Policy recommendations for responding to Covid-19 globally

May 2021
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Introduction

British Red Cross is part of the world’s largest, independent humanitarian network, the Red Cross and Red Crescent Movement (the Movement) comprised of the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), and 192 National Societies. Commitment to the Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity, and universality are core to our approach.

British Red Cross is a neutral auxiliary to the UK Government in the humanitarian field and works closely with government departments, including the Foreign, Commonwealth and Development Office (FCDO), to provide life-saving humanitarian assistance as well as expert advisory support on core humanitarian themes.
Principled Covid-19 response

Over a year after the World Health Organisation declared Covid-19 a global pandemic, the virus continues to spread around the world, with more than 150 million confirmed cases and three million deaths across nearly 200 countries, as of early May 2021.¹

Covid-19 has led to massive disruptions to the global economy that are and will continue to cause long-lasting socio-economic effects on populations globally, with direct impacts on people’s lives and livelihoods. The shocks and stresses of the global recession, alongside rising conflict and insecurity, weakened health systems and the increasing food insecurity and risk of famines around the world, have exacerbated existing vulnerabilities, disproportionately affecting the poorest and most marginalised groups and countries facing humanitarian crisis.

Globally, the Movement has helped one in thirty people on the planet during the pandemic. British Red Cross is supporting its National Society partners to respond to emerging needs on the ground through their vast community-based volunteer networks. With vaccination campaigns being a major global effort in 2021 and beyond, there is hope that an end to the acute phase of the pandemic is within reach. British Red Cross is willing and eager to support the Movement in making an effective contribution to this, supporting National Societies in their domestic efforts where appropriate and providing funding to revised Movement appeals to facilitate such efforts where possible.

In the face of the Covid-19 crisis, we believe the new FCDO should continue to lead by example, through policy, programmes and diplomacy and aim to improve the humanitarian system. International humanitarian law, and support for impartial humanitarian action, must remain a cornerstone of the UK’s international relations and response to crises.

We will work with Government to preserve the scale and quality of funding most effective in tackling protracted crises, instability and climate shocks. This includes promoting predictable and flexible core funding for local actors, investing in preparedness to build future resilience, and championing early-action financing models that respond to climate risk based on forecasts, thereby mitigating the worst effects of crises through anticipatory action.

As the British Red Cross Humanitarian Policy team, over the past year we have been providing analysis on humanitarian contexts and themes, taking into account the Covid-19 outbreak and its long-term effects on the most vulnerable. We have identified areas where we see a clear role for UK and humanitarian sector leadership in response to these global challenges, which we have collected in this briefing paper. These include principled humanitarian action; health and vaccines; migration and displacement; food security; climate change; sexual and gender-based violence and trafficking, among others.

¹ https://www.bbc.co.uk/news/world-51235105


Recommendations

1. The UK should maintain global leadership in delivering principled humanitarian action in responding to the Covid-19 pandemic and scale up humanitarian support to countries that need additional financial, technical, and/or operational resources to prevent further infections and assist healthcare systems to cope with new requirements.

2. The UK and humanitarian actors should maintain and adapt existing humanitarian programming in line with evolving needs to ensure that lifesaving humanitarian assistance can be maintained and mainstreamed alongside Covid-19 response activities.

3. The UK and humanitarian actors should leave no-one behind.
   Impartial assistance should be provided to individuals, groups and communities on the basis of needs alone, prioritising the most vulnerable first. These groups should include:
   - Women and girls
   - Migrants, refugees and other displaced persons
   - Unaccompanied and separated children
   - People living with disabilities
   - The elderly
   - Survivors of trafficking
   - Lesbian, gay, bisexual, transgender and intersex (LGBTI) people
Covid-19 vaccination campaigns are and will be a major global effort in 2021 and beyond. Vaccines must be distributed in an equitable manner, prioritising vulnerable and high-risk groups, healthcare workers and frontline responders.

