# Report Covid Café – Episode 1: the Covid Crisis and the Global South

*webinar*

The Covid-19 crisis is posing a challenge to the world in unprecedented ways and it is influencing our daily lives. It will most definitely also change our work in the humanitarian sector. This needs to be discussed: with humanitarian professionals, with policymakers, academics, and certainly also with a broader audience. And the Covid Café's offer a plstform for these discussions.

The first series of Covid-Cafe's is a joint Oxfam Novib – KUNO effort. In the kick-off episode on 15 May 2020 of this series we looked at the consequences of the Covid-crisis in the Global South.

Speakers:

**Samah Hadid**, Director Advocacy, Media and Campaigns Oxfam in Yemen.

**Hassiba Hadj-Sahraoui**, Humanitarian Affairs Advisor MSF Amsterdam.

**Helen Kezie-Nwoha**, Director of Women's International Peace Centre (based in Uganda).

The webinar was moderated by Peter Heintze (KUNO Platform) and Suying Lai (Oxfam Novib).

## Introductions

**Hassiba Hadj-Sahraoui** (MSF) on the impact of Covid 19 on the MSF operations in the Mediterranean Sea and in the detention centres for migrants, asylum seekers and refugees in Libya.

A few facts on the current situation in Libya and in the Mediterranean Sea. The number of migrants, asylum seekers and refugees in Libya is estimated at around 650,000 people, documented and undocumented together. The criminalization of these people leads to overcrowded detention centres. Overcrowded means that there is no access to basic needs such as sanitation and clean water. At the same time fighting in Tripoli has been intensified, despite the Covid ceasefire that was called out by the UN. The fighting led to the release of some of the migrants/asylum seekers/refugees. They are however released without access to jobs, food and without any support network.

The operations from MSF are limited by the unwillingness of political authorities. Acquiring access to detention centres is a daily struggle. High frequency of fighting means security constraints that limit the movements of MSF and the number of staff. Covid comes on top of these problems. At the moment the numbers of cases and deaths are still low. However, we do not know the accuracy of these numbers.

All of the above is happening against the backbone of years of conflict. We don't have the necessary firewalls between healthcare, the authorities and the migrants/asylum seekers. For many migrants/refugees/asylum seekers it is not even clear how to access health care facilities if need be, shows a recent survey.

Repatriation is also not possible due to the Covid crisis. That means that the only way out of their situation is, for many people, the sea. An increase in departure numbers from Libya can be seen, an increase of people risking their lives to reach Europe.

At the same time Covid also triggers a protection policy of Italy and Maltese authorities:

- They delay rescuing people at risk, by hampering rescue operations from NGOs;
- Increasing number of pushbacks of refugees to the Libyan border and
- Another problem is the framing of refugees as 'disease bringers'.

So Europeans are not only not taking responsibility but also releasing responsibility and pushing it onto other governments.

**Samah Hadid** (Oxfam) on the humanitarian situation in Yemen.

Similar to Libya and other conflict settings, Covid 19 in Yemen is exacerbating really difficult humanitarian conditions. 80% of the population in Yemen needs international assistance at the moment. The corona crisis comes after 5 years of conflict, that has destroyed the health system.

Authorities are confirming around 70 cases, but we fear that the actual numbers are much higher. There is no doubt that if there is a full-blown outbreak, it will be catastrophic. Millions of Yemeni live with a lack of access to clean water and sanitation. Populations in IDP camps live in situations where social distancing is impossible. What would make it even worse, if the Covid outbreak comes alongside other waterborne diseases, such as cholera now the rainy season is arriving, which only puts more strain on the already fragile health system. So it's clear the country can not cope with multiple health crises, it's not equipped to deal with a pandemic this size.

There is also a lack of funding, UN alarmed that more than 30 of their programmes might have to shut down in Yemen because of a lack of funding from international donors. It is of high importance that the government of the Netherlands responds with providing aid to the international Covid response. Countries like Yemen, that are dealing with humanitarian crises at this level really need that support.

Finally, the other major barrier to contain this virus is the ongoing fighting and conflict. Which has been ongoing for 5 years, and has obstructed the delivery of aid. We are urging all warring sides to put down the guns so we have a chance of fighting this virus instead. Within the context of Yemen the Saudi coalition did agree to a unilateral ceasefire. However other parties and sides did not agree to this. So even though a ceasefire was announced, fighting continued. There is a lack of seriousness around this. But what's worse is that the international backers of the war in Yemen are also not behind the ceasefire. The proposal in the UN security council was vetoed by the US government for example. So their lack of commitment to a ceasefire / peace is not helping the situation as well.

