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WEBINAR

THE COVID-19 FALLOUT: CHALLENGES FOR THE INTERNATIONAL HUMANITARIAN SYSTEM

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PARTICIPANTS:

Welcome and Introduction:

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P R O C E E D I N G S

MR. JONES: Welcome everybody, and thank you for joining us. I'm delighted to be able to welcome to Brookings, albeit virtually, Sir Mark Lowcock who is the undersecretary general for humanitarian affairs and the emergency relief coordinator at the U.N. His bio is available online. So let me be very brief and introducing him.

Mark has more than 30 years of experience in both humanitarian and development context, most of it spent with the U.K.'s Department for International Development, which he eventually led as permanent secretary. He had led their humanitarian responses through such context as Iraq, Syria, Nepal, several cases in Africa, and Haiti.

He was also their director general for policy, and corporate performance, and finance. So an extraordinary wealth of experience both in the contexts where humanitarian operations occur and in the infrastructure that helps to manage them. So we are delighted to have Sir Mark with us today.

Mark, there are innumerable humanitarian crises underway right now and at large-scale. I know you just launched the U.N.'s consolidated humanitarian appeal for the funding support to that. But for today we want to focus in on COVID and what the pandemic has meant for the crises that you help to manage and for the humanitarian system as a whole. So with that, Mark, welcome to Brookings.

SIR LOWCOCK: Well Bruce, thank you very much indeed. Thank you particularly to you and your colleagues for giving us a chance to have this conversation. Let me thank my team as well for helping me prepare for it. We will -- my office will release a full text after it, but I'm not going to speak to the full text. I will talk around the issues and the questions you would like me to address.

MR. JONES: Good. Well, that's terrific. Let's start here. I want you to sort of bring us into the room. I mean, you're dealing with crises all over the world. But when was it that COVID was sort of first brought to your attention as part of your portfolio for response?

SIR LOWCOCK: On the 6th January just after the holidays, Antonio Gutierrez called a meeting of a few senior colleagues including the director general of the World Health Organization, and me, and a few others for a discussion on pandemics because there had been this new report that had just flagged the world's potential vulnerability to a deadly new airborne disease, or in the jargon if you like, a

respiratory pathogen with the potential not just for large-scale loss of life, but also a huge consequences for the world economy. And this report like others, said the world wasn't very well prepared.

So we had the meeting and we agreed on a series of measures to take including advancing the U.N.'s own readiness, conducting simulation exercises, and so on. And at the end of the meeting, Mike Ryan, who's the experienced, energetic, ebullient Irish doctor who is the head of emergencies at the WHO and who I had worked with actually very closely in recent years including on Ebola; he said his team were currently gathering information about a new virus in China. They didn't know much about it yet, but it looked as though it could potentially be significant. So that was my introduction, Bruce, to the year of COVID.

MR. JONES: Quite striking when you think back on it and how much has changed since and what we know now. It's not the first pandemic you've dealt with or at least not the first epidemic you've dealt with, certainly not the first infectious disease you've dealt with. From your experience and your teams' work, how much do you think we have learned from past experiences of infectious disease spread?

SIR LOWCOCK: Well, let me say a few things about this. I mean, the first thing I think it's important to say is we are in the middle of it. And I offer the thoughts today in all humility. COVID has been the biggest problem the world has faced for more than 50 years. A deadly airborne pandemic caused by a new virus is intrinsically difficult to cope with, right, because at the beginning the most important information is just unknowable.

You don't know how the virus is transmitted, the symptoms it causes, how long it takes those symptoms to appear and disappear, what sort of people are most vulnerable, who will recover, and who won't. And most importantly, you don't know how to tackle it. So the virus has a head start and the responders inevitably risk mistakes while they are playing catch-up.

And in some ways, the most surprising thing about the experience so far is not how bad responses been, but how good, not least in the speed of development for vaccines. So we are in the middle of the crisis. And in some ways we are in the darkest bit of the tunnel in most countries now. We can see a glimpse of light in some places, but I'm a bit wary, you know, of coming across like that surgeon who wakes his patient up halfway through the operation and asks her how she thinks it's getting

because there's lots we still don't know. And we don't know where we are going to get to.

But what is clear is that mistakes have been made in the response. And lots of important decisions are going to be taken before we are at the end of the experience. So it does make sense to think now about what we need to do over the next period. We do learn some things from previous pandemics. I mean, pandemics have been around more than 5,000 years since the dawn of agriculture basically.

Probably the winner in terms of taking the most human life is the bubonic plague, I think first came to Europe 1,500 years ago when, in Constantinople, they were forced to import large quantities of grain from Egypt, and unfortunately, unwittingly imported plague carrying rats in the process. And then of course in the middle of the Middle Ages, about 1,000 years ago, the Black Death took, bubonic plague, something like one third or two thirds of the entire population of Europe. That was when I think people realized things like quarantine could help you.

