

Tipping Point: How the Covid-19 pandemic threatens to push the world's poorest to the brink of survival

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Christian Aid exists to create a world where everyone can live a full life, free from poverty. We are a global movement of people, churches and local organisations who passionately champion dignity, equality and justice worldwide. We are the change makers, the peacemakers, the mighty of heart.

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Cover: Rohingya refugees Jannat, * 15, and her brother Arafat, 7, in Cox's Bazar. Jannat and Arafat fled to Bangladesh after a military massacre in their village in Myanmar. Their mother had died many years previously, and their father was killed as they fled the village during the violence. At the camp, they were taken in by married couple Rafiq and Rahima, who have six children. Jannat had been especially traumatised by her father's death, and was able to access support from Christian Aid's community mobilisers to help her come to terms with what had happened.
(*Name has been changed.)

Photograph: Christian Aid/Adam Finch

Foreword

Gordon Brown, former UK Prime Minister

Christian Aid was founded after the Second World War when, as a country, we were acutely aware of our common humanity, and in particular of our responsibilities to the thousands of refugees displaced by war.

Seventy-five years after VE Day, it is more critical than ever that in another global crisis we rediscover how we can work together to make this world a safer, more connected and a far fairer place.

Today we face a global medical emergency, and we cannot end the coronavirus pandemic unless it is eradicated in every continent. It is in all our interests to prevent a second or third wave starting in the poorest, least protected countries with the most underdeveloped health systems. So a threat to others is a threat to us, and we help ourselves by helping others. Protecting ourselves locally means we need to act globally.

Christian Aid Week 2020 is focusing on the needs of those who have been hardest hit by the coronavirus in the poorest countries with the least developed health systems, often with no social protection.

This report examines the situations and the solutions for vulnerable adults and children in a range of countries where the need for imaginative cross-border solutions could not be more stark.

South Sudan is a story about a conflict-affected context with no functioning health system; the Sierra Leone example highlights the merits of a faith-based response and debt cancellation; Bangladesh is about the desperate plight of Rohingya refugees; and the situation in Gaza and the surrounding region calls for cooperation across political boundaries.

As governments around the world struggle to find their way through the crisis, and multilateral organisations find it difficult to forge a coordinated global response, Christian Aid is filling a gap: its concern is for the most marginalised people living in extreme poverty and inequality, exacerbated by Covid-19. In providing health care, creating jobs, defending human rights and delivering humanitarian aid, Christian Aid is making a difference. It needs your help to continue to do so.



Gordon Brown

Introduction

On 11 March, when the World Health Organization declared Covid-19 a pandemic, its Director-General Dr Tedros Adhanom Ghebreyesus expressed confidence that time was still on our side. "All countries can still change the course of this pandemic... We're in this together," he said.¹

Together, countries in the global North and South face an unprecedented emergency. Two months on, and with the global toll of more than four million confirmed cases and 283,000 recorded deaths still rising, the virus continues to destroy lives across borders and boundaries, territories and time-zones. Left unchecked, recent modelling suggests that tens of millions of people could die worldwide,² with the UN projecting that deaths in Africa alone could range between 300,000 and 3.3 million, depending on the action taken.³

Efforts to combat the spread of the virus have led in turn to the biggest economic crisis since the Great Depression. Physical distancing measures, including lockdown, which were introduced in the world's richest countries and subsequently adopted around the world have created an economic contagion that has brought whole sectors to their knees, destroyed livelihoods, and led to sharp falls in government revenues. In countries where social safety nets are limited, most people rely on daily wages, and the realities of life make physical distancing difficult or impossible, the effects on poverty have been devastating.

As governments navigate their way through the crisis, and multilateral organisations try to forge a coordinated global response, Christian Aid's concern remains for the most marginalised people living in extreme poverty. Because although the world is 'in this together', the pandemic will hit the poorest the hardest.

This new report – published during Christian Aid Week – warns that without immediate and decisive action, Covid-19 could trigger a grave disaster for people in the poorest countries and communities, who are ill-equipped to cope with the ruinous effects of the pandemic.

These are people already battling endemic poverty and complex emergencies, including protracted humanitarian crises, long-running conflict, food insecurity, economic shocks, displacement and underfunded health systems. People who live in crowded and precarious situations: like the 40% of people around the world unable to access soap and clean running water in their homes.⁴

Christian Aid staff and partners are already reporting that Covid-19 is exacerbating the inequalities we see in our work, from the vulnerabilities facing migrant labourers in India's informal sector, to the situation of women trapped in violent relationships. What began as a medical emergency has mutated to become a deep social and economic crisis that is creating major suffering even in countries where confirmed cases of the virus remain very low.

The combined effects of unemployment, lost trade and investment, and reduced government revenues during the pandemic is projected to deepen poverty for hundreds of millions of people who were

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already poor and, in the worst scenario could drive as many as 580 million more people into extreme poverty.⁵ In all models, the greatest impact on global poverty will be in Sub-Saharan Africa, followed by South Asia. On one estimate, progress in reducing extreme income poverty since 1990 could be wiped out, in effect taking the world back to the baseline year for the UN Millennium Development Goals.⁶

With the outbreak still in the relatively early stages in much of the global South, we believe there is still time to avert a coronavirus catastrophe. But if left unchecked, the pandemic could mark the tipping point for many already living on the brink of survival.

This report highlights a trio of potential tipping points that require urgent attention, in the areas of health, the economy and humanitarian crises.

1. The health tipping point

The pandemic has already thrown health systems in richer nations into turmoil. This situation is even more perilous for people in countries with pressured and weakened health systems, given that at least half the world's population have no access to essential health services.⁷

As well as directly causing hundreds of thousands of fatalities, Covid-19 risks exacerbating pre-existing problems for such communities: with health services increasingly pushed to the brink, deaths from other causes such as childbirth-related complications could increase. Meanwhile, restrictions on movement and damage to livelihoods could severely reduce access to food and increase malnutrition, increasing vulnerability to infectious disease. The World Food Programme has already warned that the pandemic will force more than a quarter of a billion people into acute food insecurity.⁸

2. The economic tipping point

Although the direct health impacts in many developing countries are so far limited, the economic effects of the pandemic have already hit many low- and lower-middle income countries especially hard, with commodity prices, exports and public revenues affected and many people forced out of work. One recent survey in Senegal, for example, showed that 85% of households have seen their income fall, and a third are consuming less food.⁹

While recognising the importance of physical distancing to help keep people safe, additional restrictions on movement in the poorest countries could exacerbate the effects further. The UN recently warned that nearly half of all jobs in Africa could be lost due to coronavirus, while income losses in developing countries could total \$220bn.¹⁰ Yet most developing countries lack adequate measures to provide income, or other social safety nets to compensate for loss of earnings and livelihoods.

Poorer countries need a way to mobilise domestic funds for healthcare and Covid-19 protection, as the emergency looms. However, for a growing number of countries, a debilitating debt burden undermines their capacity to do so. Countries that were already struggling to meet debt repayments are now facing a full-scale debt crisis. It is estimated that 76 of the world's poorest

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countries are due to spend \$40.6bn on debt repayments in 2020: \$18.6bn (£15.5bn) to other governments, \$12.4bn to multilateral institutions and \$10.1bn to external private creditors.¹¹ Last month, research from the Jubilee Debt Campaign revealed that more than 60 lower-income countries spend more money on servicing external debt payments than they do on public healthcare.¹² As JDC says, this is 'indefensible' in the face of the pandemic.

