how a myriad of controversies has prevented a consensual action plan from being established. We have been confronted with an unprecedented ‘infodemic’. This term, which combines ‘information’ and ‘epidemic’, describes the widespread propagation of both accurate and inaccurate information about a topic, for example a disease. As facts, rumours and fears get mixed up and spread, it becomes difficult to obtain only reliable information about a problem. There have been five main types of controversy connected to COVID-19:

1. A first group of controversies are linked to information that is false from the start. Errors, lies and fraud, whether institutional or not, are widespread and existed well before COVID-19. Control measures exist to protect ourselves
from these. However, the desire to know everything immediately about this new virus, which is made worse by our hyper-connectivity, combined with interests of all kinds, has countered several of these procedures, either voluntarily (through misinformation⁵), or by accident, in the form of misinformation. This has even affected some of the most respected bastions of technical information. For example, reputed scientific journals have found themselves having to withdraw articles about controversial subjects like hydroxychloroquine, despite their review procedures⁶. A similar case of information that, on the face of it, was highly credible, came from a Nobel Prize winner known for his work on AIDS: he claimed, without sufficient evidence, that COVID-19 had been fabricated in a laboratory, which of course encouraged conspiracy theories⁷. This false information is all the more toxic as the algorithms used by social networks mean that their users are principally exposed to information that confirms their pre-existing beliefs, thus reinforcing their convictions, even for the most implausible ideas. Laudable efforts to counter this do exist, such as fact-checking websites and software that classify sources based on their qualities, or corrective institutional⁸ or legal⁹ measures, but their impact remains very limited.

2. A second group of controversies come from accurate information that is taken out of context. In this case, the scientific data is cherry-picked to support interpretations that the public - who are desperately hoping to find 'THE' solution to this deadly virus – want to hear. An example of this approach is the much-discussed documentary ‘Hold-up’, a collection of untruths which has become viral via social networks. Several newspapers, including Le Monde¹⁰, rapidly refuted its claim of a conspiracy behind the pandemic, but the damage has already been done and it takes a long time for the fact-checking to make an impact. It is therefore important to take action before misinformation appears. This, for example, was what happened regarding the idea that a vaccination would allow us to get the pandemic rapidly under control. Very different sources, such as international bodies, virologists, private foundations who are funding the vaccinations and

‘Infodemic’: this term, which combines ‘information’ and ‘epidemic’, describes the widespread propagation of both accurate and inaccurate information about a topic, for example a disease.
pharmaceutical companies all explained that it was impossible to obtain a vaccination immediately due to the complexity of the production, distribution and administration processes. For now, despite the brouhaha, this has generally been accepted. This will probably change when the competition between pharmaceutical companies, on the one hand, and producer countries, on the other, becomes too fierce to be limited to editorials. Ensuring that scientific discussions are accurate outside their scientific context requires long-term action, as does educating the public to be critically minded, and teaching journalists and scientists to be skilled in communication.

3. Controversies related to psychosociology. Many people who are presented with different sources of information will prefer the promises of a healer than statements based on established facts. In Afghanistan, for example, the authorities had a great deal of difficulty in convincing the population that there still was no direct treatment for the virus and that the miracle cure being sold by a so-called healer was a fraud. The laboratory confirmed that the concoction contained opium, papaverine, codeine, morphine and herbs\textsuperscript{11}. What is more, these reactions lead to an even greater challenge when they are exploited by interest groups. Of course, there have been proposals made to detect and
prevent these manipulations but they remain voluntary good practice codes. For example, Google, Facebook, Twitter, and more recently TikTok, signed the first set of self-regulatory norms in the world to fight against disinformation.\(^2\)

4. Differences of opinion that come from the distribution of sector-based responsibilities. The public health sector knows what the relative effectiveness of the proposed measures is from a medical point of view, but does not have the expertise to calculate how they might affect each sector of society. On the other hand, representatives of trade unions and the financial sector are better placed, for example, to determine the impact of certain measures on employment and stock exchange values, but do not have the expertise needed to know how an epidemic is going to evolve over time. Taken individually, these sector-based recommendations frequently appear contradictory because they have different objectives. The public therefore should be informed about the key points of these discussions and why they are being carried out in relation to the specific impact of the proposed recommendations on each section of society. The multi-sector composition of national COVID-19 commissions should help to overcome this difficulty by training their members more effectively in risk communication because there is always an element of mutual learning over time. By keeping the same sector representatives, mutual understanding gradually grows and allows the group to concentrate on stable and predictable control measures.

5. The fifth group of controversies are the result of a shift in the centre of gravity of authority. Institutional authority, and confidence in systems, even democratic systems, are increasingly criticised. As a result, individuals feel that they can decide for themselves, going as far as to believe that they are stronger than the virus and refusing to change their behaviour in order to protect others. This self-centred attitude can be seen very clearly in countries like Brazil and the United States, who are still unable to establish a national policy. What is more, no global mechanism has received the necessary endorsement to establish interna-

"Ensuring that scientific discussions are accurate outside their scientific context requires long-term action, as does educating the public to be critically minded, and teaching journalists and scientists to be skilled in communication."
tional strategies. The United Nations Security Council, the G20, the G7 and other major institutions were activated at a very late stage and have not made any significant decisions in this respect. Certain criticisms of the WHO may well be justified, but trying to undermine a neutral and global structure of this kind without proposing any alternative has maintained the pandemic at catastrophic levels. Only a global agreement will allow us to defeat this disease, or at least allow us to live with it, as it is a disease that can affect anyone and which is transmitted due to contact between individuals. If not for this pandemic, then for another one.

The many different sources of contradictory and conflicting information that exist show how difficult it is to ensure that everyone has access to rapidly available, accurate information, without compromising individual freedoms, and also how difficult it is to channel collective energy towards the effective management of the crisis. A global problem requires a global solution and significant funding. Though COVID-19 is a huge problem, solutions do already exist, but are incomplete. It is fundamental therefore to evaluate the reasons for this infodemic and to establish the basic principles of a global mechanism to prevent and treat it.

**HOW CAN THIS CRISIS BE MANAGED MORE EFFECTIVELY?**

Until the infodemic returns to more acceptable levels, which will take some time, there are already a number of ways to manage the COVID-19 crisis more effectively, as its social and economic side-effects are currently becoming worse than the direct impact of the virus. We feel that the main objective should be to make the way it is managed more predictable. Three principal aspects are essential to achieve this:

1. **Empathy.** An empathetic approach by the authorities has been an essential factor in controlling the transmission of the virus in democratic countries. Such an approach needs to be based on authenticity, which helps to build trust. But trust was eroded – particularly in democracies – because people thought that the measures implemented by the au-
authorities would quickly allow them to get back to a certain form of normality. It is true that the speed with which the scientific community has acquired knowledge about this new virus is unprecedented. But as impressive as this may be, our knowledge is still too incomplete, even today, to allow us to really return to normality. To avoid misunderstandings and false hopes, scientists, journalists and politicians should systematically begin their public interventions with a reminder about the degree of uncertainty when decisions are being made. Such humility would also help to avoid ending measures too soon before all the necessary checks have been made to ensure that the ‘new normal’ is in place. For the majority of people, over and above the different sacrifices related to lockdowns, it is the apparent incoherence of the information coming from the many different sources that is difficult to bear. Being transparent about what the level of certainty and uncertainty behind the different decisions being made would help people – those of goodwill, at least - to adhere to these choices that have an effect on all of our lives.

2. A combined approach. No epidemic can be stopped by a single protection measure, in the same way that building retention walls on only three sides of a field will never protect it from flooding. A disease will continue to be transmitted for as long as there continues to be a gap in the defences. Protection measures, which have been discussed in detail for months, are all effective in their way, but if they are not applied together, the door is open to an increase in cases, as we saw at the end of 2020. The good news is that the opposite is also true. With current knowledge and existing tools, several countries with very different political and administrative systems have shown that it is possible to control this second wave by combining four main measures, which can be summarised as follows:

a) limiting the importation of the virus. A control measure applied on its own has never prevented a virus from being imported. However, this measure has proven to be very useful if others are adopted at the same time. For islands, even large ones like Taiwan and New Zealand, it appears to have been a very important success factor. The boundaries involved can be those of a country, a city or even a university campus.

b) limiting the number of contacts. Given that this virus will only be partially stopped by the first barrier, a second barrier needs to be raised by reducing the possibility that a non-infected person will find themselves somewhere where there is a high risk of transmission of the virus. To do this, any event where there is a high risk of transmission should be banned and individuals must only be in contact with the same, limited number of people, commonly referred to as a ‘social bubble’. Though this has not yet been explained scien-
According to the scientific literature, it appears that only 10 to 20% of infected people are responsible for 80 to 90% of transmissions.

c) reducing contagiousness when people meet. Unfortunately, the two first barriers only partially reduce the risk of transmission. Given the large number of people who are asymptomatic, we have to limit the possibility of infecting or being infected by avoiding transmission via respiratory droplets: avoiding speaking loudly, shouting, reducing time of contact to less than ten minutes, wearing a mask, staying outside as much as possible, ventilating rooms, etc. The majority of this behaviour is acceptable if it is promoted as a means of prevention rather than individual protection. The psychological trauma of successive authorisations and bans is much greater than maintaining a reasonable preventive measure in the medium term. The example of car seat belts illustrates this situation perfectly as, nowadays, everyone wears them, even when they are driving at 30 km/h to the nearest shop.
d) if a person has the virus, their contacts should be traced, tested and quarantined. This is the measure that is currently missing the most often, particularly in democracies. Allowing a few people to infect others places the whole system in jeopardy and makes a mockery of all those who have made sacrifices to respect all the other measures. By showing people the mechanisms that can protect an individual’s identity, this essential measure can be applied. Many countries, including the most transparent societies, have not yet established independent mechanisms that are acceptable to those who campaign to protect our privacy.