The UK mobilisation of $1 billion for the coronavirus COVAX Advance Market Commitment (AMC) through match funding global donors, combined with the £548 million of UK aid pledged, is an essential investment that will help stop the spread of the virus, prevent future waves and build back better globally by helping distribute one billion doses of coronavirus vaccines to 92 developing countries this year.²

However, a vaccine by itself is not enough. The pandemic has exposed deeply engrained health and social inequities along with a rise in vaccine hesitancy, strengthened by a decreased perception of risk. Engaging communities, building trust and reaching the most vulnerable to ensure access to accurate information are all essential to ensure vaccine uptake.

The Movement is in a unique position to address the needs of the most vulnerable communities through a variety of strategies that are adaptable to local contexts, capacities and needs. This includes social mobilisation and community engagement and accountability, advocacy and operational support to the state through the auxiliary role of National Societies, and support to health services. Most National Societies are or will be engaged in health promotion to tackle misinformation and vaccine hesitancy and build trust among communities, as well as in tending vaccination centres and supporting with vaccine administration.

British Red Cross supports the current IFRC Five Pillars approach to prepare for and introduce Covid-19 vaccines³, with emphasis on the first three pillars of Advocacy, developing Trust and assisting Health services in distributing Covid-19 vaccines.
Recommendations

4. The UK should promote fair and equitable access to the Covid-19 vaccine that prioritises health care workers, front line responders and other high-risk groups, including through adequate funding and facilitating local partnership work.

5. The UK and other States should ensure vulnerable populations are included in national vaccination plans and have equal access to Covid-19 vaccines, including migrants, refugees and other displaced populations (irrespective of status), people living in urban slums, remote rural areas and people affected by conflict, violence and disasters.

6. The UK and other States should engage communities and provide accurate information to build community trust and acceptance of Covid-19 vaccination programmes as well as ensure the safety of health personnel.

7. The UK and other States should maintain and strengthen routine vaccination for other diseases through existing primary healthcare services and campaigns, with special focus on zero dose and under immunised communities.

8. The UK should also maintain, or increase, funding for other essential health services, such as sexual and reproductive health, and maternal and child health – and continue or establish community health programmes to address Covid-19 impacts on local health systems.

9. The UK and humanitarian actors should continue health promotion activities, including dissemination of PPE, disinfectants and hygiene kits; health awareness seminars on Covid-19, as well as psychosocial support for service users, staff and volunteers.

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2 https://www.gov.uk/government/news/uk-raises-1bn-so-vulnerable-countries-can-get-vaccine#:~:text=The%20UK%20has%20
helped%20to%2092%20developing%20countries%20this%20year

Migration and displacement has emerged as one of the defining global challenges of the 21st century. Movements of people take various forms, including journeys crossing multiple borders, migration and displacement to neighbouring countries, or internally, within the borders of the same country. In 2019 it was estimated that 272 million people were counted as international migrants, including 28.5 million refugees and asylum-seekers with protracted conflict and climate change being the main drivers of displacement.

Covid-19 has added significant burden to the humanitarian challenges experienced by people on the move. These include a lack of or limited access to healthcare and hygiene facilities, crowded living conditions, a lack of access to information on rights and risks and other protection risks, including exploitation and abuse. In some countries, migrants have been unable to access Covid-19 testing or treatment because they do not have a national identity or social security number, which is also likely to affect access to Covid-19 vaccinations. Movement restrictions and border closures hinder people’s ability to flee violence internally or across borders, potentially undermining the right to seek asylum.

International cooperation is needed on migration and cross-border issues, as we’ve seen with Covid-19 and the impact of border closures. The UK has a vital humanitarian role to play in supporting people at all stages of their journey. We share the Government’s aspiration for a “Global Britain as a force for good” and believe the UK can continue its leadership role by shaping policy at an international level. The UK can continue to be a champion for the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees and ensuring that these commitments are delivered. The UK can lead by example through its own programming, ensuring that people on the move have their basic needs met, their fundamental rights protected, and they are treated with dignity, humanity, and respect.