During April, the IMF committed to a small amount of debt cancellation for 25 of the poorest countries for a six-month period, and the G20 postponed (but did not cancel) the debt payments of 77 countries, worth \$12bn. We believe these measures, while welcome, do not go far enough. The G20 deal rolls over unpaid debts, creating an even larger burden for countries in future years, as they attempt to restart their economies. The danger is that, left unresolved, the debt crisis will divert scarce resources from essential services, and cripple any economic recovery, with people in poverty bearing the brunt.

3. The humanitarian tipping point

Those living under the shadow of conflict, hunger, displacement, drought and other crises are already in a precarious situation. There is a real danger that the coronavirus response, and the resulting social and economic disruption, could divert donors' attention and resources from existing humanitarian crises. Less than 15% of UN requests for emergency aid this year have so far been funded.¹³ It could also hinder life-saving relief operations and access for aid workers, threatening to marginalise further people who are already vulnerable to hunger, disease and poverty.

The threat facing uprooted populations is of particular concern. Worldwide, there are nearly 71m forcibly displaced people by war, violence and persecution.¹⁴ Refugees and internally displaced people risk being particularly exposed both to the virus itself, especially where they live in cramped conditions such as camps, and temporary accommodation in cities. But they are also vulnerable to the economic effects, depending as they often do on informal work. Their vulnerability is exacerbated by the fact that more than four fifths of refugees and nearly all IDPs are living in low- and middle-income countries.¹⁵

Building on decades of experience, Christian Aid and our local partners are working to minimise the health impacts and mitigate the socio-economic impacts of the pandemic on people caught up in humanitarian crises. However, unless domestic and international stakeholders commit to specific, urgent measures, women, children and men will exhaust all coping mechanisms, and be plunged from crisis into catastrophe.

This report highlights a series of immediate measures needed to address these concerns. It does so from the lens of four contexts: Sierra Leone, South Sudan, Gaza, and the Rohingya refugee response in Bangladesh, which exemplify some of the challenges facing the world's poorest countries, and most vulnerable populations as a result of the pandemic.

1. **Sierra Leone** has yet to recover from the deadly Ebola epidemic that started in 2014, and which decimated its already fragile

'Unless domestic and international stakeholders commit to specific, urgent measures, women, children and men will exhaust all coping mechanisms, and be plunged from crisis into catastrophe.'

Below: Children in Freetown, capital of Sierra Leone, wash their hands as part of infection control measures during the Ebola outbreak. The country has yet to recover from the health emergency, which pushed its frail health system to the brink. Credit: Christian Aid/ A D'Unienville



health system and killed some 20% of health workers. The country continues to suffer from a weak, under-resourced healthcare system. With bleak health indicators, it is the world's most dangerous place to give birth. The government's crippling debt burdens far outweigh spending on healthcare, leaving it unable to finance a service capable of protecting its citizens.

Debt cancellation for countries like Sierra Leone will enable governments to release essential funds for the Covid-19 response.

2. More than 850,000 **Rohingya** refugees live in makeshift camps in Cox's Bazar, southern Bangladesh, having been forcibly displaced from Myanmar in an armed onslaught in 2016-17. Conditions in the camps are crowded, sanitation is sub-standard and a third of households don't have soap. Access to healthcare is severely limited. The long-term humanitarian and socio-economic impacts of an unchecked Covid-19 outbreak would be devastating. Opportunities for Rohingya refugees in Bangladesh to earn a living were already limited. The economic crisis will make more of them fully reliant on an already overstretched donor response. **Refugees in Cox's Bazar, and other displaced populations around the world, must not be left behind during the pandemic.**
3. **South Sudan** is the world's third most vulnerable country to the impacts of Covid-19.¹⁶ The world's youngest nation has long been gripped by a humanitarian crisis driven by years of protracted conflict. Some 1.8 million civilians are internally displaced, 6 million are facing hunger, and three quarters of the population have no access to healthcare. The country has just four ventilators between 11 million people. Existing humanitarian work is under threat and aid workers have faced growing suspicion and hostility from fearful communities since the coronavirus pandemic began. **Sufficient humanitarian funds to support the work of local NGOs on the frontline must be guaranteed, to combat food insecurity and hunger. Governments and civil society must work together, with communities, to safeguard access for aid workers**
4. In the **occupied Palestinian territory**, and especially in the extremely densely populated Gaza Strip, coronavirus threatens to tip an existing humanitarian crisis zone over the edge. Gaza is a place where access to essential health supplies is severely restricted, physical distancing is virtually impossible and 90% of water is undrinkable. And in an economy already devastated by a blockade imposed by Israel and Egypt, Covid-19 could ruin the livelihoods of thousands of people already living hand to mouth: across the occupied Palestinian territory the pandemic has already exacerbated the economic crisis and triggered a spike in the level of human rights violations. **Amid Covid-19, restrictions on the entry of humanitarian and medical relief into Gaza must be lifted without delay; and Israel should now remove restrictions hindering Gaza's economy. The UK government should use its diplomatic voice to press for this change.**

Recommendations

Every country and community is affected differently by the pandemic, and its wider effects, and local and national action needs to be tailored to these specific circumstances. But action at these levels also needs to be supported by wider steps to enable change. This report focuses on three key enablers of an effective response:

1: Mobilise faith communities

- Our experience has shown that faith actors have a distinctive and powerful role in bringing about behavioural and social change during times of stability and times of crisis, especially at the community level.¹⁷ Donor governments in the global North should recognise the unique role of faith leaders and faith-based organisations in the global South, and provide adequate resources to support their active engagement in minimising the spread of Covid-19. Donors should also ensure the UN Global Humanitarian Response Plan prioritises inclusion of national and local NGOs, including faith actors.

2: Cancel the poorest countries' unpayable debts

- We are calling on the UK Chancellor Rishi Sunak to work with others to broker a comprehensive debt cancellation deal for the poorest countries, to help release the resources needed to tackle the Covid-19 pandemic. Dropping the debt could provide an immediate boost for poor countries, enabling them to spend money on their own fight against this emerging health crisis, and helping to save lives.
- We are calling for a full cancellation of debt repayments, including the principal on those debts falling due in 2020 for the 77 poorest countries, totalling \$40.6bn. This includes debt owed to governments, multilateral organisations such as the IMF and World Bank, and to private sector creditors.
- Governments, donors and international institutions must work together to protect livelihoods and people's ability to secure adequate food. Debt cancellation should be part of a wider funding package that not only strengthens healthcare, but also helps to expand social safety nets, including cash transfers.

3: Safeguard existing humanitarian efforts: scale up funds for local responders

- To prevent the crisis tipping over into catastrophe, donors must safeguard current humanitarian work: this includes ensuring that food and other critical humanitarian interventions that save lives are sustained, guaranteeing access for aid workers, and protecting vulnerable populations and social groups.
- Only a locally owned response driven by community participation will mitigate the worst effects of Covid-19. The threat of COVID-19 means that in many cases flying in humanitarian workers from other countries is also an unacceptable health risk. This makes it all the more important that local and national civil society organisations are resourced and supported to lead responses effectively.

