

# **Rapid response insights: preparing for and responding to risks of COVID-19 in West and Central Africa**



## **Contents**

<b>Context</b>	<b>3</b>
<b>The existing humanitarian situation in West and Central Africa</b>	<b>4</b>
<b>What is known about COVID-19 in this context</b>	<b>5</b>
<b>Regional vulnerabilities to COVID-19</b>	<b>6</b>
<b>Specific vulnerabilities for migrants and impacts on trafficking/exploitation</b>	<b>9</b>
Additional vulnerabilities experienced by migrants	9
Additional vulnerabilities relating to trafficking and exploitation	11
<b>Recommendations</b>	<b>12</b>

# Context

**This briefing note highlights the risks of COVID-19 on the populations that the Red Cross and Red Crescent Movement supports in West and Central Africa (WCA). The brief focuses on the communities supported by the British Red Cross through the Action for Migrants: Route Based Assistance (AMiRA) programme in Mali, Niger, Burkina Faso, and Guinea. It covers broad implications in the region, in particular the impacts on migrant communities, and regional dynamics relating to trafficking and exploitation. It concludes with recommendations for how the humanitarian community can scale up and adapt existing humanitarian assistance to better prepare for and respond to the primary and secondary consequences of COVID-19.**

This paper has been developed with insights from Red Cross Red Crescent National Societies based in communities, International Red Cross Red Crescent Movement colleagues working at a regional level in WCA, colleagues from the International Committee of the Red Cross (ICRC) as well as UK-based staff with a global migration focus. It draws on existing understandings of the migration and health nexus, as well as intersectional vulnerabilities. This paper aims to capture a number of emerging issues but is not an exhaustive analysis. The British Red Cross will endeavour to update this information as the humanitarian situation develops.

Although this paper largely focuses on the imminent risks posed by COVID-19, the British Red Cross are deeply concerned about the prospect for more fundamental contextual changes that will have an even wider-reaching and longer-lasting effect, including the knock-on economic cooldown, with global trade forecast to fall by up to a third,<sup>1</sup> and anticipated direct reduction in global standards of living.<sup>2</sup> The British Red Cross aims to engage with this discourse in the near future.

1 [www.wto.org/english/news\\_e/pres20\\_e/pr855\\_e.htm](http://www.wto.org/english/news_e/pres20_e/pr855_e.htm)

2 [www.theguardian.com/business/2020/apr/09/imf-chief-flags-up-grim-global-economic-forecast-covid-19](https://www.theguardian.com/business/2020/apr/09/imf-chief-flags-up-grim-global-economic-forecast-covid-19)

# The existing humanitarian situation in West and Central Africa

The majority of the population in the WCA region live below the poverty line; risks and vulnerabilities in the region are heightened by poor infrastructure, including health systems, education services, access to clean water, judicial systems, national disaster management systems, and poor governance.

The region's humanitarian landscape has been dominated by recurring **food security and nutrition crises**, and frequent epidemic outbreaks. The region is also afflicted by **several protracted conflicts** which have provoked mass displacement, both internally within the region and towards North Africa and Europe. Some of these conflicts have heightened significantly in the past year, for example in Burkina Faso. Last year, increased violence in Burkina Faso caused 2,000 deaths and forced more than 700,000 people to flee their homes. It has also caused the decline and closure of health centres.

West Africa has long history of intra-regional, as well as inter-regional, **migration flows**. The British Red Cross has worked with Red Cross and Red Crescent Movement partners as part of a coordinated programme to address the needs and vulnerabilities of people on the move in four countries in WCA (Niger, Mali, Burkina Faso, and Guinea). In these countries, there are many people on the move transiting between countries<sup>3</sup>, returning from outbound migration, and who are internally displaced. People on the move in WCA face **a range of humanitarian and protection concerns**, including: lack of access to essential services, such as health care; vulnerability to violence, exploitation and abuse, including trafficking and gender-based violence; and lack of access to information on rights, risks and opportunities. Although migrants can sometimes support host communities to bolster economies, migration movements can sometimes result in additional pressure on host communities, who are often already vulnerable themselves.