3. Engaging with the institutions:

a. Multi-sector committees should make recommendations decided by consensus to promote measures to be applied by the population as a whole in the medium and long term, while respecting the four main control measures;

b. At the global level, a multi-sector system should be established as quickly as possible. WHO, as well as economic, social and development institutions should be involved to make sure that transmission rates are rapidly reduced, while preserving economic growth.

c. The same coordination principles and integrated, multi-sector vision have helped to protect local communities, both rich and poor, in countries where there is little global or national coordination (for example, local governments, community-based organisations, university campuses and businesses).

CONCLUSIONS

During this COVID-19 pandemic, an infodemic has proven to be the most serious barrier to effectively managing the response. Pointless discussions and controversies have distracted, and continue to distract, both the population and those involved in the response from the right behaviour and decisions.

Lockdown is an extreme measure of last resort that can only be justified to allow governments to establish an organised response that everyone is aware of. And yet, this is still not the case, even in countries that do not lack economic and scientific resources.

As several countries have shown, a ‘combo’ approach – which consists of simultaneously applying four main, interdependent measures – can help to get the pandemic under control. Negotiations regarding these measures should be as stable as possible, and the measures should only be relaxed when it is certain that the situation will not return to a state of crisis.

Though the new vaccines against COVID-19 might provide greater immu-
nity than vaccines that have been produced for other viruses, they are still only one more measure to be added to the list of preventive measures. It is unrealistic to think that the arrival of vaccines will remove the need to establish genuine global coordination, whether for the current pandemic or for those to come. There is an urgent need to avoid repeating the errors of the past and to ensure that global coordination establishes prevention plans for future threats.

For the time being, the measures that have been adopted are not saving enough lives and are not protecting the economy sufficiently, despite the efforts of those who respect preventive measures, and the billions of dollars invested. While we wait for national and international mechanisms to be consolidated, we should begin with local aspects that are less complex to put in place. The pandemic is the responsibility of each and every one of us.

Jean-Luc Poncelet
Disaster prevention and management advisor, public health specialist

1 - https://www.urd.org/fr/projet/observatoire-covid-19/
2 - The first formal notification of cases of pneumonia in Wuhan were made at the end of December 2019, and the pandemic was officially declared by the WHO on 11 March 2020.
4 - https://www.covidmoneytracker.org/
5 - According to UNESCO, disinformation about COVID-19 creates confusion in relation to medical science which has an immediate impact on each person in the world and on all societies. As such, it is more toxic and more deadly than disinformation related to other subjects. This is why we use the term ‘disinfodemic’. (https://en.unesco.org/sites/default/files/disinfodemic_deciphering_covid19_disinformation_fr.pdf).
6 - https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext
7 - https://science.thewire.in/the-sciences/luc-montagnier-coronavirus-wuhan-lab-pseudoscience/
8 - https://www.foreignaffairs.com/articles/united-states/2020-11-19/how-defeat-disinformation
Infographic about COVID-19 Social Media Listening © WHO
First of all, can you tell us about the Halte Humanitaire (humanitarian drop-in centre) and how it came to be?

Marie Cougoureux: In June 2018, Paris City Council contacted the Fondation de l’Armée Du Salut (Salvation Army Foundation) about the possibility of distributing breakfasts in the Chapelle neighbourhood (18th arrondissement). They were interested in working with the Foundation because we had not been working with migrants for long, compared to more established organisations (e.g., Emmaüs, Aurore...). We replied that we could provide logistical support to the grassroots collectives who were already distributing breakfasts on a daily basis. However, because of the funding from the City Council, the collectives did not want to take part. We therefore had to recruit and train our own volunteers to carry out the distributions. We then began to establish our own network with associations and collectives as we all got to know each other. The fact that we were new meant that we weren’t stigmatised or associated with anything. Despite the ‘weakness’ of our position, with funding from the City Council, and even though, like everyone else, we struggled on the ground, we managed to prove our worth. We eventually gained legitimacy and ‘Utopia 56’, for example, began to broadcast information about the breakfasts. Things gradually fell into place.

In April 2019, the situation became more tense: there were more and more people in the street, and camps were getting bigger. There was growing discontent within the associations. Staff were asking to exercise their right to withdraw and threatened to go on strike. Faced with this rebellion, the City Council came to see us and told us about a small piece of land that was available at Porte de la Chapelle. This reduced the pressure to some extent, though the activist inter-association body refused to implement activities on City property because it wanted to maintain its independence, and was sceptical about the opening of this drop-in centre. It also criticised the fact that the location, once again, was close to the Paris ring road. As such, it wouldn’t increase the migrants’ visibility, a crucial issue in terms of advocacy. The Salvation Army Foundation therefore started the project alone.
In May 2019, the drop-in centre opened with the aim of providing access to toilets, showers and a launderette for people in camps in the north-east of Paris (La Chapelle, Saint-Denis and La Villette). The ‘Halte Humanitaire’ was a day-time drop-in centre with a rest hall where, for example, the migrants were able to recharge their phones. The hall was also made available to associations who work outside (so that they were not limited to providing assistance in the street), such as the nurses of the ‘Samu social’ and ‘Ego’, and the social workers of ‘France Terre d’Asile’, who help migrants with their rights. It was easier to start the project with these associations as they are funded by the state and/or the City. Later on, the hall was also used for meetings between doctors, such as the City of Paris Medical Social Workers, the ‘Samu Social’ doctors, and volunteers from the ‘Association Médicale Adventiste de Langue Française’ (AMALF).

The activities continued from month to month until the end of September, without any visibility, but partnerships began to take shape, such as with an association of psychologists (‘Le chêne et l’hibiscus’), with some artists for a cultural project, with French teachers (‘la Halte’ volunteers), etc. The drop-in centre was therefore useful both for migrants living in the streets, and for voluntary workers, as it provided a space for dialogue between associations. With these two objectives in mind, the monthly steering committee was opened up to other organisations (‘Médecins du Monde’ and ‘Utopia 56’). This allowed the more active fringe of the inter-association body, who were not involved in the drop-in centre, to ‘come and see’ and to talk with the different organisations involved, such as the Paris and Saint-Denis City Councils. The key issue was the transparency of this very political centre (particularly due to its promotion by Paris City Council). The opening up of the steering committee was therefore quite innovative, even though it did lead to some tension.

What was the context when the lockdown was decided? What problems did this create?

M. C.: On the first day of lockdown, people in the camps suddenly found themselves in a state of complete food insecurity. They were not allowed to
leave the camps, and no longer had access to anything. The government clearly forgot about the needs of all the people in the street. Instead, they sent the police to surround the camps and prevent people from moving, despite the fact that they were in danger because they did not have access to water, or hygiene, etc. And, of course, there was violence in the camps, and the state did nothing to protect people. In short, it was very like a humanitarian context. At the same time, associations were suddenly no longer present (many volunteers, particularly those who were elderly, no longer came to help). And the administrative and operational public services that migrants have a right to, and that allow them to obtain papers to stay in the country legally, were no longer available. It was all blocked. So, then there was a proper deployment of international humanitarian NGOs, such as Médecins du Monde, to provide access to water. Their technical know-how was clearly an advantage.

Here at the Foundation, we worked with ‘Chorba’ on a food aid programme, adding our trucks to the humanitarian deployment. New grassroots collectives were set up and we quickly needed to know who was still active and operating among the different organisations (collectives, associations, NGOs, etc.). Rapidly, new partnerships were established and we began to work differently. The inter-association dynamic became much stronger and everyone began doing work that they weren’t used to doing. Staff from other associations who had stopped operating joined us as volunteers. This all happened very quickly and we had to adapt in the heat of the moment. It was ‘cobbled together’- intuitive, organic and horizontal. There was a real synergy between all the people who were available, both at headquarters and on the ground.

The drop-in centre subsequently stayed open and became a reference centre for medical issues (with a limited capacity of up to 100 people maximum on the site). Paris City Council supplied the medicine for the AMALF volunteers. The Samu social, Médecins sans frontiers and others were deployed on other structures. There was a sudden explosion in food distribution: from one day to the next, 3000 meals began to be distributed every day.

“We are clearly dealing with humanitarian issues, like access to water, hygiene, food, rights, etc.”
**How did the second lockdown go?**

**M. C.:** Initially, limited medical consultations were able to take place. Then later, we were able to open normally. Our activities received a lot of attention in the media. The partners involved were the same as during the first lockdown: MSF, the City of Paris Mobile Health Team, AMALF and Samu Social. We also established a service to refer migrants for psychological assistance.

**What are the main issues at stake today?**

**M. C.:** Today, the aim is to ensure that our activities are integrated into common law and are no longer used to substitute for state action (or, at least, as little as possible). For example, there are currently 17 washing facilities available in Paris. Yet, our assessments show that they are not at all saturated. To improve the connection with common law, we have to put in place mobile mediation teams, provide physical support, distribute metro tickets, etc.

We also have to counter mistrust and misconceptions, the objective clearly being that people speak to each other much more. There are a lot of ‘conspiracy’ theories at the moment around the camps, particularly after evacuations that go badly, like the one in Saint-Denis, particularly on the part of the militant collectives. The problem comes from people who do not have access to the ‘system’. Because, when you are in the system, or at least when you observe events from the inside, your understanding is much more nuanced and you are aware of the complexity of the issues at stake. There therefore needs to be more dialogue between actors and better communication with those who are outside.

**Do you feel as if you are delivering ‘humanitarian aid’, in the normal sense of the term, that is, as if you were in another country?**

**M. C.:** Yes, we are clearly dealing with humanitarian issues, like access to water, hygiene, food, rights, etc. This was all new to the Foundation. I was seen as the humanitarian expert who knew how to do everything, even though I’d never done any genuine relief work. Before, I worked for MSF on a multi-year, community-level HIV programme in DRC. Still, my experience reassured both the associations and Paris City Council. People were happy about my humanitarian credentials because we had to launch a distribution in an extremely insecure context.
What is the added value of the humanitarian organisations who work with you?