'To prevent the crisis tipping over into catastrophe, donors must safeguard current humanitarian work.'

Below: A young Rohingya woman in Jamtoli Camp, Cox's Bazar, receives a hygiene kit as part of humanitarian response by Christian Aid and its local partners. Credit: Christian Aid/Adam Finch



Official donors and international NGOs both have a role in creating a major shift towards direct funding to local and national organisations engaged in the frontline Covid-19 response. In many cases, this will require much greater flexibility and agility from funders.

- **At least 25% of humanitarian assistance through DFID's Global Humanitarian Response Plan should go straight to national and local organisations working on the frontline. Other donor agencies should adopt a similar approach. It is crucial that lessons about what does and doesn't work in a localised humanitarian response are gathered now, so that in the future, adequate funding can be activated quickly, from the outset of any crisis.**

Upholding rights, promoting justice

To be effective and sustainable, action to tackle Covid-19 and its wider impacts must be rooted in approaches that uphold human rights, and promote gender justice.

Firstly, while the disease itself causes higher mortality rates among men, the socio-economic impacts of the pandemic will hit women and girls the hardest. Despite gains in women's and girls' rights, women and girls still face formal discrimination in many countries and in practice enjoy fewer rights in every society.

Women and girls tend to take on primary care roles, which will have a marked impact on exposure and transmission, and puts women under particular pressure in situations where lockdowns have been adopted, schools closed, non-Covid-19 related healthcare access restricted, and family incomes have fallen. Emerging data from UN Women warns that since the outbreak of Covid-19, violence against women and girls, and particularly domestic violence, has intensified.¹⁸ National and local responses to the pandemic need to safeguard against such threats, and take deliberate action to prevent any disproportionate impact on women and girls.

Secondly, as governments introduce 'emergency laws' alongside lock-downs, there is a real risk of further restrictions on civil society space, greater centralisation of power and an acceleration of human rights abuses with impunity in many of the countries in which we work. In all contexts, civil society and international institutions have a critical role to play in monitoring human rights abuses, and in working with governments to prevent the spread of disinformation, minimise social unrest and violence, and ensure marginalised communities aren't stigmatised.

These actions must be coordinated at the global, national and community level, bridging national governments, international institutions, the private sector, faith groups, civil society and media.

This pandemic, and the fallout from the response, are the biggest economic, social and political crises since the Second World War. We face the challenge of our generation.

Without bold choices and urgent action – at all levels – the outbreak could snowball into a catastrophe of unprecedented proportions, with the poorest and most vulnerable bearing the brunt. We must act now and act together. We must turn back from the tipping point, while there is still time to do so.

'We must act now and act together. We must turn back from the tipping point, while there is still time to do so.'

Sierra Leone



Below: A household quarantined in Port Loko, Sierra Leone, receives food parcels delivered by Christian Aid partners, as part of the charity's Ebola response. The epidemic ruined livelihoods across the country. Credit: Christian Aid.

Four years ago, Sierra Leone was declared free from a deadly Ebola outbreak: one that caused thousands of deaths, devastated an already fragile health system, ruined people's livelihoods and the crippled a weak economy.

Having endured the effects of the Ebola crisis and learned many lessons from it, citizens in Sierra Leone are now fearful and praying that history does not repeat itself, as the prospect of a second health-related catastrophe in under a decade looms.

To date, Sierra Leone has recorded 338 cases of Covid-19 and 20 deaths.¹⁹ If the outbreak escalates, it could have dire health and economic consequences for what remains a post-conflict country that still carries many of the scars of its civil war.

It is an example of a country that is ill-equipped to face the crisis that coronavirus presents: this case study highlights how two twin threats - tax incentives and indebtedness – hold the financial key to preventing a Covid-19 catastrophe in the country. But it is not alone – 60 developing countries are currently facing repayment levels larger than their healthcare spending.²⁰

How debt overshadows health spending

During the Ebola outbreak, 221 health personnel lost their lives, an estimated 21% of the country's health workforce.²¹ This loss exacerbated existing skill shortages in a country that had precious few health personnel to begin with. It also turned back the clock on efforts to strengthen healthcare provision in the wake of a bloody decade-long civil war.

With an incredibly weak health system, access to quality essential health services remains beyond reach for many Sierra Leoneans, especially the most vulnerable in the poorest and most remote communities.

'Sierra Leone is an example of a country that is ill-equipped to face the crisis that coronavirus presents. Two twin threats – tax incentives and indebtedness – hold the financial key to preventing a Covid-19 catastrophe.'

Sierra Leone has only 0.3 physicians for every 10,000 people (compared to 28 in the UK).²² Just 16% of people have access to basic water and sanitation facilities – making frequent hand-washing and infection control an impossible ideal for many.²³

Unsurprisingly, these health indices are reflected in bleak outcomes. According to its Health Sector Report,²⁴ life expectancy is 51.3 years. Sierra Leone has the world's highest maternal mortality rate, at between 1,165 and 1,360 deaths per 100,000 live births, more than double the average for Least Developed Countries.²⁵

Health facilities are often long distances apart, run-down, and understaffed, particularly in remote rural settings. The limited and sporadic availability of care, and the poor state of equipment and supplies such as medicines, combines with high treatment costs in barring many people from formal healthcare when they need it.

A report published in April 2020 revealed that Sierra Leone had just 13 ventilators nationwide for a population of more than 7.5m²⁶ (Since then, five more have reportedly been donated by China²⁷.)

The state of Sierra Leone's health system means that it faces the threat of coronavirus with one hand tied behind its back. Yet its debt burden leaves it with very limited scope to boost funding and strengthen its response. Sierra Leone spends more money on debt than it does on its health budget.

Together with effects of a regressive tax system that gives holidays to foreign investors, the country faces a fiscal situation that robs its people of the prospect of good health.

The need for a debt jubilee

If countries like Sierra Leone are ever to stand a chance of financing a resilient health system from domestic sources, they must be given a debt jubilee. A year ago, Christian Aid urged the UK government to use its influence with the International Monetary Fund (IMF) to ensure all of Sierra Leone's debts on the loans taken to resource its fight against Ebola were written off.²⁸

A year on, large multilateral debt repayments continue to restrict the government of Sierra Leone's ability to invest in essential services and rebuild its healthcare infrastructure.

In Sierra Leone's 2020 budget, Le674.2bn (\$68.4m) was allocated for health spending: 11% of the overall budget.²⁹ In contrast, for the same year external debt is said to be \$1.6bn, according to government estimates. Clearly, as the government says, debt repayments are "crowding out poverty-related spending, particularly in health and education".³⁰

Meanwhile, the IMF forecasts that by 2022 Sierra Leone will be spending 19% of government revenue on foreign debt payments.³¹ Simply stated, a debt cancellation is vital if lives are to be saved in the coming months.

In April the IMF announced it was cancelling debt payments for six months (worth \$18m to Sierra Leone),³² and the G20 agreed a temporary payment suspension for debts owed to G20 governments for nine months, to help address the impact of Covid-19 in countries like Sierra Leone.³³

'Sierra Leone spends more money on debt than it does on its health budget.'

