

# **COVID-19 and Humanitarian Access**

How the Pandemic Should Provoke Systemic Change in the Global Humanitarian System

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**Summary and Recommendations** 

## Summary and Recommendations

COVID-19 and Humanitarian Access: How the Pandemic Should Provoke Systemic Change in the Global Humanitarian System examines the pandemic's impact on humanitarian access and operations. The analysis is based on developments in Colombia, Myanmar, Nigeria, South Sudan, and Yemen. The report finds that the pandemic has contributed to significantly greater humanitarian needs in many settings, alongside a high likelihood of longer-term socio-economic risks that may push more people into vulnerability. At the same time, a combination of factors has acted against humanitarian access and delivery, including: restrictions of travel into and within countries; quarantining and other activities; increased bureaucratic hurdles restrictions on group by governments and other actors; and a global financial downturn that has reduced overseas spending. An important result of these restrictions has been a significant, but potentially temporary, shift of responsibility from some international organizations to local partners, and within international organizations to their local staff. This shift, however, has not been accompanied by a meaningful increase in support for local actors, raising serious questions about the international community's commitment to the Grand Bargain of the 2016 World Humanitarian Summit and implications for humanitarian access during a crisis. Improving the structural, financial, and cultural relationships between international and national actors has arisen as a key priority in addressing the access challenges posed by COVID-19.

On the basis of these findings, the report offers the following ten recommendations for governments, donors, the UN, and local, non-governmental organizations both on improving access but also about prioritizing in a crisis moment:

### 1. Revisit the standard humanitarian response.

During crisis periods, the global humanitarian response typically comprises a largescale donor appeal followed by a surge of international personnel and supplies into affected regions. This is well captured in the GHRP of 2020, of which roughly 95 per cent of the USD 10.5 billion appeal was identified as going to the UN itself.<sup>46</sup> But the contexts analysed for this study highlight that a surge of international staff is impossible during an event such as the pandemic, given the movement restrictions and quarantining requirements for international organizations. This should be treated as an opportunity to revisit the humanitarian business model, not only examining the issues of inequalities across international and national actors described above, but also considering the possibility of building up parallel national and local health systems, ramping up cash vouchers for populations in need, encouraging recourse to regional crisis response mechanisms, and focusing funding on those actors most directly responsible for delivery on the ground. In other words, donors should prioritize building up national resilience rather than expanding international aid, following the model, some have argued, adopted in the disaster response sphere.

### 2. Recommit to the Grand Bargain with tangible system-wide steps for addressing inequalities across international and local service providers.

The 2016 Grand Bargain, with its ten commitments, is an agenda for a more efficient and effective international relief sector. It includes an emphasis on 'localization,' among other commitments. However, the COVID-19 response has underscored again the widely varying understandings of what 'localization' means in practice, deeply-rooted inequalities in how funding is distributed across entities, and a tendency of international actors to dominate and instrumentalize local organizations. The authors found that in some contexts, local actors were expected to shoulder the substantial risks involved in humanitarian delivery without proportionate financial support or health and security protections afforded to their international counterparts. The UN and major donors should elevate ongoing discussions about joint analysis and monitoring, decolonizing aid and creating equal partnerships among international and local organizations to the highest levels, towards meaningful system-wide policy responses. Specific steps towards a more flexible, predictable, equitable system could include:

- a. Continuing to prioritize the most vulnerable. The UN, international financial institutions (IFIs), and major donors should re-examine their current funding priorities and place the most acutely vulnerable populations at the top of the list. While this is ostensibly the case already, other national priorities took precedence in some of the contexts analysed for this study. Ring-fencing funding for the most vulnerable would be a helpful step to address this challenge.
- b. Pre-arranging finance. There have been some good initiatives to make financing more anticipatory, including within the UN, the International Committee of the Red Cross, and other organizations. These efforts should be complemented with significant funds from humanitarian donors, and clear mechanisms to take action well before a worst-case scenario arises. A "no regrets" approach should be considered across these responses to ensure that proactive steps can be taken.
- c. Pooling resources. Lacking a central treasury, the humanitarian system's funding is determined by the political priorities of its largest donors. Pooled funds like the CERF, while growing fast, still only account for roughly 6 per cent of total humanitarian funding. This not only creates imbalances in funding for the most vulnerable, but also tends to reward the largest organizations (which are adept at fundraising) rather than those with the comparative advantage in given situations. A large, multi-partner pooled fund that is linked to outcomes would allow money to be disbursed flexibly to those with the greatest comparative advantage (including local organizations).<sup>47</sup>
- d. Demanding transparency. The interviews undertaken for this study exposed a significant asymmetry: local actors are expected to account for every dollar spent, while the broader flows of funding through the international system

remain relatively opaque. In support of the Grand Bargain, the UN and major donors should be required to report on the extent to which humanitarian funding is cascading to local actors, with clear explanations if the 25 per cent threshold is not consistently met. A private-public partnership model may be one way of establishing the infrastructure needed to ensure the necessary levels of transparency through each level of transaction.