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Recommendations

10. The UK and other governments should ensure targeted and appropriate support is available for people on the move, to ensure that their distinct needs and vulnerabilities are taken into account.
   a. All migrants should be included in national and local Covid-19 responses that guarantee access to essential services, including healthcare, housing, food, water and sanitation, psychosocial support, education and social security, regardless of their legal status.
   b. All migrants, irrespective of status, should be included in vaccination plans and have equal access to Covid-19 vaccines
   c. All migrants should have access to accurate information on Covid-19 in a language they understand. This includes prevention measures, when and where to access testing, treatment and relevant support.

11. The UK should promote, support and fund measures and activities to ensure protection and medical assistance for asylum seekers and refugees without discrimination, during this public health emergency, including:
   a. Free access to health services
   b. Improved sanitation and hygiene conditions and access to health care in reception centres and camps
   c. Access to social protection, including cash and livelihoods support
   d. Secure accommodation

12. The UK should ensure immigration detention remains a measure of last resort and evacuate places of detention given Covid-19.

13. The UK should preserve family unity and prevent migrants from going missing including during management of border crossings, medical evacuations, and application of quarantine and other measures implemented in response to the outbreak of Covid-19.

14. The UK should urgently implement safe and legal pathways for people in need of protection including through resuming resettlement programmes and increasing pledges, issuing humanitarian visas and facilitating family reunification procedures.
Food insecurity is a feature of chronic vulnerability driven by multiple, interrelated factors, including: protracted conflict, extreme weather events, weak governance, a lack of social safety nets, dependence on climate-related livelihoods, economic and market instability, and cultural norms that perpetuate inequality, among others.

The Covid-19 pandemic highlighted the need to invest in epidemic preparedness, community-based surveillance, and the importance of resilient local health systems. The primary and secondary impacts of Covid-19 serve to exacerbate existing hunger crises, particularly in fragile or conflict-affected contexts. Addressing hunger crises and famine prevention requires a combination of rapid emergency humanitarian response, anticipatory action, and longer-term interventions, working directly with crisis-affected communities to help build resilience and to mitigate future shocks.

British Red Cross welcomes the FCDO pledge to use diplomacy and aid expertise to build a stronger international consensus to fight back against the impacts of Covid-19, conflict and climate change and the appointment of Nick Dyer as the UK’s first Special Envoy for Famine Prevention and Humanitarian Affairs. The international community will welcome the UK’s leadership and convening power to address these most pressing humanitarian challenges of our time, including utilising the UK Presidency of the G7 at the 2021 G7 Summit.
Recommendations

15. The UK and humanitarian actors should champion coordinated and multisectoral approaches to the Covid-19 response, which consider the intersection of multiple crises in humanitarian settings that exacerbate food insecurity, including climate change and protracted conflict.

16. The UK and humanitarian actors should consider the impact of food insecurity and linked protection needs when developing and financing Covid-19 responses and invest in building more sustainable and resilient local food production and livelihoods.

17. The UK and humanitarian actors should support early action. They must ensure early warning data is consistent and accessible; that local, national, regional and international decision-makers and humanitarian responders are able to use the data to inform early action protocols; and funding is available to finance the necessary early action.

18. The UK and humanitarian actors should scale up cash and voucher assistance as a delivery mechanism to help restore the economic resilience and livelihoods of the most vulnerable and marginalised communities, with special attention to the needs of women and households at risk of domestic violence and exploitation.

19. The UK and humanitarian actors should align humanitarian support to social protection systems to complement and support other emergency response interventions in the longer-term.

20. The UK and humanitarian actors should champion food security responses that are locally-led and as international as necessary and ensure that local actors, including women-led organisations, are at the centre of decision-making on funding in line with the Grand Bargain Commitments to ensure the resources are targeted at their needs.

21. The UK and humanitarian actors should ensure communities experiencing crisis are engaged in an on-going dialogue and listened to, putting community engagement and accountability at the centre of food security responses.
Climate change

The climate crisis poses the greatest collective risk we face as a global community, with humanitarian needs expected to grow significantly. More than 90 percent of ‘natural’ disasters are now regarded as climate-related. Climate change both amplifies existing risks and creates new risks for natural and human systems. These risks are unevenly distributed, affecting vulnerable people disproportionately.