Below: Jebbeh Konneh washes her hands in Sawula village, Sierra Leone, during a handwashing clinic run as part of a Christian Aid maternal health project. Christian Aid's partner RADA provide water buckets and soap, so that mothers can learn how they and their children can wash their hands and prevent the spread of diarrhoea. Just 16% of people have access to basic water and sanitation facilities in Sierra Leone. Christian Aid/Tom Pilston



However, the current deal means that any unpaid debt will be rolled over for repayment in future years, threatening the prospects of any economic recovery from the pandemic.

Christian Aid is calling for a cancellation of the principal and interest on debts falling due this year, and for debt payment suspension for a full second year, covering all of Sierra Leone's creditors.

A cancellation of debt would enable Sierra Leone to fulfil its commitment under the African Union's Abuja Declaration, to invest 15% of its annual budget to health. It would also allow for national investment in critical areas such as water, sanitation and hygiene facilities, before it is too late.

Why tax waivers undermine health services

In order to strengthen national health systems, Sierra Leone urgently needs to mobilise more domestic resources. Its inability to allocate sufficient funding to health services is exacerbated by the ability of large companies investing in Sierra Leone to avoid taxes, and receive large tax waivers and incentives from the government in a bid to attract foreign investment.

Christian Aid's Sierra Leonean partner, Budget Advocacy Network (BAN) has previously argued that a fundamental reform of the government's policy on tax incentives could generate significant resources to strengthen the country's healthcare system.³⁴

Research from BAN showed that in 2012 Sierra Leone lost revenues worth \$224m in tax incentives, amounting to 59% of the entire government budget and over eight times the health budget, in a country where tax revenue is only 14% of the country's output.³⁵

Unless Sierra Leone can increase domestic revenues, mobilise taxes and ensure good governance of public funds, it cannot build sustainable, resilient health systems that can respond and adapt to emergencies like Covid-19.

Ebola: counting the cost

In 2014, chronic underinvestment in health infrastructure, commodities, supplies and health personnel left Sierra Leone more vulnerable to the spread of Ebola (as did other social factors: see *'Faith on the Frontline'*, below).

It also led to a secondary health crisis: with services pushed to breaking point, people were left vulnerable to preventable conditions such as malaria and complications in pregnancy. For instance, a study by the Lancet showed an increase in maternal mortality of 74% in Sierra Leone, relative to pre-Ebola rates.³⁶

Covid-19 presents some similar threats six years later.

After the Ebola outbreak hit, Christian Aid said the crisis presented 'an unparalleled opportunity to build more resilient national health systems and well-designed emergency preparedness plans, and to shape appropriate policies to sustainably finance national strategies.'³⁷

Although we and our local partners have been part of a broader effort to do just that, much more remains to be done, at local, national and international levels.

Working through partners, Christian Aid in Sierra Leone plans to:

- Work with faith and traditional leaders on creating awareness.
- Promote social behaviour change through community engagement, working with District Health Management Teams and supporting community health workers.
- Promote simple, correct, consistent messaging on Covid-19 message through posters and radio broadcasts such as jingles and discussion shows in local languages.
- Support livelihoods for vulnerable groups facing economic challenges in Pujehun District, including women-headed households, people with disabilities and people living with HIV.
- Support water, sanitation and hygiene activities, including by providing buckets, liquid soap and hand sanitizers in strategic locations within communities and selected health facilities.
- Renovate four peripheral health units in Pujehun district.
- Strengthen Facility Management Committees to monitor invention measures at peripheral health units.
- Monitor and track budgets for health spending in the context of coronavirus, to ensure resources go to those who most need them.

Sierra Leone recommendations:

- **Christian Aid calls on the UK and other governments to support countries such as Sierra Leone in developing a robust and effective tax regime that provides a stable revenue base for investment in essential services, and especially in its health system, in a way that does not deepen the tax burden on struggling citizens but raises tax revenues in a fair way.**
- **Christian Aid is supporting calls by civil society partners for a debt 'jubilee' to cancel debt repayments of poor countries – including Sierra Leone – during this crisis. We are calling on the UK Chancellor Rishi Sunak to work with others to broker a debt cancellation deal for the poorest countries.**

Faith on the frontline

On 26 May 2014, the Ebola virus arrived in Sierra Leone. Concentrated in Guinea, Liberia and Sierra Leone, it was the largest Ebola epidemic in history. By the time Sierra Leone was declared Ebola-free in March 2016, more than 14,000 people had been infected, and nearly 4,000 lost their lives.³⁸ The exponential spread of Ebola in West Africa was widely attributed to weak public health systems, mistrust of medicine, traditional caring and burial practices, and the movement of infected people within countries and across borders.³⁹

While many international agencies focused predominantly on clinical work in the outbreak's early days, Christian Aid and our home-grown partners knew that one of the biggest battles where we could have an impact was behavioural, social and cultural. It was clear that the response had to be holistic, locally owned and locally driven. That's why we mobilised faith leaders – alongside traditional leaders and other community gatekeepers – to play a key role in our emergency response in Sierra Leone.

Sierra Leone is a deeply religious nation, made up predominantly of Christians and Muslims. Consequently, faith leaders have a unique platform to influence social and behavioural change.

'Local and faith leaders can provide a valuable avenue for spreading important public health information and good practices.'

'Ebola: Responses to a public health emergency', House of Commons International Development Committee, 2016.⁴⁰

Rooted in and respected by communities, they understand local contexts, and can inform culturally-nuanced responses and support systemic, sustained change.

During the Ebola operation, Christian Aid and partners trained 1,000 local faith leaders – imams and ministers alike – to deliver simple, correct, consistent health messages on infection prevention and control, challenge Ebola myths and misinformation, and discourage cultural practices that perpetuated the spread (such as traditional burial rites and the use of traditional healers). We also built their capacity to challenge structures that perpetuate stigmatisation of trauma-affected survivors, and to provide psychosocial care to them.⁴¹

Faith leaders proved to be crucial in winning the fight against Ebola, and will be key to the Covid-19 response, not just in Sierra Leone but in other poorer nations where they have currency.

Where possible, faith leaders must be mobilised to support the dissemination of key messages within local communities, such as through mobile communication and other local, remote means of communication, while respecting social distancing rules. These faith leaders can serve as peer mentors for other faith leaders who continue to contribute to the spread of the virus, by holding large gathering or giving credence to misinformation within communities.

Rohingya refugees



Above: Tasmin, her brother and mother fled Myanmar, as neighbouring villages were being burned. Her mother was killed on the way to Bangladesh. She and her brother now live in Jamtoli camp, Cox's Bazar, with other relatives. Credit: Christian Aid/Adam Finch.

In August 2017, the world witnessed one of the largest forced displacements of recent times. More than half a million Rohingya people fled the violence in Rakhine State in western Myanmar in less than a month. The United Nations described the violence as genocidal, and catalogued grave human rights violations, including systematic use of rape.⁴² The Rohingya people have faced statelessness, systematic discrimination and targeted violence in Rakhine for decades, and people have fled across the border to Bangladesh in previous waves of violence. But the exodus in 2017 was by far the largest and fastest to date.

Now, more than 850,000 Rohingya refugees are living in makeshift shelters in Cox's Bazar in southern Bangladesh, in what the UN describes as the world's largest refugee camp. Residents depend on humanitarian assistance that is funded by international donors, and delivered by local and international organisations such as Christian Aid and our local partners. But the response is massively underfunded, with a \$300m shortfall for the Joint Response Plan in 2019 alone.⁴³

At the start of the crisis, the host community in Cox's Bazar was able to help refugees with basic daily needs, despite being one of the poorest areas of Bangladesh. But as the numbers grew and refugees started to outnumber those in the host community, resources became overstretched and competition for jobs, essential services and support has created tensions.