- e. Equalizing contracts and increasing multi-year funding. Local organizations are often subject to contracts that only allow short-term employment for staff and do not allow them to claim for overhead, despite significant transactional costs and the need to maintain complex operations. This is in part because most local organizations have a mediated relationship with donors, with an international entity taking the overhead and designing the implementation contract. The pandemic has exposed with even greater clarity how problematic and inefficient this arrangement can be, requiring a policy-level discussion about equalizing contractual statuses and increasing multi-year funding across humanitarian organizations.
- f. Investing in consortia and twinning approaches. Encouraging programming built around consortia or through joint programming will enable smaller and local NGOs to participate with greater impact and less risk to their staff and operations. Donors can encourage such approaches by making them a condition for certain funding streams. Ensuring that women-led organizations or organizations focused on the needs of marginalized groups receive equitable funding should also be a condition for donors.
- **g.** Adding chairs to the table. Too often the organizations that seek to serve are not representative of the societies in which they work. Inviting local organizations to coordination mechanisms, providing simultaneous translation during coordination meetings, increasing local language requirements for international staff, and appointing "service users" or individuals who have direct experience living through conflict contexts to NGO boards could go a long way to ensure the services provided best meet current needs.

### 3. Improve the provision of equitable duty of care or "occupational safety and health" for all personnel, regardless of nationality or contract status.

The pandemic has demonstrated the importance of investing more in the duty of care of humanitarian organizations' staff – both national and international. Even if international organizations have made a push towards nationalizing their activities in the last decade, the pandemic illustrated the persistence of a "headquarters bias," with greater resources, including security resources, and support still directed at international staff rather than at local staff or local partners in the field. Occupational safety and health policies should correct this bias and equitably invest in support, training and equipment of local staff, who cannot "pack up and leave when things get rough," as one interviewee phrased it. More attention and better resourcing are also needed regarding the occupational health of all staff operating in-country, which, according to interviewees, was largely neglected before the pandemic. Planning for and adequately resourcing occupational health will better enable more international staff, in future (health) crises, to stay and deliver.

#### 4. Invest in monitoring capacities of local staff and local partners.

In many cases, international organizations emphasized how the international travel and movement restrictions resulted in their inability to monitor the activities of their local staff or implementing partners. In such a situation, developing the monitoring capacities of local staff and partners, including camp-based staff in IDP camps or sites, would ensure that they are able to maintain and potentially scale up operations while retaining their quality, in the absence of international staff. The pandemic should be used as an opportunity for capacity-building of local partners.

# 5. Develop a coherent and consistent approach to humanitarian exemptions. The pandemic has highlighted the importance of providing timely, predictable exemptions for humanitarian actors. While in many cases exemptions were eventually agreed upon, it often took weeks or even months for agreements to be put in place. Going forward, exemptions could be agreed upon in advance, or categories of humanitarian aid could be predetermined as exempt to ensure delivery even in the case of strict travel restrictions.

### 6. Define "life-saving" activities in coordination with humanitarian actors. During the pandemic, many governments adopted restrictive definitions of "life-saving" activities without prior consultations with humanitarian organizations. Governments should work with the different humanitarian clusters present in each main sector of humanitarian action to ensure their definitions of criticality truly reflect existing needs and do not exclude categories of beneficiaries.

### 7. Prioritize protection activities related to sexual and gender-based violence. The pandemic not only contributed to greater risks of sexual violence but also resulted in fewer protections for the most vulnerable groups, especially in conflictprone areas. When planning for humanitarian access, top priority should be given to those populations most at risk for sexual violence, including in governments' decisions to allocate resources and grant exemptions.

### 8. Invest more in information campaigns.

Across the contexts studied, the issue of misinformation and targeted disinformation campaigns around the pandemic constituted a dangerous impediment to humanitarian access. Armed groups have been able to manipulate public opinion for their own benefit, while at times governments have also participated in inaccurate public information campaigns. Donors and the UN should reinvest in public information to ensure widespread understanding of the risks and the benefits of cooperating with humanitarian workers. The UN's "Verified" campaign is a good example of an initiative that could be adapted to the humanitarian sphere.

### 9. Look for opportunities in crisis.

The pandemic has also opened opportunities for organizations working in conflict settings, allowing them to provide hygiene trainings that might prevent the spread of future diseases, push for prisoner releases in overcrowded facilities, and even call for ceasefires among belligerent parties. In some instances, the pandemic also provoked a streamlined approach to delivery or innovations in partnerships between organizations. Looking for positive externalities in crisis can help humanitarian organizations innovate and learn.

#### 10. Build a coherent, multi-scalar approach to risk.

The surge in international support to meet the humanitarian crisis is an important part of the response to COVID-19, but it does not capture the full picture. So-called secondary effects include a downward spiral in the livelihoods of vulnerable populations and a weakened ecosystem of economies that will be poorly positioned to support them. Interviewees pointed to the need to gather highly localized data in order to understand the specific risks facing communities (including around humanitarian access) but also to understand their longer-term trajectories within bigger political economies. Putting resources into risk analysis that brings local, national, and regional information together into a systemic understanding will allow the humanitarian community to pivot from response to preparedness. This response will be essential not only for the next pandemic, but also for confronting the climate crises to come. In other words, "COVID," as one senior humanitarian worker put it, "is the overture for climate crises to come. If we learn the right lessons from the pandemic, we will be more prepared to face this next generation of crises."<sup>48</sup>



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