Climate change is not waiting for Covid-19 to be brought under control. Many people are being directly affected by the pandemic and climate-driven disasters, and the world’s poorest and most at risk people are being hit first and hardest. Over 100 disasters took place in the first six months of the global pandemic, affecting over 50 million people.6

Action to reduce greenhouse gas emissions is critical. However, this action will not prevent the challenges communities are already facing right now. Funding for climate adaptation and investment in anticipatory action and disaster risk reduction is essential to ensure that the most vulnerable communities are better able to cope and become more resilient to the impacts and effects of climate change and extreme weather events. This means supporting local- and national-level humanitarian actors to better prepare for and better manage crises and recover from them more rapidly.

The COP26 UN climate conference will provide a platform for bold UK leadership to address the most critical global challenge of our time. The British Red Cross and FCDO are working closely together in the run-up to COP26. We are committed to continuing this partnership to drive the early action and anticipation agenda and achieve the ambitious targets outlined in the Risk-informed Early Action Partnership (REAP).

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6 https://media.ifrc.org/ifrc/world-disaster-report-2020
Recommendations

22. Addressing Covid-19 and climate change are not mutually exclusive. The UK and humanitarian actors should consider the humanitarian impacts of climate change when developing and financing responses to Covid-19, prioritising the most vulnerable.

23. The UK's and humanitarian actors' Covid-19 recovery plans must be leveraged to increase the capacity of climate vulnerable countries to manage the impacts of climate change and build resilience, linking these to commitments that countries make in their Nationally Determined Contributions (NDCs) under the Paris Agreement.

24. The UK and humanitarian actors should convert early warning into early action, ensuring weather observing capacities and early warning data are accessible and that local, national, regional and international decision makers and humanitarian responders are able to use it to inform early action, with funding available to finance the necessary responses.

25. The UK and humanitarian actors should ensure humanitarian responses to Covid-19 are green and use climate-smart approaches to minimise the carbon footprint of emergency responses, including through emergency waste management; sustainable levels of water use; sanitation; energy consumption; and transport and green procurement.

26. The UK should continue to build momentum on climate action amid the Covid-19 pandemic, by
   a. Raising awareness on the risks of climate change and the need to adapt to the current reality of increased humanitarian needs arising from temperature increases and altered weather patterns, leading to migration, displacement and chronic hunger
   b. Continuing to invest in adaptation and anticipatory humanitarian action
   c. Maintaining diplomatic momentum ahead of COP26 and encourage sustained global solidarity
   d. Leading by example with domestic policy making and legislation towards achieving net zero
Localisation

British Red Cross endorses the Grand Bargain commitment on localisation and promotes humanitarian assistance that is as local as possible and as international as necessary. The Movement has intrinsic capacity to provide this as it is comprised of National Societies, with their local knowledge and ability to mobilise large networks of volunteers who are often the first on the ground responding to a crisis, supported by the global experience, funding and technical capacity from the ICRC, the IFRC, and partner National Societies from around the world.

The role of national and local actors in the Covid-19 response has been and continues to be key, as the rapid evolution and spread of the virus globally has reduced the availability of international personnel. However, much more needs to be done to support local humanitarian responders and address the challenges they face.

The British Red Cross Humanitarian Policy team have commissioned research to explore locally-led humanitarian action in the Covid-19 response and its intersection with anti-racism and decolonisation. This research, which will be published in the summer of 2021, is highly relevant to the humanitarian sector and well-aligned with British Red Cross’ commitments to the Grand Bargain. The findings and recommendations from the research are expected to influence and inform ways of working, policies, funding dynamics and equal partnerships with local actors, and find genuine pathways towards a more equitable future that truly enables locally-led action.
Recommendations

27. The UK and humanitarian actors should ensure Covid-19 responses are as locally-led as possible and put local actors at the centre of decision-making on funding to ensure they can access the resources they need. This includes flexible funding to core costs and resources to safeguard and protect staff and volunteers, as well as protection of supply chains for the provision of essential items.
Cash and Voucher Assistance (CVA) has the potential to transform the way aid is delivered. As it is usually more cost-efficient to deliver than aid-in-kind, more people can be reached for each pound spent. It allows local markets to recover more quickly after a crisis, therefore playing a vital role in preserving the dignity of affected people.