All organisations supporting Rohingya refugees are bracing themselves for a Covid-19 outbreak, Christian Aid included. At the time of publishing, 21 cases had been confirmed in the Cox's Bazar district, sending a wave of fear across the camps.⁴⁴ If it takes root, Covid-19 could spread rapidly. Physical distancing is not possible in crowded conditions and many refugees live with substandard sanitation. A third of households don't have soap and frequent

Across the world today, nearly 71m people have been forcibly displaced. These refugees and internally displaced people (IDPs) are among the most vulnerable and marginalised members of society. Living in often crowded, unsanitary conditions with limited access to water, sanitation and health facilities, they are among those most at risk to catching Covid-19. Chronic poverty means lockdown measures also leave them even further exposed to the harmful economic effects. From Cox's Bazar to Colombia, Syria to South Sudan, the world's displaced citizens are perilously close to yet another emergency. Of these uprooted peoples, the plight of the Rohingya is particularly acute.

access to water is difficult for nearly everyone.⁴⁵ Access to healthcare is poor – and given that 29% of households have reported that one or more of their members already has an illness requiring medical attention, an outbreak would be layered on top of major existing health problems.⁴⁶

At the same time, lockdown measures are disrupting the access of humanitarian aid to refugees in camps, leaving the Rohingya further at risk. For a community largely reliant on relief operations for essentials such as food, water, healthcare and protection, this is a grave concern. More broadly, human rights groups have warned that the battle against coronavirus should be no justification for governments across the wider region to turn away boats of Rohingya people seeking refuge.⁴⁷

Christian Aid's response in Cox's Bazar

Christian Aid has been giving assistance in the camps since the start of the latest influx. It has supported around 200,000 Rohingya people and 50,000 people in the host community since September 2017, prioritising health, water sanitation and hygiene, food security, livelihoods and shelter.

In Cox's Bazar, despite increased entry restrictions to manage the risk of an outbreak, Christian Aid's local partners Dushtha Shasthya Kendra (DSK) and Dhaka Ahsania Mission (DAM) continue to work in the camps. Partners practice physical distancing and have been able to access personal protection equipment (PPE) from local markets. They are working as hard as possible to help mitigate the spread of the disease and prepare for any potential outbreak. Their main focus is on raising awareness of the importance of handwashing and physical distancing – through health and community centres, and use of posters and megaphone announcements throughout the camps – and by urging religious and community leaders to pass on these messages through their mosques and community meetings at a safe distance of at least 7ft. This is helping to combat the community's general mistrust of doctors and healthcare workers.

Tackling stigma

There is a risk that harmful stereotypes, stigma and pervasive misinformation related to COVID-19 could contribute to ongoing transmission, making it difficult to control coronavirus in Cox's Bazar.⁴⁸ Stigma and misinformation could also prevent potentially infected people from immediately seeking care, or lead to households hiding sick members to avoid discrimination – a particular concern for minorities and marginalised groups. Christian Aid is concerned that targeting of, and violence against, marginalised individuals or communities affected by the virus may also increase as a result of the pandemic.

To help combat this, our partners DSK and DAM are keeping track of fake news and making sure this information is being shared with medical professionals working in the camp health clinics, to help avoid misinformation and panic.

Christian Aid and our partners are also working to ensure that health facilities in the camps have designated isolation areas to screen and

'Christian Aid is concerned that targeting of, and violence against, marginalised individuals or communities affected by the virus may also increase as a result of the pandemic.'

Below: Dr. Mohammad Aowfee Khan, consulting patients in protective gear at Dhaka Ahsania Mission (DAM) Static Health-post, Camp-12, Cox's Bazar, Bangladesh. Medical staff from DAM, a Christian Aid partner, are continuing to treat Rohingya refugees in their camps and building awareness about Covid-19. Credit: Dhaka Ahsania Mission.



treat suspected cases without spreading the virus further, that staff are equipped with adequate PPE and that hand washing stations are available at entrances to health clinics. Plans are also in place to train 100 extra healthcare staff on infection, prevention and disease control methods and for additional handwashing stations throughout the camps. Hygiene kits that include antiseptic liquid and soap will be distributed to 50,000 people.

Local and international charities are working together to provide an extra 1,900 beds. But with a camp population far outweighing the need, it is safe to say that medical clinics will be overwhelmed if an outbreak occurs.

Long-term impacts

The long-term humanitarian and socio-economic impacts of an outbreak within the camps would be devastating. Most of the Rohingya community are reliant on daily income sources that are already disappearing and if the virus takes hold, there will be no opportunities to earn a living. High numbers of people will fall into hunger and extreme poverty. They will become even more dependent on humanitarian aid, at a time when the UN appeal is under-funded and commitments are falling. The impact of the crisis on livelihood opportunities for the host community will further exacerbate tensions in the area.

In times of crisis such as an outbreak, women and girls are at higher risk of intimate partner violence and other forms of domestic violence due to heightened tensions in the household.⁴⁹ Other forms of gender-based violence targeted at women and girls are also likely to increase. It could force families to resort to negative coping mechanisms, including child marriage and marriage-related trafficking, which were already on the rise before the pandemic. There are fears that child protection risks could increase following the closure of child protection facilities and learning centres. Overall, the impact on the wellbeing and livelihoods of refugees and host community is likely to be devastating.

Recommendations for NGOs and donors in the Rohingya response:

- **Alongside immediate prevention work that is critical for reducing the risk of contagion, efforts must also be directed at providing medium and long-term livelihoods support for refugees in places such as Cox's Bazar. As the crisis deepens, so too will the need to support displaced people who have lost all means of income: whether it's through cash for work, cash distribution, agriculture training or other sustainable ways of earning a living.**
- **Donors such as DFID should invest in a local response to Covid-19 and do so quickly, ensuring that frontline community-based responders, including faith-based organisations, receive direct funds for their work. Local and national charities and civil society organisations are far better placed to understand local community perspectives, ensure displaced communities are heard and play a part in the decision-making around any assistance that is provided.⁵⁰**

'We are struggling'

Razia Khatun and her family fled their home in Myanmar to escape the mass killings by the Myanmar army. Her husband was brutally killed. Since her arrival in Cox's Bazar two years ago, she has been receiving handicrafts training from Christian Aid's partner Dushtha Shasthya Kendra (DSK). She makes baby clothes and sells them for cash.

After learning about the risks of contracting Covid-19, Razia, and other women living in the camp, requested masks but were given single-use masks that are only effective for a couple of hours. For people like Razia, buying masks is expensive and they are hard to find in the camps. So she came up with a solution: to produce re-usable cotton masks.

She ran the idea past her handicrafts trainer from DSK, who immediately supported her in her endeavour. Following the World Health Organization's guidance, the trainer demonstrated how to sew masks to 10 women living in the camp, making sure there was enough physical distance between each sewing machine.

The training that Razia and other women are receiving gives them valuable life skills and the ability to be financially independent, and now it is also helping to prevent the spread of the virus. So far, the 10 women have made 1,000 masks, and aim to make 30,000.