M. C.: It mainly has to do with the support they bring to project development and studies to improve knowledge about beneficiaries. The partnership with Action contre la Faim (ACF) is in keeping with this idea of complementarity. ACF allows us to analyse practices through in-depth studies that help us to understand who the beneficiaries really are. Because, nowadays, if you ask an association to distribute food, they’ll only have the time and resources to execute the task. They come and then they leave. They only do what the politicians, who use them to manage the crisis, ask them to do. Whereas I need to understand, which is not what is expected from associations. So, currently, ACF really helps us in terms of project development. And you can’t ask volunteers to do that. The City should do it but they don’t, or they don’t share it with us. ACF helps us to take a step back from simply doing what the state asks us to do. But it is not ACF as a humanitarian organisation that I trust.

It is such and such a person, whether Parisian or French, who knows the context well. If it was someone from Germany who turned up and it took me five months to explain the situation, and they then left after six months,

“This not this humanitarian organisation or another one that I trust. It is such and such a person, whether Parisian or French, who knows the context well.”

I would have stopped working with humanitarians a long time ago. Here, it is different. Everyone is an activist in their own way. To some extent, it is like going back to the original humanitarian engagement.”
Food delivery © Fondation de l’Armée du Salut
How the pandemic questions humanitarian aid

by Cécile Aptel

In early 2020, facing the COVID-19 pandemic, almost every country quickly took refuge in their sovereignty, closing their borders and restricting their population’s freedom of movement, in the vain hope of halting the spread of the virus. It clearly was not stopped, but other entities were. The ‘sans frontières’ organisations, humanitarian agencies and NGOs saw their international operations significantly reduced.

At the end of 2020, it is undeniable that the pandemic has had a negative impact on the humanitarian aid sector. I would like to highlight two particular challenges this sector now faces: the ‘localisation’ of humanitarian aid and the sustainability of its funding. I will conclude with the urgent need for humanitarian actors to tackle simultaneously another major challenge of our times: the climatic and environmental crises.

THE ‘LOCALISATION’ OF HUMANITARIAN AID

Having been underway for several decades, the ‘localisation’ of humanitarian aid moved to the next level in 2016, when it was established as a priority area of reform for the sector at the World Humanitarian Summit in Istanbul. Aid was to be ‘as local as possible, as international as necessary’. However, apart from a few exceptions, the declarations of the major donors did not necessarily lead to any genuine impact. That was before the pandemic redistributed the cards in 2020, resolutely giving a central role to local organisations.

The first countries to be affected by COVID-19 were China, Iran and Italy. None of these countries is fertile ground for international humanitarian organisations; China and Iran, for whom the principle of sovereignty is key, generally do not allow humanitarian organisations, including UN agencies, onto their territory. These three countries prioritized their own resources and organisations, such as their respective National Societies of the Red Cross and Red Crescent, while foreign organisations were mostly unable to provide assistance as they did not have access.

As the virus spread, the majority of countries quickly closed their borders, drastically reducing people’s mobility, including that of humanitarian experts who usually carry out ‘international missions’. Despite the global need for humanitarian programs, skills and expertise, particularly in the
medical field, the closure of borders and the abrupt interruption of international travel challenged the very ethos of the ‘sans frontières’ movement, which had begun in the 1970s. As it became impossible for people to travel and with a global shortage of the most important supplies, such as protective equipment (including masks), everyone was asked to do their best, wherever they were, and with whatever means were at hand. While numerous ‘sans frontières’

NGOs found themselves blocked, local organisations – particularly those who were already well established – were often granted recognition as essential services, being spared the travel restrictions that affected their international counterparts.

So, has this unprecedented pandemic sounded the death knell for international humanitarian aid? Probably not – thankfully. But it has no doubt given additional momentum to the growing call for localisation of aid, as formalised in Istanbul, which argues the many benefits offered by local organisations in the humanitarian domain.

In the majority of crises, such as disasters and mass population displacements, the initial hours are crucial. The usually faster response of local organisations, already present on the field even before the problems begin, is therefore critical. ‘Local’ humanitarians understand from the inside the culture in which they are operating. They are familiar with local languages and dialects, the situation on the ground, and the genuine needs of the population. These all make them particularly effective and eliminate numerous costs (related to international travel, translation, etc.), thus allowing more resources to be allocated to providing assistance and saving lives. Today, the highest levels of expertise, such as emergency

"During this pandemic, local humanitarian actors have definitely gained momentum. It is highly probable that this will continue, not only because it reflects the general shift towards national sovereignty, but also because the often lower financial cost of local humanitarian organisations gives them a comparative advantage that is likely to persist."

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doctors, engineers, logisticians and accountants, can all be found everywhere, in the South as well as in the North. As such, how can the deployment of international staff rather than the use of local experts be justified, both financially and ethically?

Focusing on ‘local’ organisations is in keeping with the times and the idea that everyone should be able to meet their needs autonomously. This is underpinned by an insistence on the respect due to States’ sovereignty. Let us not be naive: the ‘localisation’ of humanitarian aid is no panacea; local actors are often at even greater risk than their international counterparts of being trapped by the demands of national or local politicians. Behind the demands for more local aid, there are also political and geopolitical interests (particularly in war-torn countries), and possibly also financial interests.

Yet, without a doubt, during this pandemic, local humanitarian actors have definitely gained momentum. It is highly probable that this will continue, not only because it reflects the general shift towards national sovereignty, but also because the often lower financial cost of local humanitarian organisations, compared to their ‘international’ counterparts, gives them a comparative advantage that is likely to persist.

SUSTAINABLE FUNDING FOR HUMANITARIAN AID

The overall cost of humanitarian aid and the fact that it is financed in such an unequal way by a small number of countries and regional organisations raises questions about the sustainability of its funding model. How can dwindling resources match the increasing needs? There is no doubt that humanitarian needs have exploded: from Afghanistan to Yemen, via Mozambique, Syria and Venezuela, there is a litany of crises, emergencies and needs, each more poignant than the last, ranging from ‘natural’ disasters to armed conflict, including new forms of confrontations and entrenched situations. To take just

“With increased demand and stagnating (or even falling) resources, it is likely that the humanitarian sector will soon be affected by major upheavals.”
one example, in Yemen, it is estimated that 24.3 million people currently require assistance. This conflict, which has lasted for six years, has exacerbated an already very difficult situation, devastating fragile health structures and bringing famine to a large part of the population. And yet, in 2020, in addition to these huge needs, there was the pandemic, and also torrential rains and the threat of a locust plague. For humanitarian aid for Yemen alone, the UN has appealed for 3.4 billion US dollars.

At the end of 2020, there were more than 168 million people in the world in need of humanitarian aid: a figure that has almost doubled in five years. Projections are horrific: the UN estimates that 235 million people will need aid in 2021. Unfortunately, the increase in projected needs does not stop there: the World Bank estimates that a further 100 million people may find themselves in a state of extreme poverty this year because of the pandemic. By 2030, with two-thirds of the extremely poor people in the world living in countries affected by fragility, conflicts and violence, it is likely that the need for humanitarian assistance will continue to grow at a frightening rate.

But it is very unlikely that funding allocated to international humanitarian aid will grow in proportion. It may even fall as institutional donors - such as the United States, the country that has been the most affected by the health crisis, and the European Union, the biggest donor in the world, whose Member States have also been significantly affected - are themselves confronted with budgetary difficulties, and even restrictions. The pandemic has wiped out decades of economic progress and even entire economic segments, globally. Faced with numerous challenges of their own, including significantly increased social needs, States which have traditionally funded humanitarian aid will probably not be prepared to increase international aid budgets – assuming they were in a position to do so. With increased demand and stagnating (or even falling) resources, it is likely that the humanitarian sector will soon be affected by major upheavals.

CONCLUSION: FACING THE CLIMATIC AND ENVIRONMENTAL CRISES

This pandemic is not just another challenge for humanitarians to get through: it fundamentally questions how the humanitarian sector is organised, how it is funded, and its level of sustainability. Yet, COVID-19 has increased collective awareness about the fragility of our societies and the vulnerability of humanity. This period could finally provide humanitarians with the opportunity to fully take...
stock of the other global challenge facing us all: the climatic and environmental crisis\textsuperscript{12}.

Humanitarian organisations involved in disaster preparedness and management are already well aware that environmental degradation and climate change are not just problems that we might need to prepare for; serious humanitarian consequences are already upon us. They are increasing the frequency and impact of disasters, making responses more perilous and difficult. Droughts, uncontrollable fires, extreme heatwaves, floods, hurricanes and tsunamis have clearly become more frequent in recent years and have also become more deadly\textsuperscript{13}. These events cause soil erosion and depletion, and disrupt agriculture, leading to population displacement and serious food crises, as the poorest and the most vulnerable are always the most affected. In other terms: the climatic and environmental crises are already humanitarian crises\textsuperscript{14}.

Humanitarian actors can and must overcome these challenges. The first step needed is to ensure that their own actions are not contributing to the problem. Based on the principle of ‘Do No Harm’ and their societal responsibility, humanitarian organisations must rapidly adopt more responsible behaviours. To begin with, the sector must reduce its ecological footprint and its carbon impact, which means fewer displacements (and replacing the iconic big diesel-fuelled 4-wheel drives!). But that is only the start: the very planning and delivery of humanitarian activities must be rethought. To take only one example, the ecological impact of IDP camps is well known: camps hurriedly established in inappropriate places continue to be used for years, such as in Cox’s Bazaar in Bangladesh. This causes waste management problems, depletes local water and wood resources, and accelerates soil erosion, which in turn increases the risk that the camps will be flooded more frequently and more dangerously. And, above all, humanitarian actors can play a crucial role in developing better adaptation measures after disasters take place. They can ensure that today’s assistance

\textbf{This period could provide humanitarians with the opportunity to fully take stock of the other global challenge facing us all: the climatic and environmental crisis.}
helps to rebuild more sustainably and strengthen the resilience of those who receive it, so as to prepare them more effectively for the crises that will undoubtedly come in the future.