<sup>3</sup> [www.uneca.org/pages/ecowas-free-movement-persons](http://www.uneca.org/pages/ecowas-free-movement-persons)

# What is known about COVID-19 in this context

Recent data from Imperial College London states the impact of the virus could be up to tens of millions of deaths globally;<sup>4</sup> and we can anticipate that African nations will disproportionately feel the brunt of these figures. Given the inconsistent data on the situation on the African continent, there are widespread concerns that this plus other compounding issues such as conflict, fragile health systems, and food crises may likely lead to catastrophic humanitarian consequences.

**Current number of cases:**<sup>5</sup> Information collated by the International Federation of the Red Cross (IFRC) Sahel regional team indicates that as of 14 April 2020, there were over 15,000 confirmed cases of COVID-19 across the continent:<sup>6</sup> Mali 123 cases; Burkina Faso 515 cases; Niger 548 cases; Guinea 319 cases; Senegal 291 cases, Cote d'Ivoire 626 cases; Togo 77 cases, and Nigeria 343 cases.<sup>7</sup> European countries with large communities of West African migrants also count amongst the worst affected on a global scale (Italy, France, Spain, Germany and the United Kingdom, with a combined caseload of 18,811 as of 12 March 2020). The majority of cases reported in West Africa have been imported from other countries.<sup>8</sup>

**Current responses:** Countries across the continent are striving to limit widespread infections by identifying, isolating and treating patients, restricting movement, heightening surveillance and stepping up health precautions. On 14 February 2020, Health Ministers in the Economic Community of West African States (ECOWAS) resolved to strengthen coordination and cooperation among Member States.<sup>9</sup> As of 12 March 2020, restrictions on travellers from the worst-affected countries have been introduced in West Africa.<sup>10</sup> Restrictions in most of the West African countries include:<sup>11</sup> state of emergency curfews; school closures; closure of sea, air and land borders; prohibition of gatherings of more than 20 people; suspension or restriction of public transportation; and closure of bars and restaurants. Red Cross and Red Crescent National Societies are responding to developments in-country and have adopted restrictions for their staff and volunteers. ICRC is also having to adapt its programming in particularly vulnerable contexts.

# Regional vulnerabilities to COVID-19

The region is facing multiple vulnerabilities to uncontrolled COVID-19 outbreaks and significant secondary social and economic impacts, based on infrastructure and response capacity; specific vulnerabilities of people on the move; and country-specific vulnerabilities based on protracted conflict and possible surges in violence.

## **National governments have weak overall capacity to prepare and respond – and weak public health systems will be easily overwhelmed**

Effective disaster management requires responses to be timely, appropriate, coordinated, and of high quality. This requires strong government leadership, with various government departments coordinating effectively to prepare for and respond to crisis. In countries where the British Red Cross support the work of National Societies in WCA, their ability to do so is negatively impacted by ongoing challenges with effective governance.

Beyond this, public health systems are already weak and likely to be overwhelmed if cases increase. This is particularly true in terms of laboratory capacity, case management, infection prevention and control. Countries also face challenges with bed capacity, intensive care facilities, access to resources (for example countries are facing difficulties procuring personal protective equipment [PPE] and disinfectant), and inadequate training on use of PPE. In Burkina Faso, the Health Ministry severely lacks resources and has a limited capacity of 20 beds for the most acute cases. The Burkina Faso Red Cross (BFRC), supported by IFRC, is playing a key role providing material, technical advice, and community intervention. They are also deploying volunteers to raise community awareness and undertake disinfection and providing vehicles to the national health response.

In Mali, many hospitals had exceptionally limited resources even before the COVID-19 crisis. The ICRC have supported the establishment

of isolation zones in the reference hospitals of Mopti, Gao and Timbuktu. ICRC teams have supported medical staff in these hospitals to set up a monitoring system to ensure the effectiveness of infection prevention and control measures. In addition, across Mali, health structures, detention centers, civil protection and the Malian Red Cross received: 21,250 bars of soap, 5,400 kg powdered soap and 3,300 litres of liquid soap; 42,250 pairs of gloves; 8,300 surgical masks; 4,500 protective visors; 2,500 litres of chlorine and 200 hand washing devices.