"We fled Myanmar to survive and we are struggling, but the Covid-19 epidemic will snatch our life, if we don't undertake proper measures against spreading of virus, as we don't have many options for maintaining physical distancing in the camp," said Razia. "We must wear masks and this idea comes in an effort to save my son's life."

The training was provided through a project run by a consortium of charities led by Christian Aid. It is funded by DFID's 'Strengthening Humanitarian Preparedness and Response' programme and fund managed by the United Nations Office for Project Services.

South Sudan



Below: Six million people in South Sudan are at risk of starvation. Christian Aid has worked through local partners teach farming techniques to people facing hunger in places such as Aweil West, Northern Bahr el Ghazal. Credit: Christian Aid/Robin Prime.

Very few places are less prepared to cope with the Coronavirus pandemic than South Sudan. The world's youngest country is already dealing with a host of crippling challenges, including displacement and severe food shortages driven by years of deadly conflict, which has left its people highly vulnerable to new crises.

Seven of its nine years since independence have been blighted by civil war, which has seen 400,000 people killed and a further 4 million displaced, nearly half of those internally.⁵¹ Fighting in the fertile agricultural heartland has hit food security with six million facing hunger and starvation.⁵² During the conflict, some places have been pushed into famine.⁵³ The economic impact has been significant, with the IMF estimating real incomes have halved since 2013 with an inflation rate of more than 300% per year.⁵⁴

South Sudan has been ranked as the third most vulnerable country to Covid-19 impacts⁵⁵ and according to the World Food Programme may be facing a 'hunger pandemic'. This is because the effects of Covid-19 have come on top of locust swarms across East Africa that have destroyed crops, with a further infestation expected later in 2020 predicted to be 10 times stronger than the present one.

In a country of 11 million people⁵⁶ there are only four ventilators - vital equipment needed to treat acute Covid-19 symptoms. The extreme shortage of equipment is symptomatic of a situation in which three quarters of the population don't have access to healthcare.⁵⁷ In the most recent Human Development Index (HDI, which ranks countries by combining measurements such as life expectancy, education and per capita income), South Sudan came 186 out of 189.⁵⁸ Of the bottom 10 countries it was the only one to see negative growth in its HDI score since 2010.

James Wani, Christian Aid's Senior Programme Manager in South Sudan, says: "When the first case was declared the whole country was horrified. People had hoped we might be spared. But once we

'South Sudan has been ranked as the third most vulnerable country to Covid-19 impacts.'

found out it was here the mood in the country changed. Everyone is talking about Covid-19 and how it will impact them.

"The day new cases jumped from one a day to 28, that sent a new shockwave through the population. There is a lot of worry and fear."

In an attempt to control the spread of disease, President Salva Kiir imposed an 8pm to 6am six-week curfew and closed borders, airports, schools, churches and mosques. But with porous border points with Uganda, Kenya, Ethiopia and the Democratic Republic of Congo, it's not clear how effective that will be. Vice President Riek Machar has said "The only vaccine is social distancing", but with 1.8 million internally displaced people living in various camps, self-isolating is almost impossible for many people.

Churches: a 'powerful platform'

One glimmer of hope is a fragile peace deal struck between Kiir and Machar in February 2020. Similar agreements have proven short-lived, but if this unity government can hold there's a chance South Sudan can begin to rebuild.

A crucial actor in the peace talks has been the country's church leaders, trusted as independent brokers in a country where 60% of the population are Christians. It is through these same church leaders that Christian Aid is working to help tackle the spread of Covid-19.

One of the most important interventions in slowing the pandemic, whether in South Sudan or south London, has been the need to raise awareness, share correct guidance and expose misinformation, whether that be conspiracy theories about 5G phone masts or stories about the role of the UN in spreading the virus.

Church leaders have a powerful platform. They are known and trusted by their communities and when equipped with the correct knowledge are well placed to advise people. A key lesson from the global Ebola response was that investing in the frontline work of faith leaders and faith-based organisations saved lives.⁵⁹ (See *Sierra Leone case study*, p16)

Responding to Covid-19, Christian Aid is working with its partners, including the South Sudan Council of Churches (SSCC), an ecumenical body comprised of seven member churches, which is the biggest in South Sudan. SSCC is helping spread well-evidenced advice on handwashing, physical distancing and when to self-isolate, where that is possible. They are also working to puncture myths, helping to reduce stigma and identifying social or cultural norms that may exacerbate the disease transmission, and encouraging behaviour change.

Aid worker backlash

One of the most alarming developments in South Sudan has been the backlash against aid workers after four UN staff members were the first recorded cases of Covid-19. Although the initial UN staff member had been in the country for five weeks before showing symptoms – an unusually long incubation period if they had been infected abroad – the news caused an aggressive response blaming

'One of the most important interventions in slowing the pandemic, whether in South Sudan or south London, has been the need to raise awareness, share correct guidance and expose misinformation.'

Below: Conflict drove Elisa Nyanut Abraham, her husband and their children to flee from their home in Juba to Nyikiji, northern South Sudan. She is being supported by a Christian Aid project tackling malnutrition. Credit: Christian Aid/Silvano Yokwe.



the UN for introducing the virus. One national newspaper ran with the headline 'FOREIGNER' on its front page.

For a country where more than two thirds of the population depends on humanitarian assistance,⁶⁰ the reaction threatens the work of aid agencies who have found their movements restricted. Thankfully a quick response from church leaders helped to dispel the initial reaction.

Christian Aid's James Wani said: "The church reacted really well. Senior church leaders such as the head of the Anglican Church and head of the South Sudan Council of Churches [a Christian Aid partner] went and recorded radio messages explaining the reality. Then the President followed suit and thankfully that has eased the situation. But in some places we still get people telling us we brought the disease. For most people there is no difference between UN and NGO staff."

South Sudan recommendations:

Covid-19 could spell disaster for millions of South Sudan's people, who are already battling multiple crises. To avert the potentially catastrophic impact of coronavirus, the following actions are needed:

- **In order to safeguard current humanitarian work, donors should increase humanitarian funds to frontline NGOs to combat food insecurity and famine, and ensure aid agencies have access to the many vulnerable communities in South Sudan – and to other conflict-hit communities worldwide.**
- **The South Sudanese government should do all it can to protect humanitarian staff, whether that is by preventing misunderstanding about the causes of Covid-19, or by preventing military conflict. Humanitarian funds for frontline NGOs must include provision for personal protective equipment and core operations.**
- **The recent peace agreement is welcome but the transition to a full unity government is not moving quickly enough. Leaders need to work through the political deadlock to ensure state systems and services can operate as effectively as possible to deal with the pandemic.**
- **Despite the formal peace deal there remains a lot of low-level conflict and unresolved grievances. It is vital church leaders do not step back from the peace process, but continue to play their key role in both top-level negotiations as well as community-level conflict resolution and peacebuilding.**

Christian Aid's Covid-19 response in South Sudan

In South Sudan, Christian Aid is helping the most vulnerable people avoid infection by setting up handwashing stations, providing soap and hygiene kits and delivering food and other essential items to those that are in quarantine.

In a country with as many challenges as South Sudan, it's also important to ensure the pandemic doesn't become a threat-multiplier and undo the progress made in other crucial areas of development. One in seven women in South Sudan die in childbirth and there are 1.3 million children under five who are at risk of severe malnutrition.