More of these events happened. We had cholera appear in the world in the middle of the 19th century. I think that was the moment when countries first started to collaborate. So the first International Sanitary Conference took place in Paris in 1851. Of course then we had the Spanish flu. And it was after the Spanish flu that the health organization of the League of Nations was created because there was a recognition that these could be global, not just local problems.

So pandemics have always been part of the human experience, but it does look like the risks have grown recently. In the last 40 years we've seen SARS and H1M1 and MERS and Zika and Ebola. So the diversity of new disease outbreaks is increasing. Why is that? Well, the global population is bigger, maybe approaching five times the size of 100 years ago. We have an older population, more urban population, more mobile population. I think ports and border crossings counted 1.5 billion international arrivals last year. And I have to admit, Bruce, a disturbing number of those were me. We have human encroachment into animal habitats, which is leading to more transmission of infections of animals to people.

And once you get this new infection, the nature of today's globalized societies make it very difficult and expensive to prevent the spread especially as is the case with this virus, for those infectious viruses, some whose carriers either develop symptoms slowly or maybe don't develop

symptoms at all.

MR. JONES: I want to come later to the question that you sort of teasingly raised of the quantity of travel that you and your team had to normally do. And of course you are impeded from that now. I want to come to what the impact of this is in terms of your work, and your team's work.

But before we go there, you talked about report that came out in January looking at the risk of a new pandemic and assessing preparations. What is your sense of how well prepared different countries were or weren't? And how have different countries responded to this? And what do you see in terms of patterns in that response?

SIR LOWCOCK: Right. I mean, this obviously is going to be the subject of huge amounts of work and discussion once we get to the other side of the pandemic. And it should be by the way, because as Bill Gates put it, what we got now is Pandemic 1. We ought to ask ourselves the question how do we prepare better for Pandemic 2.

So firstly, there wasn't a shortage of experts and reports warning of the risk. The World Bank, the G20, the World Economic Forum have all conducted simulations. And actually, a lot of the reports that were written were quite prescient about the scale of the potential risk. The report I mentioned that we discussed on 6 January, that's a report, the global preparedness monitoring board had flagged the risk of basically reduction of 5% in the size of the world economy, which has turned out to be quite prescient.

One of the problems though, I think with a lot of the expert analysis is that too many of the preparedness initiatives weren't well enough vested in the reality of how different societies actually work and how human beings actually behave. Obviously, the standard mix of measures for dealing with diseases spread the human contact, all aim to reduce damaging interactions. So that's why you have to focus on handwashing, and physical distancing, facemasks, reducing socializing, trying through testing and tracing to identify who might be carrying the virus, quarantines and isolations and so on. And there are actually practical legal, political institutions, and social constraints to implementing all of these measures even before you consider the huge economic cost that they imply. The constraints vary considerably between countries and levels of preparation, and levels of past experience vary as well.

Now, obviously, by the end of March, the virus had basically got to every place on the

planet. So everyone was having to deal with it. And what that meant was there were lots of different responses. Analysts have observed a variety of different response models over the last eight months or so. So there is a first category which if you are like those countries with recent experience with SARS, and H1M1 and MERS, they were mostly in Asia. They were typically alert to the danger. They had invested in public health systems. They had governments which enjoyed levels of trust which facilitated broad voluntary compliant with severe restrictions, or in some cases actually they had authoritarian systems through which compliance could be insured. So those countries tended to act quite quickly and relatively effectively.

Then there was a second group of countries, including many in Europe and North America. They typically had relatively large and effective medical systems as distinct from public health systems, but less recent relevant exposure. In some cases, like the U.K., where as you know I'm from, they disinvested in fact in public health institutions as part of the austerity measures following the 2008/2009 financial crash. Some of these countries tended to overestimate their capacity, underestimate the risk. And in some cases they had leaders high in confidence, but limited in relevant experience. And typically this category of countries acted slower, later, and more weakly.

Within a third group, those at the forefront, for example with the Ebola, and HIV crisis including a number of African countries, they knew their capacity to act was weak, but at least they had relevant recent experience. So they tended to act earlier and decisively at least taking the limited measures that were feasible for them. They may have also been benefiting from younger populations who were a bit less threatened by the virus. And because some of those countries are less urbanized, many people were living in conditions which were less conducive to the spread of the virus.

Then there is a fourth category. And that includes those with limited relevant capabilities and basically no relevant experience. There are some middle income countries in that group including in Latin America. But this category includes most of the world's poorest and conflict affected and fragile countries. And they often have significant refugee and displaced populations. And that's why back in March, many people thought that this group of countries which are where humanitarians mostly work, would be the ones worst hit of all. And that has turned out to be true, but not as some people expected, to the direct impact of the virus and the disease itself, but as a result of the economic carnage it's

wrought.