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1 - See Virginie Troit, « Entre local et global, les organisations humanitaires face aux crises sanitaires mondiales », Alternatives Économiques, No 87, 2020/3. However, regarding international NGOs, she writes: “Within a few days, they adapted their missions in their home countries, while staying on alert for the countries where they have projects in Africa and the Middle East. The strict limitation of their mobility was partially circumvented by the establishment of airlifts to supply masks and medical equipment”.

2 - The concept of ‘localisation’ is used to describe the aspiration to have aid, carried out by local humanitarian actors as much as possible: not only delivered by local organisations and the communities concerned, but also managed by them rather than orchestrated by foreign entities. This notion was part of the ‘Grand Bargain’ which was agreed between representatives of 30 of the main donors and humanitarian organisations during the Istanbul Summit.

3 - As Loïc Gustin writes in La localisation de l’aide humanitaire : Révolution en vue ? (UniverSud-Liège): “[…] if changes are made to the system without taking into account how actors are organised internally and the issues that they face, it would be naive to hope that the principles of localisation will be respected on a voluntary basis” (http://www.universud.ulg.ac.be/la-localisation-de-laide-humanitaire-revolution-en-vue).

4 - With the notable exception of the aid delivered in the Mediterranean to migrants aiming to enter Italian territorial waters.

5 - On this basis, the Chinese Red Cross, the Iranian Red Crescent and the Italian Red Cross, among others, played their roles as auxiliaries to their respective national authorities during the response to the pandemic.


9 - Ibid.


12 - Ibid.


Contrary to the appeals by DEC in response to ongoing emergencies where needs are already known, this appeal adopted a proactive approach, based on the idea that responding as early as possible with preventive measures was the most effective way of tackling the pandemic. Selecting countries on the basis of the expected impact of COVID-19 was difficult as decisions were made on the basis of assumptions and incomplete information.

The funds raised by the COVID-19 appeal were allocated to the 14 members of the DEC who were already active in the 7 countries selected: in Asia (Afghanistan and Bangladesh for the Rohingya refugee crisis), in the Middle East (Yemen and Syria), and in Africa (the Democratic Republic of Congo, Somalia and South Sudan), all countries where there is a critical situation made worse by the COVID-19 crisis.

The DEC, which is strongly committed to high levels of transparency, continuous learning and responsibility, selected Groupe URD to carry out a real-time review. The review had three objectives: 1. Understanding the impacts of the pandemic on operational contexts; 2. Analysing the adjustments that had already been made and those that still needed to be implemented to meet needs and operational challenges; 3. Promoting learning and the continuous improvement of humanitarian practices and the ongoing response. The review, which began in October 2020, was carried out by mixed teams of national and international consultants who collected and analysed data and facilitated a series of national workshops.
IMPACTS OF COVID-19 ON HUMANITARIAN CONTEXTS

After several months of uncertainty, it became clear that the main impact of the pandemic was in developed countries, and particularly affected specific population groups: the elderly and people with comorbidity. The graph below shows very clearly that the majority of deaths were registered in the Americas and in Europe.

It should nevertheless be pointed out that, in many countries, the figures are not accurate and therefore the virus is having a silent impact. This is particularly the case in Afghanistan, Syria and Yemen, where humanitarian workers and community representatives have noted a significant increase in deaths not reflected in the official figures. A study carried out in Aden (Yemen) which used a geospatial technique to analyse cemeteries showed, for example, that there was an increase of 230% in the number of burials compared to previous years.

In sub-Saharan Africa, the situation seems to be different. For the moment, counterfactual studies have not shown a significant rise in the number of deaths for reasons that remain to be clarified. Demographics, the young age of the population and better preparation to manage an epidemic are possible explanations for the low rates of mortality linked to COVID-19.

However, the impact of COVID-19, over and above the number of dead, is considerable. The measures implemented to slow down the propagation of COVID-19 have had a significant impact on the delivery of humanitarian aid.

COVID-19 deaths in 2020 (Source: WHO)
of the virus have effectively held up the delivery of essential services and activities, thus increasing pre-existing vulnerabilities. The closure of health and family planning centres has had, and continues to have, a significant impact, for example on vaccination programmes, early pregnancies, and maternal and child health in general. Prevention measures, social isolation, economic difficulties and the fears that these create for the future, have had a profound impact on mental health. This has been observed and reported in numerous countries and should be a priority for aid actors and states. What is more, certain more vulnerable groups of people are affected disproportionately, notably in terms of protection. School closures, lockdown measures, overcrowding, the lack of activities and the lack of economic prospects have led to a general increase in the amount of violence against women and children. The health crisis has also reduced access to protection services for displaced persons and refugees.

The repercussions of the crisis on household economies and food security are even more worrying. There has been a significant deterioration in levels of food security in numerous countries (at the end of 2020: 36% of the population in Afghanistan was affected by acute food insecurity, while the percentage was respectively 25% in DRC, and 40% in Yemen). The measures taken to stop the pandemic, including the temporary closure of borders, the disruption of trade, the closure of countless private establishments (shops, factories, schools, etc.), the increase in unemployment and the reduction of cash transfers from diasporas have had significant economic and social consequences.

**KEY LEARNING POINTS BASED ON THE CRITERIA OF THE CORE HUMANITARIAN STANDARD (CHS)**

The key learning points from the real-time review are presented on the basis of the 9 commitments of the Core Humanitarian Standard (CHS), to which the DEC members have signed up. For the purposes of this article, a certain number of general lessons that are useful to the aid sector as a whole have been selected and are presented below.

**Commitment 1 : Humanitarian response is appropriate and relevant.** In the context of the pandemic, the relevance of responses can be questioned at any moment based on how the pandemic evolves and the impact of preventive measures. The ‘no regrets’ approach, (which, in the face of uncertainty, consists of making decisions on the basis of the worst case scenario) and the decision to prioritise health-related programmes were justified during the
initial months and remain necessary in numerous contexts. However, the type of programmes that are implemented deserve to be reviewed in the light of the information that is now available about the different impacts of the epidemic.

As the pandemic has profoundly destabilised the majority of health systems, it will continue to be necessary to support them in order to care for patients affected by COVID-19 or other illnesses. It is crucial to prevent a large scale epidemic from taking hold in refugee camps such as in Cox’s Bazar in Bangladesh or in IDP camps in Afghanistan and Syria, where population density is extremely high and health conditions are deplorable. Hygiene messages, which are valid for a number of contamination risks, and the supply of basic equipment, continue to be relevant. However, given the economic impacts of the pandemic – which are more severe for certain population groups, such as women, children and the elderly – and the consequences in terms of protection and food security, aid programmes need to adapt and go beyond the initial health-based response.

In terms of education, schools were closed for an extended period in numerous regions, which has had a significant impact on children. It is therefore essential to support education systems in order to guarantee access to education despite the pandemic. Innovative teaching methods to prevent and reduce the number of pupils dropping out of school, and to avoid subsequent negative secondary effects, have been developed and deserve to be explored further. There is also an urgent need for gender-based violence protection programmes, as well as mental health and cash transfer programmes for the most vulnerable people.

Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects. In all the countries concerned
by this appeal, the DEC members already had significant experience of working with local partners. This proved to be extremely useful as the crisis underlined, once and for all, the added value of partnerships between international and local actors.

Aid localisation is a process that needs to be pursued and accelerated. Local partners should be supported and their central role in crisis response should be fully recognised. They should consequently have access to more financial resources. Local partners should take part fully in planning and decision-making – not simply implementation – because, as this crisis has shown, they have a number of strategic comparative advantages, such as in their interactions with local communities. This is all the more important when there is restricted movement and there is a greater need for local personnel. At the same time, this must not be done in a way that weakens the central role of local authorities in managing the pandemic.

Commitment 4: Humanitarian response is based on communication, participation and feedback. It is now widely recognised that a community-based approach is essential to managing major health
crises like epidemics. This makes two-way communication possible, with the dissemination of prevention messages on the one hand, and a system for monitoring and referring cases of contamination on the other. Because of constraints to access and the holding of public meetings, new communication channels have been used. There has been a significant increase in the use of radio and social networks due to the importance of pursuing prevention efforts and disseminating public health messages. However, in order to optimise community engagement and ensure that there is confidence in health policies, it is essential to understand how risks are perceived and to combat rumours. Social scientists and communication specialists therefore need to be mobilised. This is a lesson that continues to be relevant and that will allow future vaccination campaigns to be prepared better.

**Engagement 8: Staff are supported to do their job effectively and are treated fairly and equitably.** Due to health risks and lockdown measures, new methods have emerged in terms of remote working and team management. These are likely to continue, implying less international travel, the recognition and promotion of local human resources and capacities, and the use of relevant information technology. Due diligence and staff protection have been two key elements of the response at all levels, whether for staff in the field, at headquarters or for implementing partners. Now we must look at how due diligence in relation to health risks can be further institutionalised and integrated into programme management in a cross-cutting manner. What is more, longer term monitoring of the psychosocial and socio-economic impact of this crisis on staff will be crucial once the pandemic is over given the number of people who have been affected by the virus (the death of friends or relations) and the prevention measures that have been implemented, such as lockdown.