## **Underlying health vulnerabilities will exacerbate impacts of COVID-19**

Countries in the region are already battling diseases such as **malaria, cholera, HIV, tuberculosis, and Ebola**. People living with HIV but who do not have access to medication have a weakened immune system and may be more vulnerable. Areas impacted by tuberculosis may also be particularly vulnerable, due to COVID-19's respiratory symptoms. Notably, the Democratic Republic of the Congo (DRC) is still responding to the largest Ebola outbreak since 2014. While numbers have declined, the situation still requires attention.<sup>12</sup> The IFRC is linking their responses to both outbreaks together, ensuring that COVID-19 messaging is included in existing community outreach in DRC on Ebola. A combination of the two diseases hitting communities simultaneously could be devastating, potentially exacerbating transmission of both and overwhelming healthcare capacity.

## **Existing response strategies for COVID-19 will hit practical challenges in the region**

**Contact tracing** has been identified as one of the ways to control the spread of COVID-19. Contact tracing identifies an infected person's interactions and advice is provided to the people they have come into contact with. However, this only works where infected individuals can be quickly identified through community health surveillance and testing. Contact tracing will

<sup>12</sup> The World Health Organization said a new case of the Ebola virus has been confirmed in eastern Congo, just three days before the country was expected to declare an end to the outbreak: [www.africanews.com/2020/04/11/new-ebola-case-in-dr-congo-sets-back-awaited-end-to-outbreak](http://www.africanews.com/2020/04/11/new-ebola-case-in-dr-congo-sets-back-awaited-end-to-outbreak)

be difficult in WCA, due to vast geographies, densely populated areas and urban centres. Hygiene strategies such as **handwashing** will also prove difficult. Many people live in poor conditions, lacking appropriate WASH (water, sanitation and hygiene) facilities. In Mali, conflict has left the **water infrastructure**, like all civilian infrastructures, extremely vulnerable. However, ICRC have supported the water management company in Mali, SOMAGEP-SA, to ensure more than 145,500 Malians have access to drinking water to meet their hygiene needs.

Similarly, **social distancing** and **quarantine measures for those infected** are likely to be difficult, due to large households, precarious housing arrangements, and overcrowded conditions. Those working in informal economies may be unable to stay home, relying on this income for their food security. There is also limited capacity to undertake **tests**.

For **internally displaced people**, for instance in Mali where many regions have very high numbers of (IDPs), it is self-evident from overcrowded IDP camps how difficult mitigation of the spread of COVID-19 will be. Thus far, the ICRC has incorporated 30 handwashing devices at IDP sites on the outskirts of Bamako (Faladiè, Niamana and Zantiguila); as well as in five reception centers for migrants and the SONEF, GUINEA and NOUR bus stations.

### **COVID-19 is heavily impacting international and national humanitarian response capacities**

The humanitarian sector faces challenges responding to COVID-19 in the region, as well as its ability to maintain existing critical programming. **Many INGO staff** have returned to their country of origin or face travel restrictions, reducing international personnel available to support the response. **Donor countries** managing their own domestic responses may de-prioritise international humanitarian funding.

In this context, **national actors**, such as Red Cross and Red Crescent National Societies, will shoulder an increasingly significant proportion of the response. As an auxiliary to the public authorities in the humanitarian field, Red Cross and Red Crescent National Societies are already working – through their networks of staff and volunteers – to prevent transmission of the virus. They are helping communities already affected to maintain access to basic services, and reduce economic, social and psychological impacts. However, even national actors will face heavy challenges, impacting both their ability to respond to the COVID-19 outbreak and maintain their existing lifesaving work. For example, containment measures may impact delivery of humanitarian services and disrupt supply chains for essential materials, with staff unused or unable to work from home (where this is advised) or without sufficient IT and internet infrastructure to do so effectively. The lack of PPE for staff and volunteers also might reduce their capacity to respond as they will be reluctant to put staff in danger or risk further transmission to communities.

### **Specific population groups will be disproportionately affected**

Additional impacts are likely to be experienced by specific population groups in the region as a result of pre-existing and intersectional vulnerabilities. While migrants and refugees will be disproportionately affected as outlined below, other specific vulnerable groups suffering negative impacts of the virus include:

- **Women and girls.** The region already experiences high levels of gender-based violence and gender inequality. Emerging evidence suggests several ways the COVID-19 pandemic and resulting public health strategies may impact on violence against women and girls, both across populations and in emergency settings (e.g. refugee camps and IDP settlements), including increased risk of domestic violence and other forms of violence, such as sexual exploitation and abuse.<sup>13,14</sup>

Pre-existing gender norms and the disproportionate role that women and girls play as carers and health-care providers places them front and centre of the response.

