

THE HUMANITARIAN RESPONSE TO COVID-19: LESSONS FOR FUTURE PANDEMICS AND GLOBAL CRISES

KEY LESSONS FROM COVID-19 FOR THE NEXT PANDEMIC

1 **It is a matter of when, not if, there will be future pandemics. Humanitarian organisations should ensure that epidemics and pandemics are included in preparedness plans as standard.**

Pandemic preparedness had not been central to humanitarian (or development) narratives prior to COVID-19, despite known risks of an impending global health emergency. In addition to a lack of leadership and political will at the global level, most contingency planning at organisational level had focused on natural hazards, and to a lesser extent, conflict. Little consideration was given to the risks of a multi-country or global crisis. Most emergency response frameworks therefore had limited practical utility. Despite the onset of COVID-19 fatigue, organisations must prepare for future major disease outbreaks.

2 **A health crisis is never just a health crisis. Humanitarian actors must resist the urge to focus myopically on public health and instead recognise complex needs and continually reassess priorities.**

There was clear recognition from the outset of the pandemic that pre-existing humanitarian needs should not be overlooked and that wider socioeconomic impacts would likely be significant. But, in practice, the humanitarian response generally focused on preventing further spread of the virus and supporting

health systems to cope with increased admissions and treat patients. This emphasis seemed to reflect 'Western' or 'Global North' anxieties about the disease, rather than the most severe threats to life in humanitarian settings, or indeed, the priorities of people affected by humanitarian crises. Communities highlighted an array of other concerns such as conflict, food insecurity and malaria, for which they felt their needs were not being met. Initial needs estimates were based on best guesses and rough predictions, which was appropriate given the circumstances; but it became clear that broader needs had been deprioritised. Learning from Ebola response demonstrates this problem is not new and suggests the sector leans towards a narrow focus on health response during outbreaks.

3 **The protection function of the humanitarian system was all but abandoned in the COVID-19 response. This raises fundamental questions about how the humanitarian sector structures, organises and resources protection work.**

The delivery of essential and life-saving protection services was insufficiently prioritised by humanitarians. Despite the lessons from Ebola response, and widespread recognition that COVID-19 would likely increase protection risks for women and girls, this did not result in increased funding and attention to SGBV. Advocacy efforts had limited success in bringing more attention and funding to this issue. Refugees and IDPs fared somewhat

better as their needs were explicitly recognised within the GHRP, but nevertheless they lacked sufficient attention and many saw a weakening of their rights. With no sign of humanitarian crises abating and growing needs, there are clear questions about how to make ethical, effective decisions on prioritisation. The structure and resourcing of protection services must be urgently considered.

4 **The effects of pandemics on women and girls, older people, those living with disabilities or chronic diseases, and other marginalised communities need to be seen and understood to be addressed.**

Many agencies made conscious efforts to meet the specific needs of vulnerable people, but assistance was highly uneven. Evaluations mostly point to ad hoc examples, but little information is available on the extent of inclusion overall. Efforts to ensure an inclusive response were no doubt hampered by the severe movement restrictions, the scale of needs and limited funding, but a key obstacle was the lack of granular needs data. Needs assessment data was rarely disaggregated, preventing adequate analysis and appropriate programme design. Humanitarians must find ways to ensure that data on specific needs can be collected even when movement is restricted. Without this, they cannot know the full impact of a pandemic, let alone hope to meet the needs of the most vulnerable.

5 **Lack of trust in foreign assistance undermines efforts to counter mis-/disinformation. Evidence-based approaches to effective, context-specific risk communication and community engagement (RCCE) is needed to successfully address mis-/disinformation in the future.**

The humanitarian system should take heed of good practices from the Ebola, HIV/AIDS

and COVID-19 responses to combat mis-/disinformation. This includes integrating simple messaging into broader communications and consistent community engagement. But further research is needed into effective RCCE and how to devise culturally relevant, context-specific communication strategies. Research is also needed into avoiding information overwhelm, measuring success, communicating gaps in scientific knowledge, and how these aspects vary across diverse contexts. Communities of practice could be useful learning tools to support real-time peer-to-peer exchange of lessons on recognising and responding to mis-/disinformation.

6 **The humanitarian system must overcome its amnesia and get better at applying learning from previous public health crises.**

There are clear examples of humanitarian actors applying lessons from previous crises and public health emergencies to improve COVID-19 response, but much learning from Ebola and other health responses was not sufficiently applied. The humanitarian sector is falling into known traps, and it must refocus effort to apply learning to improve effectiveness. This synthesis supports such learning, but change will only happen if key actors and institutions invest time and resources now to integrate learning into future response planning.

NOTE

For the full report, supporting materials and bibliography visit alnap.org/COVID-19