**CONCLUSION**

The way that the health crisis is going to evolve remains very uncertain. For the response to remain relevant, it is essential to adapt programmes by continuing to analyse needs as they evolve. The emergence and spread of variants of the virus could lead to an ongoing and worsening pandemic situation, particularly in African countries previously less affected by the crisis. It is therefore of capital importance to remain vigilant and to monitor WHO indicators, as well as other monitoring systems in the field, such as the number of patients in health centres, the detection of traces of the
virus in waste water, cemetery activity, etc. What is more, the seriousness of the global economic crisis could have a significant impact on aid sector funding and could lead to reductions in humanitarian funding, which, in the current situation, could have tragic consequences for the most vulnerable people in numerous countries, and on a number of levels (the health economy, food security, etc.). Combined with other factors, including conflicts, these consequences could lead to the collapse of certain countries like Yemen or Syria. In this context, helping local staff and partners to reinforce their response capacities, and helping to increase their share of direct funding in order to broaden their scope of action, are essential for the future.

Véronique de Geoffroy, François Grünewald, Charlotte Heward, Laurent Saillard
Groupe URD

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1 - The DEC is a collective made up of 14 British humanitarian organisations: Action Against Hunger, Action Aid, Age International, British Red Cross, CAFOD, CARE, Christian Aid, Concern Worldwide, Islamic Relief, Oxfam, Plan International, Save The Children, Tearfund and World Vision. When a large-scale disaster affects countries that do not have the capacity to respond to the humanitarian needs that are created, the DEC raises funds in order to provide assistance rapidly and effectively.

2 - Commitment of the British government to provide £1 of public aid for every £1 donated to a UK Aid Match charity appeal by an individual living in the United Kingdom, up to £10 million.

3 - Excess mortality during the COVID-19 pandemic in Aden governorate, Yemen: a geospatial and statistical analysis, Koum-Besson et al., London School of Hygiene and Tropical Medicine, London, United Kingdom, 10/11/2020.
Until recently, so-called ‘humanitarian’ operations appeared to have been spared this criticism. The humanism on which they are based remains an unquestionable value that can only be renounced if we challenge the universal nature of the 1948 Universal Declaration of Human Rights.

Nevertheless, there is debate about humanitarian methods, particularly as the practical conditions in which they are implemented have changed a great deal. It is less and less common for third party countries or organisations who have not taken part in the conflict or who are not in any way responsible for the ‘crisis’ to claim the right to intervene in humanitarian contexts. Today, the majority of humanitarian organisations work hand in hand with forces involved in military interventions or occupations. It is impossible in such circumstances to claim neutrality of any kind; so-called ‘humanitarian’ or ‘emergency’ operations have become integrated into military projects. They are used to justify (or extend) these, with the aim of ‘pacifying’ entire regions who find themselves controlled by foreign powers. Rather than a ‘right to intervene’, organisations and states claim to have been ‘asked to intervene’ by the parties to the conflict or the victims of natural disasters (like in Haiti after the 2010 earthquake), in order to justify the deployment of significant resources, or the provisional ‘tutelage’ of entire countries.

Towards the ‘tropicalisation’ of the Global North

This situation is not new, but recent events have led to unexpected consequences. It may be that the relations between the Global North and the Global South are being reversed, so that soon the South will be asked to come to the aid of the North, bogged down in its contradictions and rapidly
becoming increasingly ‘tropicalised’. I use this term to describe a process whereby the Global North is transformed into a colony of transnational Capital, its resources are taken away (transformed into simple factors of production) and it is forced to dis- mantle its state apparatus one piece at a time after its industry has been ruined. In this respect, the North is now similar to the South (even though it is still richer in terms of GDP per in-habitant). The only difference is that this situation is new for the North and it is not in any way prepared for it.

Forty years of neoliberalism have begun to get the better of welfare states; the North is no longer spared the ‘structural reforms’ that the International Monetary Fund formerly imposed on countries in the South under the name of ‘adjustments’. Both in the North and the South, it is public services, state-owned companies, and different types of protection (customs tariffs and nontariff barriers) as well as resources (labour, arable land, mining resources, and tropical forests) that are being attacked in an unprecedented way in the name of the supposed superiority of the market over all other forms of social regulation. This fable serves the interests of investors who desperately need to invest the overabundant cash that has become available due to under-investment and the reduction in spending by households around the world.

Everywhere, ‘demand’ is collapsing due to liberal policies that squeeze salaries and maintain deflationary trends that discourage investment.

As a result, the North has lost some of its splendour in relation to the South, which has been stuck in a state of ‘under-development’ for years. Even corruption has become a universal phenomenon. There are more and more ‘scandals’ in the North despite the ‘good governance’ that used to be its speciality in relation to the ‘badly governed’ South which was condemned to eternal mismanagement. But, in fact, it is liberal ‘good governance’ that has led to corruption. This is the form of governance that company shareholders demand so that they can control their directors and their staff, with the main objective of resolving the eternal ‘principal-agent’ problem: an asset holder – or ‘principal’ – can never know whether the agent responsible for increasing its value is paid in terms of its marginal productivity, in other words, the asset’s marginal ‘yield’ which he is responsible for increasing. To encourage ‘managers’ to go further, their pay has been linked to the net profitability of capital and notably stock market prices. Repurchasing operations, insider dealing, doctored accounts that aim to deceive shareholders, etc. are the consequence of the development of this ‘managerial’ capitalism which has made financial value (in other
words, stock market prices) the main indicator of good management of a company. Financial value is an abstraction, a ‘generalised equivalent’ which, at a glance, gives shareholders an idea of the health of the company without having to deal with the details. Investment funds are happy with such a set up, but they remain unaware of the real mechanisms that allow the company to create ‘value’, or of the state of mind of the workers and their supervisors.

Both in the North and the South, good ‘managerial’ governance has destroyed good government and transformed companies into aggregates whose survival depends on their capacity to establish an effective monopoly, thus overcoming the problem of their inefficiency, on the condition that they maintain vast political clienteles. As such, corruption is a by-product of ‘good governance’ rather than its enemy.

The North looks uncannily like the mocked South of the past whose supposed atavisms were attributed to cultural peculiarities. Corruption is no doubt encouraged, or even justified, by a political culture that associates the exercise of power with cronyism and the sharing of honorary positions and honours within cliques according to rules that are known to all and are perfectly respected. In addition to these old forms of ‘corruption’, which are part of traditional political culture, new forms have recently appeared, in the South, which flourish alongside structural adjustment programmes due to their coherence with managerial capitalism and the neoliberal economy. The state, which in its turn has become an ‘economic’ tool, run purely on the basis of efficiency and value for money, has begun to adopt costly control mechanisms where new forms of corruption, unknown in pre-colonial times, have been able to flourish unhindered by multilateral organisations and international donors.

In 2020, the COVID-19 crisis has placed the countries of the North in

“I use the term ‘tropicalisation’ to describe a process whereby the Global North is transformed into a colony of transnational Capital, its resources are taken away (transformed into simple factors of production) and it is forced to dismantle its state apparatus one piece at a time after its industry has been ruined.”
a completely unprecedented situation. State institutions and citizens have found themselves faced with abandoned public services and, more generally, the powerlessness of the state. The state has shown itself to be incapable of producing masks and gel, or of organising emergency hospitals in industrial sites or the numerous abandoned buildings that it is able to requisition by law (notably during a state of emergency, as has been the case in France since the law of 23 March 2020). There is absolutely no difference in this regard between France, the United States, Peru and Brazil. Some have imposed lockdowns, others have not, but these are only regulatory measures. It is as if states only had the power to prohibit. No one appears able to take action. Nor to consult with those on the ground (healthcare providers, teachers, social workers, etc.). The old ways of the colonial states (coercion by force) are being unearthed.

**The South as a model of mutual aid?**

Mutual aid and humanitarian action therefore take place in the gaps and fallow areas of public action, well off the radar screen. Indeed, it is civil society organisations, whether associations or informal groups (at the neighbourhood or village level) who have cared for vulnerable people that no service was able to care for: isolated, destitute and homeless people, stateless refugees left to their own devices, struck off the lists of the French Office of Immigration and Integration (OFII) or without status. These acts of humanity are not controlled in any way and are not the result of an official call to action as they are not carried out by structured organisations. They are purely spontaneous acts in response to circumstances and carried out by individuals, who often come from the South themselves, where they learned forms of family-based or regional solidarity that they now put into practice. The Malians come to the aid of Malians, and this solidarity then gradually extends to all people from the Sahel. In villages, old forms of solidarity between neighbours have reappeared. Acts of solidarity, where there is contact with another person and action is taken to reduce their suffering – in a word, acts of compassion – create a state of mind that opens up to anyone who is suffering. We have seen villages in Alpine regions, that do not have the reputation of being very hospitable, helping migrants or ‘asylum seekers’.

We have a lot to learn from the South where this more or less spontaneous solidarity is present on a daily basis, unrelated to state institutions that are either non-existent or ineffective. Of course, it does not meet all the needs that exist, far from it. What is more,
it does not exclude major inequalities that are the result of circumstances and interpersonal relationships. This solidarity can not replace republican law, but it reminds us that humanitarian action is impossible without a humanist ethos, without a spontaneous orientation towards others, without a form of ‘popular’ culture which defines a people and genuine humanity.

The South may even be ahead of us today: see, for example, how the people of Peru (following in the footsteps the people of Chile) spontaneously reacted to the attempted institutional coup d’état and hijacking of the Constitution by mafiosi elites, events which emerged in the wake of a drug economy that is fully em-bedded in the liberal economic order. The driving force behind this popular mobilisation, in the streets of Lima as well as in those of Ayacucho, is popular culture. Armed with guitars and ponchos and dressed in festive attire, the demonstrators parade to the beat of traditional dances, which they learned as children and which create a sense of belonging, not to the community but to the «people». It is common that, during these processions, the inhabitants of the Andes adopt rhythms from the coast (the criollos) or from the Amazon. In their festive clothing, they do a series of dances to honour the comparsa (the troop of dancers) in front of them or behind them. These dances have long been an important feature in Peru, and they are even carried out in the Andean regions to represent the unity of the ‘body politic’, transcending the diversity of customs and types of social organisation in each valley.