- **Children, including unaccompanied and separated children** may not have access to information or services. They may be separated from their caregiver if that person is infected, quarantined or dies, and as a result receive no or inadequate care. They may experience increased levels of neglect and violence (including sexual violence) in the home, institutions or in camps, as a result of heightened anxiety, frustration, isolation and enforced proximity to abusers. With schools closed or normal social activity curtailed, children will find it harder to seek help and access to support services may also be limited - in many countries, shelters for unaccompanied minors are already lacking necessary resources. As a result of impoverishment or separation children face increased risk of other forms of abuse such as child labour, early marriage and trafficking.
- **People with disabilities**, both physical and/or intellectual, may have specific communication needs that will go unmet, be at higher risk because of pre-existing conditions, and could lose access to their regular support mechanisms. People with disabilities are also disproportionately exposed to domestic violence, including neglect and other forms of gender-based violence. Current social distancing and social isolation practices make this abuse even harder to identify and prevent.
- **Older people** are at higher risk to severe illness and may have specific communication needs, being less able to access online communications, or with difficulty seeing, hearing or understanding. Normal support mechanisms may no longer be available. For older people in assisted-living facilities, social distancing may be difficult.<sup>15</sup> Older people are also disproportionately exposed to domestic and gender-based violence.

- **LGBTQI** who already experience difficulties and barriers to accessing hygiene and sanitation facilities, health care and other services due to stigmatisation and cultural barriers may experience an exacerbation of these challenges due to the COVID-19 crisis placing them at greater risk of contracting COVID-19 and less able to access health care. Sexual and gender minorities are also disproportionately affected by sexual and gender-based violence, including domestic violence and trafficking.

### **There will be a critical – and dangerous – overlap between COVID-19 and conflict**

Populations in conflict-affected countries in the region, including those in live conflict settings or experiencing the after-effects, are likely to be especially vulnerable to outbreaks of the disease.<sup>16</sup> In Mali for instance, the ICRC delegation that works closely with the Malian Red Cross and its volunteers, already faces significant challenges from several years of conflict, the resultant suppression of the economy and the looming threat of climate change which is already impacting on the population.

Conflict will impact the ability of institutions, including health services, to respond. Low public trust in government or political leaders may also mean less adherence to public health directives. Where people have fled their homes, living outside or in cramped spaces, basic hygiene and social distancing will be impossible.

Where outbreaks take place in areas of active conflict, humanitarian actors may struggle to get relief to people in need. In 2019, the World Health Organization (WHO) and INGOs struggled to contain an Ebola outbreak in eastern DRC, due to violence. Currently Mali is one of the more difficult contexts in respect of reaching populations in need, with many being in remote locations beset with violence. This situation is replicated in numerous towns, villages and communes across the region.

<sup>15</sup> <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2020/03/PGI-and-COVID-basic-guidance-key-messages-and-groups-17March2020.pdf>

<sup>16</sup> [www.crisisgroup.org/global/sb4-covid-19-and-conflict-seven-trends-watch](http://www.crisisgroup.org/global/sb4-covid-19-and-conflict-seven-trends-watch)

A risk emerging here is a **lack of information**, which can be coupled with a vulnerability to ‘fake news’. A key humanitarian response is information campaigns, which are particularly pertinent to protecting people from contracting a virus as contagious as COVID-19. The Mali delegation has embarked on a mass awareness campaign, using radios, posters and social networks by targeting hard-to-reach areas.

COVID-19 could also create secondary impacts, placing great stress on societies and political systems, and creating the potential for new outbreaks of violence. Preserving public order could prove challenging when security forces are overstretched and populations become increasingly frustrated with government responses to the disease. More broadly, the disease’s catastrophic economic impact is also likely to aggravate or create future conflicts.

## Specific vulnerabilities for migrants and impacts on trafficking/exploitation

### Additional vulnerabilities experienced by migrants

#### Migrants may be excluded from disaster response planning

It is critical – and established good practice – for migrants and displaced people to be included in national response planning. Lessons can be shared from other contexts, for instance in Bangladesh, where refugees have been included in national disaster management systems for natural hazards such as cyclones.<sup>17</sup> However, it is known from experience that such inclusion is not always the case – and may leave migrants particularly vulnerable.