Multi-purpose cash can be the most effective response of government-led shock responsive safety nets in the face of Covid-19 as a major complementary component to health and sanitation interventions. It can help restore the economic resilience and livelihoods of the most vulnerable and marginalised communities; facilitate ongoing and early access to key basic services, including healthcare, water and education; reduce the use of damaging and irreversible coping mechanisms; and kickstart markets’ functionality, while also reducing risks of virus transmission by using digital payments.

The UK Government has played a crucial leadership role as co-chair of the Grand Bargain Working Group on Cash, influencing joint donor commitment to the scale up humanitarian cash assistance as a proven intervention. We believe the UK’s leadership on this agenda can and must go further, though the FCDO’s own programming and through continuing to champion this agenda at a global level.
Recommendations

28. The UK and humanitarian actors should scale up cash and voucher assistance alongside sanitation interventions, as a delivery mechanism to help restore the economic resilience and livelihoods of the most vulnerable and marginalised communities.

29. The UK and humanitarian actors should prioritise women-headed households when implementing cash transfers and develop targeted economic strategies to empower women economically as active agents of recovery and change, to mitigate the outbreak’s long-term impacts and support them to build resilience for future shocks.
Community engagement and accountability

To ensure a truly local response, affected populations need to be at the centre of the response, contributing to decisions, activities and monitoring effectiveness. Community Engagement and Accountability (CEA) leads to more effective responses and to enable this approach there needs to be increased funding available. Supporting CEA commits donors and the sector to provide timely, relevant, and actionable life-saving and life-enhancing information to communities. By using the most appropriate communication approaches to listen to communities’ needs, feedback and complaints, we can ensure they can actively participate and guide services. CEA also enables people in crisis to become more skilled and empowered to lead and shape positive, sustainable change in their own lives, to influence decisions that affect them, and to hold all relevant stakeholders to account.

Engaging communities and local volunteers in all stages of the response to the Covid-19 outbreak from the outset has been and continues to be key to build trust and ensure public health measures are adhered to and healthcare sought. Diverse populations within communities need to be engaged in designing and disseminating life-saving information and best practices on how to limit infection. This is to ensure that marginalised groups have access to the information they need, as well as to tackle the spread of misinformation and rumours.
Recommendations

30. The UK and humanitarian actors should engage communities experiencing crisis to ensure effective Covid-19 response, including building trust in interventions, disseminating life-saving information and best practices on how to limit infections and better understand individuals’ own strategies in different communities – so that these can be incorporated as a key pillar of responses.

31. The UK and humanitarian actors should tackle miscommunication by investing in risk communication informed by community engagement and in health promotion materials in multiple languages. Risk communication and community engagement needs to be accessible and adapted to reach marginalised populations.
Sexual and gender-based violence continues to be used systematically and extensively in active conflicts around the world. Many women, girls, boys, and men also face the double burden of increased exposure to SGBV at the hands of family, neighbours, and traffickers.

A Covid-19 outbreak in communities already affected by ongoing conflict or protracted crisis creates a double burden, with gender-inequality exposing women and girls to a triple burden. Restrictions and public health measures such as social distancing and school closures, have already led to the increased incidence and severity of domestic violence. These measures have also rendered many survivors invisible, impacting their ability to seek support and protection.

The UK Government is a leading global voice in addressing violence against women and girls and continued UK leadership on the international stage in tackling this issue is vital. In establishing the Prevention of Sexual Violence in Conflict Initiative (PSVI) in 2012 and as a leader in the global Call to Action to End Gender-Based Violence (GBV) in Emergencies, the UK has galvanised international attention and secured resources to support an area of International Humanitarian Law often overlooked.