And I --

MR. JONES: So overall -- sorry. Go ahead.

SIR LOWCOCK: Well, I was just going to say -- I was just going to make a sort of broader point. Overall what I would say is, countries placing a large premium on individual freedoms with limited relevant recent experience, with less strong public health systems than their overall level of development might have implied, where trust in government has been falling and maybe you had leaders who are bit less well personally equipped for such a crisis, those countries did tend to underperform. But some of these countries had two huge compensating advantages. The first was they could cope better with the economic contraction. And the second was they had the scientific and industrial capabilities to develop vaccines and treatments faster than anyone else could.

So those are, if you like, the kind of different models we've seen in response.

MR. JONES: So I'm very struck -- we will come to the kind of impact on the humanitarian context. But I'm struck in your categorization that there are sort of two factors that really stand out, which have not in my sense been much discussed. You see a lot of discussion of regime type, of democracies faring better, of authoritarian states faring better, etc. I think the evidence for that is pretty weak.

What you point to is two things, trust in institutions or government, or social trust writ large, and recent experience in dealing with a pandemic or infectious disease outbreak. So that's very striking. You feel strongly that those two features are pretty important as a sort of how and what's driven the response; is that right?

SIR LOWCOCK: Yeah. I mean, this is going to be very heavily scrutinized and examined, but I do suspect that a lot of the relevant lessons will be in those areas. I mean one of the really remarkable things that again people are going to observe is in the March/April period, governments and businesses, but also many families and individuals, took decisions in the light of very high levels of fear and anxiety, the effects of which were temporarily, essentially to close down substantial parts of the world economy. And the goal of course was slowing the spread and the impact of the virus and buying time to find solutions.

And that is a really remarkable approach to handle a problem. It's never been previously

adopted. It was feasible only because the better off countries potentially were rich enough to be able to protect their citizens from the worst effects of the economic lockdown. So those countries essentially threw out the fiscal and monetary policy rulebooks. They introduced a vast array of furlough schemes, and business loans, and social payments, and tax holidays and asset purchase through central banks, wage subsidies, and so on.

Those measures weren't formally coordinated across the major economies as they were in the 2008/2009 financial crisis, but all those economies did the same sorts of things in a synchronized way. The cost of that, obviously, ran into tens of trillions of dollars, dizzying levels of expenditures. Before long that's going to need to be addressed. But this was -- it was possible to do that for the first time really in history because those societies were rich enough. I guess we will come onto what was different in the poorest societies. But is quite striking to that was a choice available to the richest countries.

MR. JONES: So let's go to the poorest societies and the places where you would be traveling if COVID restrictions weren't stopping you. So talk more about what the impact has been and what you've seen in the humanitarian contexts and some of the poorer contexts, what has been the effect. What do we know? Are there gaps in our knowledge about what's going on in some of these contexts and the overall response?

SIR LOWCOCK: Okay. So that is a very important set of questions there. Let me just start by just continuing the economic theme a bit from what I said just now. Because really my most severe criticism of how the crisis has been handled so far is that the better off countries failed to offer an adequate helping hand to the poorest countries who faced the same economic crunch, but lacked the resources, institutions, or access to markets to take the measures that better off countries could do. Those poorest countries have had a collapse in economic earnings, (inaudible) revenues, remittances, as well as the impact of the global shutdown.

And while the better off countries threw more than 20% of their national incomes at the protection of their own citizens, the poorest countries could only access 2% of their much smaller incomes. Now, the fact that this happened is surprising because what needed to be done actually was pretty clear from the experience of the 2008/2009 financial crisis, which was much smaller obviously.

Global GDP fell then by 0.1% compared with 4% or 5% this year. But the obvious measures that were taken in 2008/2009 to support the most vulnerable countries including the IMF issuing special drawing rights, the recapitalization of multinational development banks, generous replacements for their soft lending norms. They haven't been taken this time. And also it's been a failure basically so far, adequately to address the debt burden in the poorest countries.

I think this is -- the fact that these things haven't happened is obviously a commentary on the state of geopolitics. But I do think it represents a governance failure in leading countries who have in the past acted collaboratively for the wider benefit, and in their own self-interest. And this is having huge consequences to go on to the next bit of your question, because in countries where humanitarian agencies were, the impact was much worse than it needed to be had international reaction been better. So we are going to see an increase in extreme poverty for the first time since the 1990s. By the end of next year probably 150 million more people will be back in the category of lower than a $1.90, the World Bank extreme poverty measure. So that's going to go from less than 600 million before COVID to 750 million almost, roughly speaking, by the end of next year.