#### Migrants are likely to have higher healthcare vulnerabilities

Migrants and displaced persons may be at increased risk from the current outbreak of COVID-19 due to high prevalence of existing healthcare vulnerabilities. As the International Organisation for Migration (IOM) notes, migration status is a significant determinant of health vulnerabilities in the region, due to “high levels of internal and cross-border migration, with a high prevalence of communicable diseases, a weak

public health-care system and policy frameworks, weak or non-existent cross-border cooperation and collaboration mechanisms on migration and health, and a lack of data on mobility and health”.<sup>18</sup> Mobile populations may also have limited social support networks to provide care if they fall sick.

#### Migrants face particular barriers accessing basic services – including healthcare

Migrants experience significant barriers accessing basic services, which will be a critical blockage in preventative measures and response activities in the region during COVID-19.<sup>19</sup> Overall, migrants will be among those least able to get the support they need if they display symptoms of the virus. In particular, migrants may experience issues accessing health services in host and transit countries.

Key barriers to accessing services, particularly healthcare, include: legal barriers; eligibility restrictions; high service costs; lack of understanding and information about rights and entitlements (both among migrant communities

<sup>17</sup> <https://globalcompactrefugees.org/article/expanding-early-warning-refugee-settlements-coxs-bazar>

<sup>18</sup> [www.iom.int/west-and-central-africa](http://www.iom.int/west-and-central-africa)

<sup>19</sup> <https://media.ifrc.org/ifrc/document/new-walled-order-barriers-basic-services-turn-migration-humanitarian-crisis>

and service providers); language barriers; socio-cultural barriers; fear of arrest or deportation; organisation and quality of services; and lack of coordination between care providers. In some contexts, migrants will be fearful of accessing healthcare services due to fears of arrest or deportation based on their status.

### **Information is critical to the COVID-19 response, but is often challenging for migrants to access**

Access to reliable, up-to-date and accessible information about COVID-19, preventative measures and access to health services is one of the most powerful tools that can be deployed in the response. Yet migrants are often unable to access clear, credible, trusted and accessible information, including about their rights and entitlements to basic services. This can be due to various challenges, including complex policy frameworks, lack of trust in authorities providing information, misinformation, social isolation, lack of translation of communication materials, or lack of information tailored to specific cultures and customs.

### **Border closures may trap individuals in areas with little access to support**

As borders close, mobility will be reduced, including for those moving regularly across porous borders and in circular patterns. This may mean migrants become trapped in areas with no access to basic services or support, unable to return to countries of origin if they wish to do so or stuck in transit for longer than expected. For example, this has already been documented in Niger and Burkina Faso. Existing humanitarian assistance, including cash, food and accommodation as well as psychosocial support (PSS), will need to be increased to target these populations.

Migrants may also be stranded in areas where humanitarian services and operations are particularly difficult to deliver, for example, in areas where movement is restricted by certain groups and violence. In Burkina Faso the increasingly deteriorating security context will continue to exacerbate the humanitarian needs and make responses to COVID-19 even more challenging.

### **COVID-19 will disrupt existing humanitarian programming which migrants rely on for support**

COVID-19 will disrupt already stretched humanitarian programming in the region, which migrants rely on for support. For example, the PSS activities that are beneficial to migrants, especially returnees, are suspended due to government restrictions on gathering, creating a gap in the provision of PSS support. In Niger for example, mobile clinics will be suspended as the government seeks to have control on the health system to be able to track the COVID-19 crisis. Some referral systems may become non-functional or significantly weakened, as may coordination among humanitarian actors. In countries like Niger and Burkina Faso, the International Red Cross and Red Crescent Movement is coordinating with IOM to consolidate interventions and capacity.

### **COVID-19 may exacerbate negative perceptions and stigma**

Migrants often already experience hostility in WCA. Although the impacts of COVID-19 on such perceptions are yet to be fully explored, there is a concern that national outbreaks in the region may exacerbate concerns, linked to worries about capacity of national health systems and a belief that migrants are transmitting the virus. For example, in Burkina Faso, migrants are stuck in the country due to travel restrictions, with concerns that this may lead to discrimination and stigmatisation towards the migrant population. With intra-community relations already tense in many contexts these dynamics could quickly deteriorate, triggering acts of violence and abuse.