Against that backdrop, part of Christian Aid's Covid-19 response involves raising awareness about these other health issues and ensuring people know how to access these services and what to do if the service is interrupted. This work is being delivered through a variety of communication channels including posters, radio announcements and mobile phone text alerts.

The restricted movement imposed by the government has hampered people's livelihoods, so Christian Aid is also helping people to stay fed, plant crops and capitalise on the coming rainy season.

Christian Aid's James Wani said: "Most people here earn their living by selling their labour on a daily basis, so limits to movement makes that harder.

"We have been giving out cash distributions to hundreds of households and we're also providing people with high quality seeds and tools. The rainy season is coming in May so we want to make sure people can plant and secure food for the coming months. We don't want them to miss out on that."

Occupied Palestinian Territory

Within the occupied Palestinian territory, and especially in the extremely densely-populated Gaza Strip, coronavirus threatens to tip what is already a humanitarian disaster zone over the edge.

Many people in Gaza live in very close proximity to one another, so keeping two metres apart will be almost impossible. Access to clean water is limited: 90% of it is undrinkable so people have to buy from tankers after desalination by small desalination plants. But most concerning is Gaza's fragile healthcare system which was already on the brink of collapse and which, according to Israeli human rights group B'Tselem (a Christian Aid partner), will not cope with the destruction an outbreak would cause.⁶¹

Meanwhile, the pandemic has led to a hardening of already heavy restrictions on travel to and from Gaza, and travel is at a 'virtual standstill'.⁶² According to the Israeli human rights group Gisha, since 8 March, travel via Erez Crossing between Gaza and Israel has been limited almost exclusively to (non-Covid-19) medical patients and staff of international organizations.⁶³

Human rights violations have been on the rise since the pandemic began, including a recent increase in settler violence in the West Bank. When added to existing human rights abuses, there is a real risk that the response to Covid-19 will further encroach on the remaining liberties of people living in the occupied Palestinian territory.

The threats to health, and to human rights are being compounded by an economic crisis in Gaza and the West Bank, which has already been exacerbated by the Covid-19 pandemic. On 28 April, Haaretz reported that the Palestinian Authority's (PA) budget deficit was running at 1.4 billion shekels (\$398 million) and that, according to the Palestinian Prime Minister, 11,000 additional families had in April joined those requiring government support.⁶⁴ The PA, which also supports many families in need in Gaza, predicted that a further 9,000 families would be added to the rolls of those receiving assistance in May, further increasing the deficit.

Political and societal context

Gaza is a densely populated strip of land of 140m² in the south-east corner of the Mediterranean and is bordered by Israel to the east and Egypt to the south. Refugees make up two thirds of its population of around 2 million people.⁶⁵

Though once a flourishing coastal society and retaining much of its potential, it is these days often described as 'the world's biggest prison'. Most Palestinians who live there cannot travel beyond the Strip, and escape is impossible even during the frequent and brutal wars between Gaza's de facto rulers Hamas, and Israel.

In 2005 (under the then Israeli prime minister Ariel Sharon), Israel withdrew its settlements from Gaza. Politically, Gaza has been governed by Hamas since 2007. Having won 2006 elections that were recognised internationally as legitimate, Hamas seized full control of Gaza by force in 2007 after a brief but bloody civil war with its Western-backed rival Fatah. Since then Israel – and for

'The threats to health, and to human rights are being compounded by an economic crisis in Gaza and the West Bank, which has already been exacerbated by the Covid-19 pandemic.'

much of the period, Egypt – has maintained a blockade which has with modest modifications survived to the present day, imploding Gaza's economy, leaving close to half the population unemployed and preventing travel through Israel for the vast majority of the population.

All of which makes the outbreak of coronavirus particularly concerning for so many in this troubled region. To date, there have been more than 16,500 cases reported cases of Covid-19 in Israel, 355 in the West Bank and 20 in Gaza.

Christian Aid's coronavirus work on the ground

Christian Aid has worked in the Middle East since the 1950s, when it began by supporting the Middle East Council of Churches' assistance to Palestinian refugees. Today, Christian Aid's partners in the region have been adapting their work as well as implementing new interventions to respond to Covid-19, ensuring that communities are prepared and protected.

Christian Aid's partner B'Tselem is continuing to expose human rights violations that are exacerbated by the pandemic, including the recent spike in settler violence and the confiscation of tents in the Northern West Bank, that had been designated for a field clinic.

Christian Aid's local partner the **Agricultural Development Association (PARC)** is working with the Ministry of Agriculture to help farmers continue to work safely and is supporting supply chains.

In the West Bank, PARC has also been working with existing Community Protection Committees, set up by PARC and Christian Aid, to spray and sterilise neighbourhoods, including mosques, schools and public places, as well as safely provide health awareness and guidance to community members.

Christian Aid's local partner the **Palestinian Centre for Human Rights (PCHR)** has been doing advocacy about the conditions of quarantine facilities in Gaza, pushing for effective enforcement of social distancing guidelines (in particular the ban of public gatherings) and the impact of the 13-year Israeli blockade on the healthcare system.

PCHR is also working jointly with the **Palestinian Medical Relief Society (PMRS)** on the right to health and access to services, including monitoring, documenting and reporting of violations of the right to health.

Christian Aid's local partner **Women's Affairs Center (WAC)** has been using radio and social media to provide women and girls in Gaza who have survived sexual and physical violence with information on the importance of regular hand washing and physical distancing to prevent the spread of coronavirus. WAC are also providing services such as emotional support and legal counselling to vulnerable women living in Gaza, remotely via phone and WhatsApp, as well as running an emergency hotline for survivors of sexual and physical violence.

Also in Gaza, Christian Aid's local partner the **Culture & Free Thought Association (CFTA)** – which provides therapeutic activities for children and young people – has adapted its work to the

'Our living situation is deteriorating'

A.K.*, 42, lives in the Beithanoun neighbourhood, in the northern Gaza Strip, with her husband and their five children. She is a university graduate and a former volunteer with the Al Ataa' Charity Association. She lost her married daughter during the 'Great March of Return' protests at the Israeli border.

A.K. lives in an unstable environment: her husband is physically and verbally violent towards her and the children, frequently beating and abusing them. To make matters worse, she has also suffered from the impacts of the dire economic situation in Gaza.

Due to the grievous bodily harm she'd suffered, A.K. had been receiving psychosocial support and therapy from Christian Aid's local partner Women's Affairs Centre (WAC), which promotes women's rights. However since the pandemic began, A.K.'s husband – who is no longer working due to government-imposed protective measures – has become more violent and abusive towards her and their children.

A social worker at WAC has continued providing psychosocial support sessions to A.K. and has followed up her case via phone calls, despite the Covid-19 situation. WAC has also given her a hygiene package to help her cope with this emergency.

She says: "Our living conditions are deteriorating. My husband is not working, so there is no income at all. I have to borrow money even to buy food. This also made things worse with my husband, as he became more violent with me and my children. He yells and beats us all the time to the point that we avoid any contact with him all the time. But through the psychological support, my situation improved as I became more secure.

"I apply the advice and counselling I got from the social worker in the psychosocial support sessions with my children, to improve their situation as well."