We've seen very heavy compromising of health services in the poorest countries. That will lead to a reduction of life expectancy. The annual death toll from HIV, and TB, and malaria could double. The number of people facing starvation might double as well. Women and girls, by the way, will suffer most by the way from all this.

There's also been a lot of commentary recently on the reduction of mental well-being and psychosocial stress, which the effects of the pandemic go beyond people's physical health. A lot of that discussion has been in better off countries. Lord O'Donnell, who is the former head of the British Civil Service has drawn attention to huge impact on well-being. Actually, Larry Summers' recent paper noted that if you start to put a value on all this mental health suffering and its associated impact on productivity, which is the real thing, then that dramatically increases the overall cost of the pandemic.

But these same things are also features in the fragile countries. In particular, there's just a plague of violence against women and girls. That really demands attention. Unfortunately, the fear and the stress and the anxiety the pandemic has triggered, as well as the fact that lots of people have been cooped up in cramped conditions for long periods of lockdown, they don't know where they are going to

get an income to put food on the table, that has taken a toll on the behavior, especially of men. And some of the countries where we were, calls to dedicated hotlines have increased by over 700%. The support services are just overwhelmed. And by the way, alongside this, we are also starting to receive disturbing reports of cases of sexual exploitation and abuse, which we are acting on now in a number of countries.

One of the things I'm really keen to draw attention to is that while of course everyone has suffered through the pandemic, rich countries, middle income countries, it's really the poorest countries where it looks as though it's going to be the biggest potentially, what amounts to a grade reversal. Bill and Melinda Gates in their goalkeeper's report in September said that the last 25 weeks threatened to unravel 25 years of progress in some key development activities like immunization.

And at the beginning, Bruce, you noted that I've been doing this kind of work a long time. And it is worth remembering what many of these countries were like 25 years ago. I was working in a country then where a quarter of the children never saw their fifth birthday. Most of them never went to school and 1 woman in 18 died in childbirth.

And the kind of problems that are now brewing, also, we need to bear in mind has the potential to come back to bite everyone else because all the poverty, and hunger, and sickness, and suffering will fuel grievance ease and hopelessness and despair and in their wake will come conflict, and instability, and migration, and refugee flows and so on.

So I think, and this is something we said in the report we issued last week, there is a serious risk of what's essentially a grand reversal of the substantial global process that was made over the last 40 or 50 years in improving the average life experience for the kind of medium person on the planet; less poverty, living longer, more likely to be able to read, going to school, reducing hunger. Those things are at -- I'm afraid those things are at risk now.

MR. JONES: One of the questions that came in from the audience beforehand was around the sustainable development goals and the extent to which this is not knocking us off the pathway. Can you just elaborate a little bit more? Do you think that that is something that can be undone relatively quickly? Or is this a kind of shock to the system that takes us down a layer and is going to take a very, very long time to recover from in the poorest contexts?

SIR LOWCOCK: Well, it depends on what we do, is the short answer to that. I've got a sort of five-point plan I would like to lay out later in the conversation which can reduce the danger of what you just described. The things I've just run through, increasing poverty, increasing hunger, declining life expectancy, more fragility, more conflict, those things are -- they are the SDG's and those things are going backwards right now. Humanitarian action staves that off to some degree, but whether those are short term or permanent is something that depends on what we do next.

MR. JONES: Okay. So why don't I give you the opportunity to lay out your five-point plan? That sounds well worth listening to. So why don't you do that now?

SIR LOWCOCK: Okay. Would you mind if I just say a little bit first on what humanitarian agencies have done?

MR. JONES: Sure, please. Please do that.

SIR LOWCOCK: Because I've sort of described the problem --

MR. JONES: Yeah.

SIR LOWCOCK: But I think it's important to just say a little bit about what we have been able to do. I won't go into enormous detail, but there is quite a bit in the text we are releasing about it. One thing I do want to say is we had a big focus on public information. One of the main problems in the modern world is that too many people believe things that are not true and they don't believe things that are true. That's obviously exacerbated by one of the world's biggest growth industries, fake news and misinformation.

And this syndrome is potentially catastrophic actually in the highly charged atmosphere you get in the early stages of a pandemic where fear and anxiety and myths abound and correct information is quite limited. So we did recognize and the U.N. that there was an important role for us to play in this area because one of our assets is that in most countries, people trust the information we provide. You know, there is measures of this, the Edelman Trust Barometer and so on, which gathers information on who trusts information from what sources.

So one of the things we tried to do early on wasn't sure that every person on the planet at least knew a few basic facts about the virus and what they could do to protect themselves. Our campaigns on that, which have been facilitated by the way by more than 110,000 volunteers in other

countries you have been identifying, if you like, faulty claims that needed correcting. We've reached more than 1 billion people in multiple languages there. And I think that was a good thing to do.