## Additional vulnerabilities relating to trafficking and exploitation

### COVID-19 is likely to exacerbate risks of trafficking

COVID-19 is likely to exacerbate risks of trafficking in various ways – among migrant and host communities:

- **Loss of livelihoods:** Measures which states have introduced to control the spread of COVID-19 have resulted in widespread loss of livelihoods. Organisations, institutions, and businesses are closed, with supply chains impacted through changed demand for goods and services. This may create opportunities for traffickers, who appear to offer life-saving access to employment opportunities. Where COVID-19 has led to loss of livelihoods or impeded already difficult access to food and essential services, people may be more likely to consider options to migrate either domestically or internationally where they may not have done so before.<sup>20</sup>
- **Disruptions to education services or separation from caregivers** who fall sick as a result of the pandemic may leave children unattended and increasingly vulnerable during the daytime. It may also prompt caregivers to entrust children to traffickers under false promises of providing them with education or work.<sup>21</sup>
- As **travel restrictions** are imposed worldwide, more people (migrants and nationals) may resort to irregular methods of movement, including smuggling, which can increase risks of trafficking as well as exposure to the virus.<sup>22</sup>
- **Child exploitation** will likely increase; children might be asked by parents to go out and beg so they can put food on the table.

The risk of physical and sexual abuse of children might also increase.

Conversely, where traffickers are less able to make a profit during this period, this may result in individuals who are already trafficked to experience heightened violence and abuse.

### Trafficked individuals' specific vulnerabilities can make them more vulnerable to severe infection

While all people are vulnerable to COVID-19 infection, initial evidence indicates that people with co-morbidities suffer the most severe effects. Many trafficked persons may have co-morbidities due to grave forms of mistreatment, including abduction, incarceration, rape, sexual enslavement, forced prostitution, forced labour, organ removal, physical beatings, torture, starvation, psychological abuse, and the deprivation of medical treatment. All of these co-morbidities generate urgent, short- and long-term health conditions for victims and may lead to higher vulnerability to severe infection.<sup>23</sup>

### Support services will be negatively impacted during COVID-19

The pandemic has already, and may continue to result in closures of clinics, shelters, and service providers. It will create restrictions in in-person interactions, affecting the support services available to trafficked persons. Lack of services may increase the likelihood of further harm and/or re-trafficking.<sup>24</sup> Deviation of funding due to COVID-19 may also result in fewer support services being available to trafficked persons.<sup>25</sup>

<sup>20</sup> Global Protection Cluster Task Team on Trafficking Covid Guidance

<sup>21</sup> *ibidem*

<sup>22</sup> [www.csis.org/analysis/five-ways-covid-19-changing-global-migration](http://www.csis.org/analysis/five-ways-covid-19-changing-global-migration)

<sup>23</sup> *ibidem*

<sup>24</sup> *ibidem*

<sup>25</sup> *ibidem*

# Recommendations

## Recommendation 1: Scale up action *now* – building on existing expertise and networks

The scale of risks linked to COVID-19 in the WCA region should not be underestimated. Stakeholders need to scale up activity *now* to prepare for and respond to impacts of COVID-19 while case numbers remain low. This is a phenomenal challenge requiring significant commitment, leadership and innovation.

Dedicated support to COVID-19 should include:

- **Upscaling humanitarian support:** supporting countries that will need additional financial, technical or operational resources to prevent further infections and assist health systems so they have the capacity to cope with new requirements. This includes the inclusion of LDCs in international engagement and coordination around the supply and demand for protective equipment. Unearmarked funds in a rapidly changing emergency give humanitarian actors the ability to allocate resource where the needs are greatest.
- **Immediate investment in water, sanitation and hygiene services** to support infection prevention and control.
- **Prioritising health promotion activities** including dissemination of disinfectants and hygiene kits, and health awareness seminars on COVID-19.
- **Ensuring protection and support is available for service users, staff and volunteers,** including protection equipment, masks, gloves and sanitation, is vital, as well as psychosocial support.
- **Risk informed anticipatory humanitarian action** to tackle the longer-term impacts of the crisis; using existing forecasting to establish the consequences on food security; preparation to respond to the impact of lost livelihoods and mitigating risks of trafficking.