We should learn from the South. The examples I’ve given are from Peru and Chile, but we could also look to Morocco, Burkina Faso, or countries in Sub-Saharan Africa or Asia where the COVID mortality rate has been the lowest; including in slums and areas with very high population density, and despite atrocious health conditions. The resilience of the people living in these poor areas may surprise us, but it is due to forms of self-management which are particularly robust
because of the way the population is distributed by ‘neighbourhood’, where internal migrants (pushed into the slums by the poverty in rural areas) all have the same origins.

Our view of these worlds will change completely as soon as we learn to decipher their meaning and motivations. All social groups produce order, rules, and meaning. The regions who appear to be the poorest or the most deprived are no exception to this universal law. At a time when we ourselves are threatened by absurdity and social anomie, we need to listen to these societies that have so far been able to resist neo-liberalism’s attempt to destroy social order.

Xavier Ricard-Lanata

Senior civil servant, ethnologist, philosopher and author, former Director of International Partnerships at CCFD
In December 2020, in the midst of the COVID-19 pandemic, ten international aid organisations signed a letter in which they made a commitment to regularly measure their environmental impacts, reduce their carbon footprint and implement projects with a positive impact. Despite the global climate crisis and the collapse of biodiversity, some argued that such a commitment should be less restrictive or even that it was inappropriate. It is interesting to look at the arguments that were put forward in this respect because they reveal tensions that are likely to emerge when this initiative is pushed further and when, eventually, there is a genuine transformation of the way international aid organisations operate and cooperate.

First of all, life-saving, which is at the very heart of the humanitarian mandate, is often weighed against the low impact that field activities have on climate change compared to the responsibility of polluting oil companies, the transport sector and industrial farming, to mention only a few. The urgent need, for humanitarian organisations in particular, is not to respond to the ecological crisis, but to mitigate its effects. Such a position is not consistent with the essential humanitarian principle of ‘do no harm’ or the crucial need for aid organisations’ activities to be coherent. Over and above the ethical issue of protection, this lack of coherence makes advocacy messages and the value of field activities unclear and raises questions about organisations’ legitimacy. To a great extent, their legitimacy is based on their ability to provide solutions and to act as a mouthpiece for independent and alternative voices in order to meet the current and future challenges facing the planet. What is more, waiting for donors and/or governments to impose ‘environmental norms’, when there is no guarantee that this will happen in the near future due to the many
different interests who constantly oppose such a development, effectively amounts to losing control of what needs to be transformed, and how this should happen. It is a way of contributing to the status quo (of engaging in business as usual), which means that genuine measures to protect the environment are constantly put off to a later date.

The use of ready-to-use therapeutic foods to treat severe acute malnutrition among children is particularly enlightening in relation to these issues. These products contain ingredients that come from monocultures, such as palm oil, which reduces biodiversity. What is more, their packaging and transportation cause pollution and produce greenhouse gases. And yet, research\(^3\) has shown that it is possible to reduce the doses used and still achieve a comparable therapeutic result, while being particularly careful to take into account socio-economic differences between children. In other terms, it would be possible not only to treat more children, but also to reduce the environmental impact of the treatment. As such, operational research should be focusing on ingredients that are locally- or regionally-produced, in accordance with agro-ecological principles, and varieties that are both able to adapt to climate change and effective on under-nutrition.

A second argument is that limiting the capacity of humanitarian organisations to take action via the reduction of ‘humanitarian space’ (less travel, fewer experts in the field, limited access), which has already been significantly undermined by the politicisation of aid and counter-terrorism measures, would be a major risk for NGO mandates. Here we need to distinguish between the imposed reduction of humanitarian space, which should be denounced, and the deployment of experts which is colonial in nature. On the contrary, the COVID-19 pandemic has forced aid organisations to promote local and regional expertise. In more general terms, the co-construction of platforms of local actors for hu-

“In December 2020, in the midst of the COVID-19 pandemic, ten international aid organisations signed a letter in which they made a commitment to regularly measure their environmental impacts, reduce their carbon footprint and implement projects with a positive impact.”
humanitarian coordination can counter the dangerous confusion between the actions of aid organisations and the interests of the states who supply the funding.

Fears about limiting operational capacity are also based on the environmental cost of development that would accompany the implementation of technologies that would emit greenhouse gas emissions and reduce biodiversity\(^4\). In response to these fears, the ecological emergency can be seen as an opportunity to revise the sometimes ambiguous concepts of ‘intervention’, ‘localisation’ and ‘triple nexus’, which link humanitarian aid, development aid and peacebuilding. This change in paradigm is far removed from ‘technological solutionism’ or the idea that the game is over, that there is no longer any point trusting each other and that “only if what I and my fellow experts do works to fix things does anything matter”\(^5\). Rethinking the way we understand the ecological crisis contributes to ‘decolonial ecology’ which, as suggested by Malcolm Ferdinand\(^6\), “is the key to living together and preserves ecosystems as well as dignities”.

Since the beginning of the COVID-19 pandemic, the realisation that there is vulnerability both in countries who have traditionally provided humanitarian aid and those who have traditionally received it has revealed that, by taking societal and ecological issues into account more, other types of relations are possible in humanitarian operations.

When they became available, disposable, industrially-made, non-biodegradable ‘surgical’ masks, containing polypropylene, were adopted as one of the means of limiting the spread of the virus, based on the recommendations of the health authorities\(^7\). They were also chosen by international organisations who pre-positioned stocks in countries where they might be needed. It is worth noting that very few organisations looked into the responses and innovations that were implemented by partner countries who usually receive aid. At the same time, people were encouraged to make masks themselves.

“The ecological emergency can be seen as an opportunity to revise the sometimes ambiguous concepts of ‘intervention’, ‘localisation’ and ‘triple nexus’.
This raises the question of invisible care work during the epidemic which reproduces gender inequalities. An opposition was therefore established between, on the one hand, social distancing that helped people protect themselves and each other both in the public and private domains, and on the other, the risk of further polluting the planet and producing greenhouse gases. Over and above this opposition, two questions stand out: how can we move away from a throwaway culture in the health sector and how can each structure achieve a form of autonomy in producing non-polluting health products? As such, the new ‘One Health’ approach\(^8\) needs to take these issues into account and must not focus exclusively on the environment as a dangerous source of diseases that can be transmitted from animals to humans.

The idea of ‘scalability’, based on reproducing performance\(^9\), accumulation\(^10\), knowledge as a commodity\(^11\) and progress, needs to be revisited. These are all social representations that contribute to many of the current operational methods of the aid sector. There may be an urgent need to design new and more independent funding modalities, but it is just as urgent, if not more so, to promote different dreams and values, as has been done by Anna Lowenhaupt Tsing\(^12\) and Donna Haraway, in order to accompany new alliances. Based on their encounters with other humans and non-humans\(^13\), they promote ‘indeterminacy’, ‘serendipity’, ‘latent commons’\(^15\), ‘areas of freedom’ and ‘sympoiesis’ (worlds that are formed collectively and not alone), all of which are concepts that have the capacity to transform the conditions in which the current depredation is reproduced.

**H OW SHOULD WE TAKE ACTION AMIDST THIS TROUBLE?**

First of all, it will no longer be a question of ‘protecting the environment’, of ‘nature as a resource for human beings’, or of ‘ecosystem services’, but rather of collectives of the living, as defined by Philippe Descola\(^16\), involving interdependent humans and non-humans, who, taken together, constitute the environment of partnerships to be reinvented. This will depend on a new awareness among all stakeholders, including a responsibility to create alliances with local actors, and therefore to recognise the alliances and interactions that local actors already have, in order to rethink social inequalities, including gender inequalities, and issues of climate justice.

To illustrate this interdependence, convincing arguments based on scientific studies show that changes in cultivation methods in Guinée Forestière helped to spread the 2013-2014 Ebola epidemic\(^17\). Large firms bought land from peasant farmers, and sometimes...
expropriated them, and then implemented an intense monoculture of oil palm. Though there was resistance, the landscape was durably modified due to the disappearance of a large part of the forest and alternative crops, which increased the rural exodus. The combined presence of fruit trees and the surviving trees from the forest around villages, subsequently increased contact between fruit-eating bats, who can transmit the Ebola virus, and humans. The new corridors that had been cut into the forest, and the destruction of the bats’ natural habitat brought them into closer proximity with humans, who were more at risk because of the new cultivation practices.

Even though the environmental crisis and the COVID-19 pandemic have revealed our collective ‘trouble’, they represent opportunities to reinvent solutions based on the recognition of shared challenges (as opposed to the dichotomy between victims and those who provide assistance). This will allow us to build ‘mutual aid’ via joint projects that are genuinely ecological and political, across national borders, rather than projects that are simply aimed at the environment and health.


3 - Voir : https://www.clinicalnutritionjournal.com/article/S0261-5614(20)30102-3/fulltext

4 - For example, solar powered borehole pumps are not carbon neutral, but they do improve living conditions (irrigation, clean water, etc.).

5 - Donna Haraway, op. cit.

6 - Une écologie décoloniale. Penser le monde depuis le monde caribéen, Seuil, 2019.

7 - It is interesting to point out that in France, the Academy of Medecine opposed the view of the High Authority for Health in its communiqué: https://www.academie-medecine.fr/faut-il-modifier-les-gestes-barriere-face-a-lirruption-de-variants-du-sars-cov-2/


9 - Process that accompanies the standardisation of activities, accumulating products, (e.g. monocultures), without being adapted to specific contexts.