The merger of the FCO and DfID into the FCDO and the Integrated Review of Security, Defence, Development and Foreign Policy offer a timely opportunity for the UK to strengthen collaboration between the relevant departments working on SGBV. Effective resourcing and reinvigorated leadership with strong oversight of a cross-departmental action plan will be critical to realise the transformative potential of these initiatives.
Recommendations

32. The UK should reaffirm its commitment to prevent violence against women and girls and sexual violence in conflict by funding the development of innovative responses addressing the secondary impact of Covid-19 and placing women and girls at the centre of the economic response to ensure advances in gender equality are maintained.

33. The UK and humanitarian actors should ensure that gender-based violence is addressed and resourced within Covid-19 response and recovery plans, including through scaled-up prevention activities and lifesaving gender-based violence service provision.

34. The UK and humanitarian actors should ensure continuity of existing prevention activities and response services for victims/survivors of abuse and exclusion where possible and integration within cross-sectoral responses.

35. The UK and humanitarian actors should engage with and support women-led organisations, which provide invaluable support in accessing marginalised women and girls and provide survivor support to victims of domestic violence, to address both the primary and secondary impacts of Covid-19.
There are strong connections between migration, forced displacement and vulnerability to exploitation, including trafficking, modern slavery and forced labour. Poverty, unemployment, dislocation from community and family support structures, insecure legal status and lack of access to social protection can expose people to trafficking in and within their country of origin, as well as along the migration journey.

The socio-economic disruptions caused by the Covid-19 pandemic are likely to lead to an increase in exploitation and human trafficking, particularly for groups of people who are already marginalised. Lockdowns, loss of livelihoods and the consequent struggle of families and communities to provide for their basic needs, disruption of social safety nets and limited options to seek protection safely and regularly, are likely to create the conditions for the emergence of new trafficking trends while heightening vulnerabilities of people already in conditions of exploitation.

The UK Government has shown significant leadership in addressing human trafficking and modern slavery globally. We believe the Government is well-positioned to continue providing such leadership during the pandemic, to protect the most vulnerable from the increased risks of and vulnerabilities to trafficking brought about by the Covid-19 crisis.

7 These recommendations were developed for a policy brief British Red Cross submitted to the UK government as part of the International Anti-Human Trafficking Network. While British Red Cross led on the initiative, the messaging was developed with contributions of the wider sector.
Recommendations

36. The UK should continue to lead international efforts to tackle modern slavery and human trafficking and take steps to convene international cooperation to reduce the increased risks and impact of trafficking as a result of Covid-19.

37. The UK should give priority to flexible long-term funding for international anti-trafficking work and ensure that funds already allocated are not diverted to other sectors during and after the pandemic.

38. The UK should support and fund measures which promote the social inclusion of survivors of trafficking to assist them in their long-term recovery post Covid-19 and protect them from re-trafficking or other forms of abuse.

39. The UK should take renewed action to address the root causes of trafficking in persons including income inequality, sex and gender-based discrimination and violence, gender inequality, and lack of legal and safe migration routes from countries of origin to destination countries.

40. The UK should work with other States to develop measures to facilitate access to life-saving services for trafficked persons, including shelter, social welfare and health care, and Covid-19 specific risk communication, sanitation services and hygiene items. Such measures should consider:

a. The ability for trafficked persons to be identified as such and to submit asylum claims or access other entitlements with minimum delays, to ensure access to entitlements under national and international law.

b. The ability for trafficked persons to access health care, employment and welfare services while their claims are being processed.

c. Keeping immigration enforcement separate from the delivery of these essential services to ensure all migrants can access care, regardless of their immigration status. Many trafficked persons remain in situations of exploitation and fear the consequences of seeking care, such as detention, deportation or retaliation by the trafficker.

41. The UK should work with other States to strengthen national frameworks on labour rights and regulations in all economic sectors to prevent trafficking and to help identify and protect survivors.
For additional information, please contact Maryann Horne, Head of Humanitarian Policy, at MaryannHorne@redcross.org.uk

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BRC21-147

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