**Name has been changed*

current context. With social distancing in place, CFTA is engaging children and young people remotely, through online lessons and incentives for children to stay at home. CFTA also continues to provide psychosocial support sessions, via telephone and online, helping families and children find ways to deal with pre-existing issues as well as the new Covid-19 world. CFTA has also used a referral mechanism so that acute cases can receive support from trained professionals. This is also continuing remotely.

Following a successful petition filed by Christian Aid partner **Adalah** in the Israeli Supreme Court, Israel committed to opening up coronavirus testing centres in the densely populated Shuafat refugee camp and Kufr Aqab neighbourhood that can be used by the 150,000 Palestinians residents living in East Jerusalem. Six testing centres have now been opened in East Jerusalem by the Israeli authorities.

Recommendations: Cooperation across political boundaries

To help mitigate the spread of Covid-19 in the occupied Palestinian territory, Christian Aid is calling on Israel, Egypt and the Palestinian authorities in the West Bank and Gaza to cooperate across physical borders and deep political differences, to save lives and livelihoods. We invite all parties to take a fresh approach that includes the following actions:

- **immediately lift all restrictions on humanitarian and medical relief items entering the Gaza Strip, including any items previously barred from entry, and allow all humanitarian personnel to enter and leave the Gaza Strip as a matter of urgency;**
- **cease immediately the destruction of property anywhere in Israel and the occupied Palestinian territory;**
- **allow humanitarian organisations to provide essential humanitarian relief, including water and sanitation facilities throughout the occupied Palestinian territory, and pledge not to seize or destroy those;**
- **prioritise the health of Palestinians in occupied territory by genuinely cooperating to ensure needs are met.**
- **As the Israeli human rights group Gisha has been arguing, Israel should now, amid Covid-19, remove restrictions hindering Gaza's economy, focusing especially on the sectors that provide food for the local civilian population and that could provide a source of income for thousands of people.**

We would call for these measures even without the presence of Covid-19. However, now it is time for Israel, and also Egypt, to step up to the mark and work together with Palestinian and regional leadership to address the crisis.

'To help mitigate the spread of Covid-19 in the occupied Palestinian territory, Christian Aid is calling on Israel, Egypt and the Palestinian authorities in the West Bank and Gaza to cooperate across physical borders and deep political differences, to save lives and livelihoods.'

The gendered dimensions of Covid-19



Above: An indigenous woman at the shelter for displaced people in Buenaventura, Colombia. Credit: Christian Aid/Federico Rios

Evidence shows men are much more likely than women to die from Covid-19, and are more likely to become severely ill.⁶⁶ Both sex and gender are likely to play a role in this disparity.⁶⁷ However, there is also widespread evidence that the social and economic effects of the pandemic and the response by governments is being felt in very different ways by women and men.

Women's caring role in most societies is likely to be placed under greater pressure as schools shut and household incomes fall. Women and girls are disproportionately affected by gender-based violence in the home, which tends to rise in situations where people cannot easily leave their homes, and families come under economic pressure.

Access to maternal and child healthcare, and access to sexual and reproductive health, also risk being disrupted during the pandemic.

This scenario is even more acute when we intersect gender with other social markers such as race, class, ethnicity, sexuality, age and geographical location.⁶⁸ This is because we live in a world with gendered institutions and systems which systematically discriminate against and disadvantage certain groups.

Around the world, gender roles have a marked impact on exposure, transmission, and outcome patterns of COVID-19, and it is clear that those impacts will be even more detrimental in countries with weaker health, social and economic systems – such as Haiti, the poorest nation in the western hemisphere.⁶⁹ (See box, right).

As mentioned elsewhere in this report, national and local responses to the pandemic need to take deliberate action to prevent any disproportionate impact on women and girls.

Christian Aid's gender-focused Covid-19 response in Haiti

In Haiti, Christian Aid partners MOUFHED and GARR are working in 16 districts to monitor the gendered impacts of the pandemic, enhance the coordination capability of the Ministry for the Status of Women and Women's Rights, and map out the existing medical, psychosocial and legal services available during the pandemic.

They are also working to promote women's leadership as part of the Covid-19 response, advocate for the continuation of sexual and reproductive health services, and challenge the perpetuation of socially constructed stereotypes.

Conclusions: what next?

As governments take national action to respond to the pandemic, they must also respond in a way that recognises the global interdependency of any response. Strong international cooperation has to go hand-in-hand with a clear multilateral approach to minimising the spread of the virus, and mitigating its poverty impacts. This international cooperation has two dimensions:

- **A global protection package** that ensures people in the poorest countries have the cash and food needed to survive; that global and national food markets keep working; that health care and education is protected; systems are put in place to enable any vaccine to be rolled out to vulnerable populations; and humanitarian assistance continues to flow. Low income and lower-middle income countries must have the fiscal space they need to respond, through a package of financial support agreed with the World Bank and IMF and backed by the G20. This should include debt cancellation for debt-distressed developing countries.

Richer countries must step up to the plate, and fund the UN appeal, and a wider package of support to minimise the spread of the virus, and mitigate the effects of the economic downturn.

- **A global recovery plan** which, as the virus is brought under control, provides the stimulus needed to help the world recover from the economic crisis. This must be done in a way that creates a greener and more just world, in which the climate crisis is tackled and poverty is sustainably reduced. Governments need to lay the groundwork for this recovery plan now, even as the virus is spreading, and identify innovative sources of funding to deliver it.

Both the protection package and plan need to be implemented in a way that upholds human rights, tackles misinformation and stigmatisation, and promotes accountability and transparency. Civil society, including faith groups, will have a critical watchdog role – alongside the UN and media – in ensuring that the crisis doesn't erode rights or entrench discrimination.

Putting communities at the heart

The package and recovery plan both require global, bilateral, national and local action. The global response needs to be shaped from the bottom up – national governments need to take a lead from their citizens, and the global response needs to enable governments to be accountable to their citizens.

No crisis of this scale can be solved without a local response. Local and national NGOs will often be best placed to understand the implications of the health emergency for the communities they serve, but also to ensure that communities themselves are able to drive humanitarian decision-making and response adaptation. Past experience has shown that health-related humanitarian operations have the potential to be securitised, politicised and to lead to mistrust and stigmatization if not conducted in a manner that is understanding of local context and culture.

'No crisis of this scale can be solved without a local response. Local and national NGOs will often be best placed to understand the implications of the health emergency for the communities they serve.'

For humanitarian response, direct funds need to be urgently channelled to local organisations for operational costs, cash interventions that enhance social protection, disaster preparedness and community resilience measures – all of which put communities in the driving seat.

We need the diplomatic attention of governments, donors, private actors and military to de-escalate conflicts that are draining precious resources that must instead be focussed on saving lives and preventing the further spread of the virus. A global ceasefire could be extremely powerful if it enables humanitarian organisations safe and fast access to those most affected.

Meanwhile, the damage that the global pandemic has already caused has shown the importance of strong health systems and the vital importance of Universal Health Coverage. Donors and multilateral institutions need to use this as an opportunity to push forward the UHC agenda and ensure that Sustainable Development Goal 3 is achieved by 2030.

Christian Aid firmly believes these actions are vital for ensuring that the Covid-19 response does not entrench injustice, inequality and discrimination, and does not leave the world's poorest behind to suffer the life-threatening consequences of coronavirus. We are in this together, and together we must do all we can to avoid the tipping point.

End notes

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