10 - In addition to the local and global consequences in terms of the production of waste and greenhouse gases, which are not taken into account as is shown by the industrial production of polluting, non-recyclable masks, these products are a form of investment to allow organisations to grow.

11 - Apart from the fact that this knowledge is difficult to access because it is captured and misappropriated by experts, sometimes based on local know-how, it is no longer fully shared or collectively built, and becomes a commodity for donors, which is sometimes justified by a supposed lack of capacity in the field which means it cannot be used without assistance.


13 - Like Anna Tsing’s matsutake mushroom or Donna Haraway’s companion species.

14 - The capacity or ability to make an unexpected discovery by chance and to grasp its utility (whether scientific or practical).

15 - Which aims to place the accent on relations of interdependence that are established between humans and non-humans.

16 - Par-delà nature et culture, Gallimard, 2005.

The impacts of COVID-19 from a gender perspective
by Marie Bécue

Well before COVID-19, the WHO was warning about the importance of gender, and gender inequalities in determining access to healthcare. Thus, the International Covenant on Economic, Social and Cultural Rights (1966), states that the right to health depends on the principles of non-discrimination, equity and equality, and the application of a gender perspective. Nevertheless, during crises, inequalities grow, and it is clear that access to primary healthcare for women and girls continues to be a crucial issue.

The COVID-19 epidemic has highlighted an issue that all humanitarian workers and aid organisations are familiar with: during crises, violence against women, and gender-based violence, increase, while protection services and healthcare systems become weaker, or sometimes even break down completely. In countries where crises lead to the collapse of local systems, more than 70% of women and girls are victims of violence. Meanwhile, funding and response plans are inadequate. For example, in 2016, 2017 and 2018, funding for the response to gender-based violence represented less than 0.15% of humanitarian funding as a whole, which has no chance of obtaining a significant result. Since the beginning of the pandemic, due to lockdowns, isolation and the extreme vulnerability of women and gender minorities, there has been an increase in femicide, violence and people going missing, as well as the number of women, children and LGBTQI+ persons who have been victims of human trafficking and violent prostitution networks. In Peru, for example, more than a thousand women are still missing following the lockdown. According to the Ombudsman’s Office, one woman went missing every three hours between 16 March and 30 June.

In addition to gender-based violence, the current health crisis has highlighted all the other discriminations related to gender that are less visible, and are integrated and normalised by current society, such as economic, social and political inequality, and in terms of access to social protection, paid work, legal rights, etc. More broadly, rights that are normally guaranteed and legally recognised by certain countries – such
INTEGRATING THE GENDER APPROACH IN THE HUMANITARIAN RESPONSES

Sexual and reproductive health programmes are essential for women and girls, whether in terms of their health, their rights, their needs or their wellbeing. If, everywhere in the world, we focus solely on the health response and divert essential resources that are usually allocated to these services, this could result in increased mortality among girls and women, and increased infant mortality, as well as a rise in early pregnancy rates among adolescents, in HIV infections and in sexually-transmitted diseases. It is therefore essential that humanitarian organisations include a gender approach in their response to this crisis to ensure that there is equal access to healthcare, and also that they supply gender-specific contextual analysis. The humanitarian response should be analysed not only from a medical and health point of view, but also from feminist, social, political, economic and ethical points of view.

Recently, the humanitarian community has made significant efforts to integrate gender issues into its programmes. Indeed, a significant number of framework documents and ‘gender’ policies have been developed, even though their implementation by all humanitarian actors remains a challenge. A variety of internationally accepted and recognised directives have also been produced and should be used as reference tools for designing and implementing humanitarian projects during the response to a crisis. It is important that all the organisations contributing to the COVID-19 response respect all these standards in order to integrate the cross-cutting issue of gender into their projects.
as abortion rights in France – are being compromised by the closure of the relevant services at this time. Still in France, associations have demanded that the legal time limit for an abortion should be extended to compensate for the lack of access to treatment. There is a real danger that social gains could be lost. This is a risk that affects women all the more in times of crisis, as we have seen during the COVID-19 pandemic.

At the beginning of the health crisis, the United Nations did launch a gendered action plan, underlining the measures to be taken in order to mitigate the overall impact of the pandemic on gender inequality. The UN Secretary-General warned that “COVID-19 could reverse the limited but important progress that has been made on gender equality and women’s rights.” The only possible response among the mitigation proposals drawn up by the UN authorities was to call on governments to place women and girls at the centre of their recovery plans, in all domains and sectors of activity. It clearly became apparent that women were the most exposed to the virus: nursing auxiliaries, nurses, cashiers, seamstresses, cleaners, carers, etc. The crisis has therefore brought back the fundamental issue of how we approach ‘care’ activities, which are vital,
and yet are continually undervalued, invisible, badly paid or not paid, and often assigned to racialised women.

All over the world, patriarchal and discriminatory laws and social norms are omnipresent, which explains why women are perpetually under-represented at all levels of political power. As Christiane Taubira, the former French Minister of Justice, explains, “What holds society together is, above all, a group of women. If we look at the figures, for the same work, women are paid 24% less than men on average, women represent 2/3 of the illiterate adults in the world, 153 countries have laws that encourage economic discrimination against women, and last but not least, a third of all women are victims of violence at some point of their lives”. And yet, these gender inequalities and their economic and social consequences begin at a very young age, with lack of access to education. With the majority of the world’s population locked down because of the COVID-19 crisis, schools have been closed in 188 countries, which will further heighten inequalities between the sexes and undoubtedly create new ones. As a result, allowing young girls to continue their schooling is a priority for many NGOs, over and above a purely health-based response.

It would be completely inaccurate to say that increased vulnerability related to gender is solely the result of the recent pandemic. Rather, it is linked to a pre-existing condition: the deep, socially-rooted inequality between women and men. The pandemic is naturally and systematically exacerbating the violence of the patriarchal system, with its exploitation of the invisible work done by women, its exclusion of gender minorities, and its marginalisation of the poor.

Learning Lessons from this Crisis, Including Within Humanitarian Organisations...

In my opinion, one aspect of the current crisis is not being given sufficient attention. It is important to remember that we are going through an ecological crisis, and it is abundantly clear that the spreading of the virus, globalisation and the destruction of our ecosystem are linked. There is scientific consensus that human activities have modified the climate and seriously degraded both terrestrial and marine ecosystems, making the earth uninhabitable for a large number of species. At the same time, the number of climatic refugees is constantly growing, pauperisation is getting worse, women are exploited and abused, and minority communities are targeted. More than ever before, it is time to establish the links between these phenomena, to understand the interconnections, evaluate the systemic risks and to work on intersectionality. The health
crisis has shown us very clearly the limits of a capitalist, productivist, individualistic system, based on the endless exploitation of resources.

There have been many calls for change since the COVID-19 crisis, a groundswell focused on what some are already calling ‘the post-COVID world’. Many have begun to imagine what this world could be like, but the reality of the ‘pre-COVID world’ is still very present. The question remains: will the post-crisis narrative be written with women? With minorities, LGBTQIA+s, undocumented migrants, or regular migrants? Because these voices need to be heard so that a fairer, more equitable and sustainable world emerges. There is an urgent need to start building a world that does not destroy humans, or the nature in which they live, to completely rethink the sexual and racialised division of work, and to fight the subjugation of women, minorities and the living world. A radical critique of the oppressive structure of society needs to be developed rapidly if we want to free ourselves from it.

The same observation applies to humanitarian organisations who are nevertheless in the front line with regard to these inequalities. During this pandemic, and notably during the first mass lockdown at the global level, a lot of webinars showed the connection between the ‘Black Lives Matter’ movement and the existing gender dynamics in our organisations, making parallels with the mechanisms of domination reproduced by the aid sector. It is therefore urgent for female humanitarian workers that the sector tackles gender dynamics in the field and at headquarters by promoting a non-gendered, non-racialised and non-colonialist approach. The idea of ‘power’ should be called into question by NGOs, by identifying needs related to gender, minorities and inclusion, and more specifically how these issues and the people concerned are taken into account in the decision-making process. For example, it is important to understand that staff want governance that is horizontal, equal and sociocratic in nature. These are all subjects that the sector tends to put to one side, perhaps because they are "The pandemic is naturally and systematically exacerbating the violence of the patriarchal system, with its exploitation of the invisible work done by women, its exclusion of gender minorities, and its marginalisation of the poor."
subjects that force us to be introspective, calling into question our intervention logic, and also our organisational identity, our ‘DNA’.

These different observations show that a decolonial and feminist critique is essential in order to build a new humanitarian approach. What we need to do now is to create shared governance movements, where we remove ourselves from hierarchy, invent a new form of co-existence and mutual support by stepping out of the binary visions of North and South, and imagine new narratives together that will allow new models to emerge. 

Marie Bécue

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1 - WHO, Gender and Health: https://www.who.int/fr/news-room/fact-sheets/detail/ gender.
3 - https://www.unwomen.org/en
7 - https://interagencystandingcommittee.org/iasc-training
As we have done regularly in connection with complex, multi-factor, and potentially long-term crises, when the COVID-19 crisis began, we launched several processes simultaneously, and in March 2020, we created the COVID-19 Observatory\(^1\) to focus specifically on the pandemic.

The Observatory’s first output was a report reviewing the lessons learned from fifteen years of major health crises\(^2\). This report picked up on many of the points made in a report published in 2010, *Mapping of future unintentional risks*, which had already warned about this type of health risk\(^3\).