We launched what turned out to be our biggest ever appeal to help to mitigate all the problems I've described, a couple weeks after WHO declared COVID a pandemic. We've raised $1 billion in the first few weeks. We've now raised $3.8 billion. We've given help to 33 million refugees, water and sanitation improvements to 70 million people, essential services to 70, healthcare to 75 million.

Lots and lots of other things we've done including some innovative things like when commercial airlines disappeared and we faced this question about how are we going to get humanitarian workers in and out to the frontline. We, through our food program actually, created effectively a new air service which in the middle months of the year transported 25,000 humanitarian workers from 400 organizations, mostly NGOs, to and from the humanitarian front line.

I also want to say that humanitarian workers have stayed and delivered through this. In the U.N. we have 50,000 colleagues who work on the front line, but the NGOs have even more. There's been a lot of courage and commitment, and individuals being willing to take personal risks in conditions that are really tough. But the problem is, all of this has basically just taken the edge off the worst of the problem. Things -- I mean, it's true that things would have been much worse in the absence of what we did. But that isn't exactly a ringing endorsement. It would have been good to have had more money to do more.

Anyway, we are where we are. Shall I run through my sort of five points that I think we need to pay attention to next? Is that the next thing to do?

MR. JONES: Yeah, but let me just ask you one thing first. In the scale of the response and what you've had to do and quite literally building the air service while flying it and dealing with the scale of response, has it forced you to pay less attention to other issues that you would have been dealing with in a number of these contexts? Can you say word about that before you --

SIR LOWCOCK: Yeah. Well, I think there has been a little bit of substitution. I mean, overall for 2020 through the appeals that I and Marcus coordinate, which is two thirds of global humanitarian action, we will probably raise more than $20 billion this year, which will be another record. Last year we raised 18. So most of what has happened on COVID has been additional. So the pre-

existing programs have largely been protected.

But there has been a little bit of substitution. Particularly in the health area, people are focused a bit more on COVID related things and a bit less on routine immunization. I think this is really a problem and it's one of the things I want to flag for the future. And of course, delivering anything has gotten much more difficult because of lockdowns. And in some countries there has been an opportunity taken to make it harder for humanitarian agencies to get access to some communities that maybe are not the priority of some of the people who control who can go where.

But largely so far, what's happened on COVID has been in addition to ongoing support. There's been a little bit, but not a vast amount of substitution.

MR. JONES: And that's in terms of money and access? But what about simply sort of political bandwidth? Your time? The secretary general's time? The time of leaders who are focused on different crisis? I mean surely to some extent at least, COVID has pulled people away from issues they might otherwise have been spending time on.

SIR LOWCOCK: What we've tried to do is the classic think of making opportunity out of the crisis. So one thing, for example, we've really pushed really hard this year is the cease-fires and we've tried to use for some political proceeds using the argument that this is not a good time to be having a fight about something which is much less important than the existential threat that your country or community faces. And in some places, that has worked. We've been able to make a bit of progress on some issues. I'm afraid overall though, there hasn't been enough uptake and response to that. And again, that's largely a commentary on the state of global geopolitics.

MR. JONES: Yeah. Maybe we will come back to this too. I'm interested to understand a little bit more on the question of humanitarian access and blockages and to what extent it is the case that the powers that be have been sort of behind you in terms of trying to push through for access. But let's come to that. I want to sort of end by asking you what are the consequences of all of this in the geopolitical context that we are currently in.

But let's go to your five-point plan.

SIR LOWCOCK: Okay. Well, I mean the first thing -- and this is what I think we need to do over the next 6 to 12 months. I mean, the first thing picks up your last but one point. We have to

sustain humanitarian programs in the 56 countries dealing with the bigger crises. And yes, last year we published a report forecasting that more than 35 million people will need assistance to survive next year. That's a 40% increase on what we've been dealing with coming into 2020 and it's almost entirely due to COVID. And we set up plans to, if we get financed, to do that.

One of the most critical things is we have to stave off multiple imminent famines including in Yemen, in South Sudan, parts of the Sahel, and elsewhere. And I studied famines as a graduate student in my first job actually was dealing with the famine that cost a million people their lives in Ethiopia in the mid-1980s. It is one of the most remarkable achievements we've reached in history that we almost confine this extreme and brittle example of human failure through the dustbin of history. Famine used to be ubiquitous. They didn't have to be, but they are now back. And that is not because of a shortage of food. In fact, there's never been as much food available per person around the world as there is now. But it's because of the depth of crises especially in places affected by conflict and climate change.

And it will be a horrible stain on humanity for decades to come if we become the generation to oversee the return of such a terrible scourge. So we have to make that a priority.