**Helen Kezie-Nwoh**a (WIPC) on Covid in Uganda, especially on the position of women.

The approach to Covid in Uganda is to impose a lockdown on everything: transport, closure of schools et cetera. This shows how a state can very quickly turn around a pandemic in a war-like situation.

Helen Kezie-Nwoha elaborated on the gender dimension of the lock down:

- In terms of the closure of schools, many of the developing countries who started the lockdown, which Uganda's government is copying their approach from, have closed schools and continued schooling via internet services. What happens in Uganda is that these technologies are not available. So education is offered via radio, television and internet services, but not a lot of people have access to this. This leads to an increased work load for

girls who are at home. Girls are also most vulnerable to violence in their homes, including sexual violence. There is the fear that a lot of girls get pregnant in this period, and a lot of incest is taking place.

- Closure of non-essential services. A lot of people in low income families lost their job on which their dependent, or cannot go to work anymore because they work in the informal economy. One good thing the government did is leaving the markets open, the bad thing however is that women who work at the market are forced to sleep on the markets. This leads to health issues, rape, and physical violence like theft. Inequalities between men and women are also increasing. There were for example free mosquito nets for those who had to sleep at the market, but most of these nets were then taken by men.

- Health care: a lot of attention is directed at Covid, less on other diseases such as Malaria. Because of the lockdown hospitals are only open for emergencies. Other health problems, such as those relating to pregnancy are not being addressed.

- Impacts of Covid on refugee camps: Rise in conflict; reduction of food aid for refugees; gender-based violence in the camps. At the same time, measures that should decrease the spread of Covid cannot be applied to refugee camps: Social distancing is not possible, no access to clean water means hand washing is impossible, and refugees have no means to by sanitizers or food.

Despite the challenges that we seem to have we applaud the fact that the leadership in terms of responding to Covid is led by women, like our health minister. The fact that Uganda didn't have so many cases is partly claimed to her work on the crisis. We can actually celebrate female leadership. Women organisations in Uganda have set up a women task force for the Covid response. To make sure that needs and concerns of women are heard.

The Ugandan borders with Tanzania, South Sudan and Congo are the main challenge for Uganda. Many Covid- cases are reported, and truck drivers are crossing these every day. Many new cases derive from these truck drivers. Helen Kezie-Nwoha argues that more testing should be done in these countries, and the African Union should work on universal access to medication and vaccination when these are available.

**Key points from the discussion**

- The Covid-crisis is magnifying existing inequalities and vulnerability of vulnerable populations.
- Migrants/refugees/asylum seekers are framed as scapegoats and fear of xenophobia is increasing.
- The Covid-crisis is not only a public health emergency but also politics are of importance, leaders are using the situation to promote their own position or use it to criminalize certain groups (migrants).
- Gender dimension: Women are impacted unproportionally by Covid-measures such as the example in Uganda, where they were forced to sleep on the market, and are then also more vulnerable to theft and malaria for example. But also gender-based violence increases in these times of crisis, where the home should be a safe place where you feel protected.

The discussion and introductions showed the importance of collective leadership and early action. Thankfully the number of cases in these countries is less than in many European countries.

**Main learning points for future humanitarian action**

- Making health care more accessible, not just for Covid-related aid, but also for malaria, tbc and other diseases where dying is preventable. Another thing is making health systems more resilient to shocks like a pandemic.
- On the one hand the vulnerability of migrants/refugees/asylum seekers has been magnified because of this crisis, as well as xenophobia. On the other hand, this also brings greater attention to the needs of these groups, which can lead to changes in policies and international dynamics. As in Italy, where migrants are now being given work permits for example.
- The immense potential for local actors (local NGOs and local Civil Society Organisations) to respond in the crisis. As humanitarian community we need to consistently be working with local actors. Communities that are directly affected by war and conflict, are stepping up to fill the gaps left by the government in this crisis (eg. NGO and women-led groups in Yemen). They need to be supported by the international community and the humanitarian environment.
- Humanitarian response should become more sustainable and long-term. This crisis shows that refugees, who have been in a humanitarian needs situation for a long time, are now being put behind the 'general population' in terms of aid by the government. If these refugees were given the possibility to grow their own food for example, instead of being dependent on food aid, there would be less needs in a crisis like this.
- A crisis should be addressed within the context of a country or region, it cannot be addressed the same way all over the world. This is something global leaders should also take into consideration.