A number of Briefing Notes have subsequently been produced, which fall into three categories:

1. **The landscape: the geopolitics and semantics of the pandemic**

   COVID-19 in different contexts: north and south, urban and rural, by François Grünewald

   Clarifying terminology to facilitate public debate, by François Grünewald and Jean-Luc Poncelet

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2. Technical aspects and strategic parameters

Understanding public health dynamics in the face of uncertainty and the unknown, by Jean-Luc Poncelet

COVID-19, agriculture and food security, by François Grünewald

Detection and warning systems, by Jean-Luc Poncelet, François Grünewald and Samantha Brangeon

COVID-19: Youth and education: Impacts and options, by Luc Gruget and Olivier Arvisais

Disasters in the time of COVID-19, by François Grünewald and Luc Gruget

Local solutions to a global pandemic: the way of the future?, by Valérie Léon

3. Geopolitics and social economics of the pandemic

CCOVID-19: are we facing a ‘global social crisis’?, by Johanna Baché

Migration during the COVID-19 crisis: current and future impacts, by Valérie Léon

COVID-19: Interactions between the pandemic and conflict, by François Grünewald and Johanna Baché

Conclusion

COVID-19: lessons not always learned..., by François Grünewald

COVID-19 and beyond: Nexus, fragilities and endemicity, by François Grünewald and Jean Luc Poncelet
## AID LOCALISATION

1. **“All eyes are on local actors”: COVID-19 and local humanitarian action. Opportunities for systemic change**, Véronique Barbelet, John Bryant, Barnaby Willitts-King, Briefing Note, Humanitarian Policy Group, ODI, July 2020.

   The ongoing global pandemic of Covid-19 has caused a substantial shock across the humanitarian sector. Travel and access restrictions meaning that international staff and initiatives cannot be deployed have led to a renewed focus on the role of local humanitarian actors. This briefing note considers the early implications of Covid-19 for driving systemic change towards more local humanitarian action and leadership, and more complementarity between international and local actors.


   Effective communication and community engagement (CCE) is a critical component of the response to Covid-19 in humanitarian settings. CCE has a vital role to play in supporting affected people to make informed decisions, manage risk, and highlight their evolving needs and priorities. Collective approaches to CCE can add value in the Covid-19 response by ensuring the right actors are working in the right configuration to deliver the best results, reducing duplication while increasing effectiveness. But, to date, attempts at collective CCE have experienced a number of challenges. To strengthen collective approaches to CCE, this briefing note suggests a few recommendations.


This case study explores the double impact of Tropical Cyclone Harold and the COVID-19 pandemic in Vanuatu and Fiji, and lessons it provides on the localisation of humanitarian response. It examines the Red Cross Red Crescent Movement’s experience in supporting local response leadership and seeks to contribute to wider learning and debate about localisation and the complementary roles of national and international humanitarian actors. The overarching context of the COVID-19 pandemic meant that the provision of international surge assistance to Category Five TC Harold was highly restricted. This combination of circumstances provided a rare example of locally-led humanitarian response to a natural disaster where in-country international response was largely absent.


A window of opportunity: Learning from COVID-19 to progress locally-led response and development think piece, Australian Red Cross, Humanitarian Advisory Group, the Institute for Human Security and Social Change, La Trobe University, 2020.

This think piece documents the research conducted between April and October 2020 by a group of organisations to examine the shifts underway in the delivery of humanitarian and development assistance in the wake of COVID-19 in the Pacific, and the emerging practices of local staff and organisations. It sets out three propositions about how, in the context of COVID-19, the delivery of humanitarian and development assistance has changed, and suggests that the sector has a critical window of opportunity to learn and build on the opportunity for positive change. The paper concludes with a series of questions that this analysis raises, and next steps for deepening the research.


Community engagement (CCCM) usually necessitates time spent with communities to build trust and ensure the community representation structures are inclusive and accountable. This report presents examples from different agencies on how they approached community engagement in their Covid-19 responses, the tools and methodologies used, as well as the challenges they encountered and how they attempted to overcome these. And it puts forward some reflections on how CCCM and other sector agencies can take steps to ensure community participation in this and future pandemic responses.


This policy briefing examines how governments, multilateral organizations, and international financial institutions can leverage existing and new community-based responses to deal more effectively with the health, social, and economic impacts of the coronavirus pandemic. In the fight against COVID-19, they must harness an underutilized but highly effective tool—traditional community solidarity and volunteerism.


RISK REDUCTION AND RESILIENCE


This report explores how our society could become more resilient to a disastrous situation like that of COVID-19 caused by climate change. It underlines the importance of accepting highly probable, highly impactful, and often neglected events. Climate change will require better coordination and more effective sharing of information than has taken place in the response to the pandemic. Also, the lessons learned by countries, states, and cities who have made the
most progress in terms of disaster prevention will help other regions to become more resilient.

https://www.munichre.com/content/dam/munichre/mram/content-pieces/pdfs/RD_ReimaginingResilence.pdf/_jcr_content/renditions/original./RD_ReimaginingResilence.pdf


Prior to Covid-19, concerns were being raised that funding for climate and disaster resilience was insufficient to meet the goals of the Paris Agreement and Sendai Framework. Since the pandemic, initial signals are that the funding gap will widen. Opportunities exist to harness co-benefits for pandemic recovery and climate and disaster resilience. To leverage climate and disaster resilience finance, especially during the Covid-19 response, decision-making needs to be more risk-informed and incorporate risks from multiple threats. This briefing note suggests a few recommendations to improve the implementation.


The COVID-19 pandemic has profound global impacts. While all countries have been affected, COVID-19 is hitting especially hard those that were already struggling with poverty, conflict and the impacts of climate change. This paper explore how COVID-19 compounds the known climate-fragility risks, with a specific focus on contexts that are already characterised by situations of fragility and conflict. It focuses on identifying general pathways that could be applied to different contexts and periods.

bibliography

RESPONSES TO COVID-19: CASE STUDIES


  Covering the period from March to May 2020 and tracing some earlier activities back to the beginning of the year, this report provides an account of how MSF projects around the globe have shifted gears to accelerate outbreak preparedness and adapt their projects in response to the COVID-19 pandemic. It looks at key data from MSF activities in Europe—the epicentre of the pandemic from March to late May. And then, the report discusses MSF’s approach in managing the major staffing, logistics, supply, and financial challenges of responding to COVID-19.

  https://www.msf.org/msf-and-covid-19

- **“The greatest need was to be listened to”: The importance of mental health and psychosocial support during COVID-19. Experiences and recommendations from the International Red Cross and Red Crescent Movement**, ICRC, IFRC, 2020.

  This report describes the experiences of the International Red Cross and Red Crescent Movement in different countries in terms of psychological support during the COVID-19 pandemic. These examples show the importance of a holistic and integrated response that meets the different mental health and psychosocial needs of people affected by the pandemic.


  This paper highlights some of the key challenges for peacebuilding in the immediate COVID-19 period as well as in the longer term, based on interviews with 25+ individuals across the UN system and with member states. It documents the ways that entities across the UN have made positive steps toward implementing a sustaining peace approach, and closes with recommendations for deepening these gains across the system.

The plight of Idlib is one of the most complex humanitarian dilemmas of our time, influenced by prolonged conflict, a looming COVID-19 outbreak, and the ongoing failure of the international community to take effective action. This policy briefing delves into roots of the humanitarian crisis in Idlib, details the current capacity of the exhausted healthcare system amid the ongoing conflict, and examines what these constraints mean for mounting a response to the spread of the coronavirus. The authors explain how donors and international humanitarian organizations can take action now to support local institutions, increase testing and treatment capacity, improve availability of PPE and public information, and press for an immediate ceasefire.


This note summarises and reflects on the different roles played by the African Union and a sample of the continent’s regional organisations in shaping collective, coordinated and cooperative health responses, and in addressing the economic impacts of the pandemic. It discusses the various initiatives taking place at the continental and regional levels to understand what role these bodies are playing in addressing COVID-19, and relates these to past ECDPM work on the political economy dynamics of regional organisations. The insights drawn are important for understanding the ongoing response, but regional cooperation and coordination will also be important as countries and regions begin to exit from lockdown.
From the outset of the pandemic, and on a global basis since January 2020, National Red Cross and Red Crescent Societies have been on the ground working to prevent, address and respond to the Coronavirus Disease 2019 and to reduce the economic, social and psychological impacts of the virus. This paper describes the barriers migrants face in accessing essential services during COVID-19, with a particular focus on those who are undocumented or irregular, and other migrants, including people seeking asylum and refugees, whose survival, dignity, or physical and mental health and well-being is under immediate threat.


OTHER DOCUMENTS


This Rapid Learning Review outlines 14 actions, insights and ideas for humanitarian actors to consider in their COVID-19 responses. It summarises and synthesises the best available knowledge and guidance for developing a health response to COVID-19 in low- and middle-income settings.


The Covid-19 pandemic has wiped out years of progress in ending extreme poverty. Current predictions are that an additional 250 million people will fall into extreme poverty by 2030. To reduce extreme poverty, many countries urgently need to step up public investments in education, health and nutrition, social protection, water, sanitation and hygiene – sectors that are also critical in developing resilience to
future pandemics. This document also makes recommendations to donors who should prioritised their aid to achieve the 0.7% target.


This brief outlines countries, sub-national areas and populations in or near poverty that need to be explicitly prioritised in the response to coronavirus. There is an urgent need to ensure that the measures governments take are sensitive to the needs of their poorest and most vulnerable people.


This issue of Alternatives Humanitaires focuses on the impact of the COVID-19 pandemic on the humanitarian sector. The different articles explore what the French response can learn from the experience of Médecins sans frontiers, the Canadian response, the relationship between health and housing, the issue of localisation, and the impact of the pandemic on African civil society and on refugee camps in Bangladesh.

https://en.calameo.com/read/0046558297a06a23cac92
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Founded in 1993, Groupe URD is an independent think tank that specialises in analysing practices and developing policies for the humanitarian sector. Our multi-disciplinary expertise, based on continual field visits to crisis and post-crisis contexts, provides us with insight into the functioning of the sector as a whole. We believe in sharing knowledge and collective learning, and we help aid actors to improve the quality of their programmes.
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