The second thing then is finally to do the obvious cheap and effective things, to ease the economic and financial pressure on the most fragile conflict affected countries. So I do think that the powerful shareholders must really now take the necessary decisions to allow the IFI to step up. And firstly to substantially to do FDRs and also cutting a deal to allow the allocations to countries that don't need to access them to be recycled straightaway to the top off the allocations to the most vulnerable countries that do need them.

We need to populate the debt treatment framework that was agreed at last must G20 both for rescheduling, but also for write-downs. And that has to cover all the major creditors. That means both official and private creditors and also by the way, those who are trying to dodge their responsibilities by hovering somewhere in between the official and private groupings. We need to ask the institute to be more aggressive now in using their balance sheet in supporting the vulnerable, recognizing the balance sheets made then need strengthening later on. And we need to agree to provide -- how to provide further the support especially through IFIC the World Bank's most important vehicle to the poorest countries.

The third thing then is about vaccine deployment, for several reasons. The new vaccines

are going to be rolled up first in the countries who scientists and pharmaceutical companies and taxpayers have done most to develop them. But I think quite quickly they will be available for others too and how that gets managed will matter a lot. Hopefully, we will have more vaccines beyond the first three, Moderna, Pfizer, BioNtech, and the AstraZeneca collaboration. Some vaccines might be cheaper and easier to deploy than others in the most fragile countries.

And the COVAX facility, which is led by the Global Alliance on Vaccines and Immunization and the Coalition for Epidemic Preparedness Innovations and WHO. They have an important role to play in working out the best approach. And they're going to need to be well-financed so that vaccine deployments are affordable in the poorest countries.

I want to mention two particular challenges on this that need to be well managed. The first is ensuring the COVID vaccines don't get financed to the very poorest countries at the expense of other countries. I'm sorry, at the expense of other activities which might save more lives in those countries. So just to explain what I mean, it would be perverse and probably, in fact, would increase loss of life to pay for the COVID vaccine by cutting funding for things like food security or routine immunization.

The second challenge then relates to the limitations of the vaccine delivery system in fragile and conflict affected countries. There have been unhappy previous experiences with sort of chopping and changing priorities as a result of delivery difficulties.

I remember a 10-year period in northern Nigeria for example, where there was successive bursts of enthusiasm for polio eradication, and malaria control. And then we discovered that they were being distributed at the expense of routine immunization. So it's going to be a real challenge to add delivery of the COVID vaccine to the to do list of weak health systems without running this risk of unintended damage to other important objectives. And to think about that now, I think is a good use of time.

The fourth priority then relates to this issue I flagged about the needs of women and girls. You know, the most stomach churning experiences I have in this job, which obviously takes me to the location of every humanitarian or story on the planet, have been listening to women and girls describe the brutality and abuses, or sometimes just the ignorance or carelessness, that they experience mostly at the

hands of men. And I really implore the donors genuinely to put their money where their mouths are in financing more work, which many humanitarian agencies are really keen to do, to deal with this problem now.

And then the fifth thing is I think there's going to be some sort of shakeout among international NGOs and locally led organizations responding to crises. It's not desirable obviously, but I think it's going to happen. There was a survey I saw recently of more than 1,000 African civil society organizations which found that most of them had already lost funding and cut programs.

In the U.K., another survey found that barely half of NGOs think they will be operating two years from now. And I think the funders would be well advised to do what they can to enable the best organizations and those with the greatest potential to play important roles in the future to survive; because good institutions are essential to progress. They are hard to build actually and they are easily lost.

So that is the five things I hope we will get a good focus on.

MR. JONES: Can I ask you -- that was extremely important and we will come back to some of them. But I just want to ask you something that came from the audience and maybe adds to the focus on women and girls, which was the particular vulnerability of refugees and migrants and whether there is a specific element that we need to be worried about there.

SIR LOWCOCK: Yeah. When we launched on the 25th of March our global humanitarian response plan, we had three objectives. Basically one to do with containing the spread and impact of the disease. One to do with containing its economic consequences. And then the third was to do with vulnerable groups. And we were very, very focused on refugees, migrants, and especially displaced people.

Actually, what you see in all those groups -- and always the most vulnerable, most are women and girls, and a lot are people with disabilities. And the humanitarian agencies have not done a good enough job historically in understanding that those are always the most vulnerable people. And we still -- yeah, that's still an area for improvement, which we -- and it has been proved through the pandemic as well as every other crisis.

MR. JONES: Another question that came from the audience, you touched on this earlier,

but maybe you can add to it, is around information sharing and information management. Have you seen significant challenges in flowing information to context? Getting information? Are there adequate monitoring systems? And what are the kind of critical gaps in information in all of this?

SIR LOWCOCK: Yeah. So I talked a bit about information to ordinary people about what the pandemic is and how it can be kind of handled. So beyond that, I guess this question is driving at, well, what about information for responders. That is one of the biggest things that my office sort of is responsible for. That's one of the reasons why we kept -- basically kept everybody on the frontline so we could gather information and were able to design effective responses thinking of the most vulnerable people.