A scaled-up COVID-19 response can be facilitated by **building on existing networks, programmes and expertise**, including by:

- Utilising existing programme networks and expertise to support in-country and cross-border communication, coordination and collaboration.
- Exploring the potential for community organisations already working in partnership to support with disease surveillance and mapping activities.
- Ensuring that donors adapt funding swiftly to evolving needs, including by adapting existing programme criteria and activities to include COVID-19 preparedness and response; extending existing programmes; and repurposing some activities (including those addressing health risks facing vulnerable migrants) in the framework of wider COVID-19 responses (such as the IFRC COVID-19 response and global appeal).
- Finding synergies with other areas of work. For example, epidemic and climate-risk preparedness measures have a lot in common. Ensure preparation for both risks at once, and related impacts to health systems, food security, livelihoods, water and housing.

## Recommendation 2: Maintain and adapt existing programming – in line with needs and the principle of ‘do no harm’

**Wherever possible, efforts should be taken to ensure that existing lifesaving humanitarian assistance can be maintained and mainstreamed with emergency (COVID-19) response activities.** Issues such as food security, conflict, and vulnerabilities faced by migrants, are likely to worsen during the COVID-19 pandemic.

Existing programming and funding must be maintained as far as it is safe to do so and underpinned by the principle “**do no harm**”, and the Core Humanitarian Standard on Quality & Accountability Alliance messaging, including “a humanitarian response that strengthens local capacities and avoids negative effects”. **Responses should take COVID-19 prevention considerations into account, including:**

- Physical distancing
- Continuous disinfection of locations such as community hubs
- Maintaining proper ventilation and reducing possibilities of crowding by limiting the number of in-person sessions attendees, while increasing the frequency of these sessions.

**Existing programmes should also be supported to rapidly adapt to the evolving context and needs.** In the case of people on the move, this includes shifting vulnerabilities and migration routes, due to issues such as border closures, secondary outbreaks of conflict, or discrimination/stigmatisation.

## Recommendation 3: Empower local action

**Invest in local capacities.** Just as extreme insecurity in conflict zones has in some cases meant only local responders can operate, the COVID-19 crisis has created a similar dynamic; as the pandemic progresses and travel restrictions continue, local actors are increasingly the only responders on the ground. Investment is needed in sustainable institutional capacities for preparedness and response to epidemics. Decision-making and funding should be directed to the local level, empowering communities to manage changing risks, including through increased engagement with and support to local actors.

## Recommendation 4: Leave no-one behind – including vulnerable people on the move

Communities most in need and who are hardest to reach should receive inclusive humanitarian assistance and must be able to access basic services. This should include targeted support aimed at COVID-19 prevention and addressing needs among:

- **Women and girls** – in particular, ensuring availability and funding of specialised support services for gender-based violence to respond to a likely increase in demand.
- **Unaccompanied and separated children**
- Individuals with **disabilities**
- The **elderly**
- Survivors of **trafficking**
- **LGBTI**

Targeted and appropriate support should also be made available to ensure that the distinct needs and vulnerabilities of people on the move are taken into account as the COVID-19 pandemic develops. In particular:

- **All countries should guarantee migrants effective access to essential services**, including emergency health care, irrespective of their legal status.
- **Migrants, refugees and displaced persons must be taken into account as national response plans are developed** – ensuring that they can also benefit from activities and programmes targeting nationals, and that separate targeted support is made available where it is necessary.
- **Migrant communities' access to information should be prioritised**, so that they are able to access risk communication and prevention messaging, are aware of their rights and entitlements, and are familiar with support which is available.

## Recommendation 5: Ensure that community voices are heard – and communities are engaged

**People experiencing crisis, especially the most marginalised, should be engaged in an on-going dialogue in which their voices are heard, responded to, and acted upon.**

Community engagement is vital to build trust in the response and interventions, provide reliable information about the pandemic, and better understand individuals' own strategies in different communities so that these can be incorporated as a key pillar of responses.

Experiences from the Ebola outbreak in DRC have demonstrated the need **to tackle miscommunication** by investing in risk communication informed by community engagement and in health promotion materials in multiple languages. This should take into account accessibility if countries are in full lockdown and in-person assistance becomes challenging – for example written and video forms.



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