Obviously, the loss of transport systems and restrictions on movement have had a big effect on that. And we are mostly through the worst on that now. But there is a lot of places where we don't have as much information as would be desirable. In some places, the people who are in charge, whether they are national authorities or very often extremist groups actually -- you know, one person in 100 on the planet now lives in a place where the people in charge are not from a government, but are from some kind of nonstate group. You know whether it's some criminal group or too often an extremist group. Now those people are a high proportion about people we are trying to reach through crises. And information in those places is really at a premium. So yeah, this is a key area.

MR. JONES: I want to come then, if I could, to the some of the wider implications for the humanitarian system. I have a couple of questions about that. But before I ask you, I want to see if you have any particular thoughts about the kind of -- sort of the wider consequences of the pandemic for the humanitarian system or at large.

SIR LOWCOCK: Yeah. Well, I mean, let me say a few things about this which actually go beyond just the humanitarian system. So stretching my mandate a little bit. I think it's obviously too early to be clear what things will look like in three or five years. But actually it wouldn't surprise me if the recovery in better off countries is brisk, though obviously, the economic chickens are going to come home to roost.

In the poorer countries on the other hand where I and my colleagues will be working, I think the COVID hangover is likely to be long and harsh especially if there is no improvement in

international health, especially the first two points that I set out on my five points.

I suspect that the biggest economic and social effect of the pandemic when it's measured globally over the long term may turn out to be that arising from the disruption to the education of hundreds of millions of children. Actually the effects of that might not be very visible. It will never live in a world where those kids didn't have their education interrupted, but those effects will be there and they will be very real.

I think that countries that can afford to are going to invest more in public health as well as scientific and technological research to prepare for Pandemic 2. I think there will probably be some permanent reorganization of sensitive supply chains. I think the sharp expansion we've seen in digitalization of all sorts, including by the way, digital medicine, that's going to be locked in and amplified. And actually, largely expansion of digitization is mostly positive, in my opinion, across the planet.

And then obviously there is bound to be another soul-searching about the future role of shared multilateral institutions. Everyone I know in the leadership of multilateral institutions is keen to learn lessons and work out what we can do better in future. Logically, obviously, collaboration against shared threats which threaten everybody is in everybody's interest. But whether the logic will, in fact, prevail in the current geopolitical context I think remains to be seen.

MR. JONES: And there's been a certain absence of that logic in the response of some leading powers. You might not want to name them, but I will. Both China and the United States, it seems to me, have responded to this crisis -- well, let's just say this. We have not been the kind of the -- it has not been a glorious exercise of international leadership, certainly by the United States, and nor by China.

On the other hand, I think that it's been pretty important to see a number of European countries, a number of Asian middle-income countries stepping up. So a central question to you about this is the following. You sit at the kind of front lines of a very elaborated international system which has grown up in the post-Cold World period, it was much smaller and much more targeted during the Cold War.

We have this kind of very large international humanitarian system now. That grew up in the context of American uni-polarity and broadly speaking a kind of great power. And there were other great powers, it wasn't only the United States. But kind of there was no real opposition, no geopolitical

tension to constrain that system.

We are now entering a period, clearly, where geopolitical tension is a real and vibrant fact of international life. So how worried are you about geopolitical tension and constraints, sort of geopolitical tensions constraining the system in which you sit at the heart of?

SIR LOWCOCK: Well, the first thing I would say, and I've said this publicly before, is that in my experience which now extends through a period, whenever the world has dealt well with a crises in the past, it's because there's been good U.S. leadership, especially convening others. I mean, that was true in the HIV/AIDS crisis. It was true in the response to the financial crisis in 2008/2009. It was true in the response to Ebola.

Now, the world is different now. And I think in future what is going to be true is the world will tend to respond better to crises, those crises affecting the whole planet where China and the U.S. are able to reach agreement on how -- on some things everybody should do. If we stay in a world which is largely bilateral, so China runs its own responses, and the U.S. and Western countries run another set of responses, that is going to make for suboptimal responses which actually are suboptimal for both China and the U.S. as well.

Now I had -- I confess I had though when I listened to Xi Jinping in Davos in 2016 and coming to talk to the U.N. in 2016, that maybe we were on the cusp of a stronger Chinese investment in multilateral institutions. I don't think we've seen that really. All we've seen is largely an expansion of bilateral activity. Some of the things that do need now to be done, particularly on the debt relief side, debt treatment side, I think are not going to happen unless everybody is at the table.

And, I mean, fundamentally, the countries all have the same interest. They all want their debt serviced and they want markets to operate in which are viable. So there are win-win, to use a phrase that lots of people dislike, there are outcomes that everybody benefits from. But whether they can be found or not remains to be seen.

MR. JONES: I mean, I have to say sort of in the discussions about global governance and global public goods and these issues, the kind of -- the go to case of, of course people will realize the larger interest of coordinated responses to pandemic disease because it flows back on you if you don't respond to it. So the fact that we haven't seen the scale of coordination, the scale of leadership now, we

are in a very particular American moment, we are kind of at a moment of evolution with China, maybe this is a passing moment. But it does worry me to see the degree to which the world's largest powers did not respond to this crisis with an instinct to drive coordinated international responses.

SIR LOWCOCK: Yeah. And you know, of course there is an even bigger, slower burning, but actually burning quite brightly example of that, which is climate change.

MR. JONES: Yeah. I guess I want to push you a little bit on this. I know there are probably some limits to what you want to say publicly on a it. But for example, I was in the SG's office in 2004 and 2005 and we have been dealing with SARS. One of the responses then was the U.S. and the Chinese battled it out in the world health assembly and agreed on international health regulations, which were pretty far-reaching, and global infectious disease monitoring mechanisms (inaudible) were built up within the WHO and there was quite a lot of investment in that over about a 10-year period.

But that did not seem to help us as much as we thought it should in the face of this. Ultimately of course you are dealing with sovereignty of states and if they choose not to comply with international regulations, they can do that. We do that all the time. The Chinese are starting to have the freedom to do that. So just maybe just reflect a little bit on the consequences of that.

SIR LOWCOCK: Yeah. Look, I agree with that obviously. I'm sure there will be a revisiting of the IHR and lots of discussions on that in the future of WHO. WHO's members have already decided on a process to do that. But actually, I don't think that's been the biggest explanation of mixed quality responses to the pandemic. I think the bigger explanation is in the discussion we had earlier about the feasible choices available in different sorts of societies to deal with this kind of problem.

I think in some countries is even a debate about what level of effort there should be to strengthen the public health system. The U.K. made a, frankly a bad decision, to disinvest in our public health system. We actually in the U.K. have a really fantastic National Health Service, which by the way has been absolutely the frontline in developing and testing out treatments and in the vaccine thing. That's one of the reasons why there has been fast progress from finding out -- I mean, that's from previous. We found out more things that don't work than things that do work so far. But a lot of that is because of what's happened in the National Health Service in the U.K.

But the U.K. basically in the wake of austerity disinvested from the public health system.

But other big countries also have surprisingly weak public health systems. And of course the different societies placed different weights on individual freedoms versus the collective good. This isn't a political point so much as a societal difference. It's not about democracy versus other forms of government. It's a broader issue.

So there's a lot you can do on preparedness, which don't get you into those issues. But some of the fundamental things are constrained by those sorts of issues.

MR. JONES: Again, to the theme of sort of if logic helps sway in international affairs. I mean, I was very struck aftermath of and SARS and then a round of Ebola, etc., there's always this yin and yang in the global health debate about whether you should be investing in infectious disease management or in public health systems. And it seems to me COVID is sort of the absolute definitive answer is both.

SIR LOWCOCK: Right.

MR. JONES: That you cannot manage these kinds of things without co-investment in those two sides of the equation.

I'm going to pull you out a little bit further on vaccine distribution because you talked about some of the challenges we are going to confront. There are also differences in the kinds of vaccines. There are vaccines which require two shots, vaccines that require cold storage. All of that is going to be immeasurably harder if you are in northern Nigeria or northwestern Yemen or in a number of the contexts where your people are serving on the front lines. Maybe just say a little word about that issue, how you think about that challenge.

SIR LOWCOCK: Well, I think most of what we need to know, we don't know yet on that. We don't know the number of vaccines or when they will be available and then at what volumes and so on. The cold chain issue I think it's important not to jump to too many conclusions. On the Ebola vaccine, for example, requires a sophisticated cold chain as well and is been deployed effectively in certainly three major operations in West Africa, then the eastern DRC, and then recently in western DRC. Now of course it's different when you are doing it in a concentrated place. The cold chain is a bit easier to manage there. When you're doing it on to everywhere, that's harder.

But I think the cost issue is a significant issue, particularly because of the substitution

risk. There is one of two financiers who frankly already have made decisions, which is to -- the effect of which is to take money away from other life-saving activities and put it into COVID vaccines. So thinking about the data trying to maximize deployment of the cheaper vaccines, assuming levels of effectiveness and efficiency are comparable and assuming you can produce enough of everything, I mean, that's clearly going to be a relevant discussion.

Realistically, I would be surprised if there was very much deployment of vaccines before quite late next year in the poorest countries. There might be a bit, but if there is a lot in the kind of countries where my colleagues and I do most of our work, I would be a bit surprised. And if that buys time to get it right and avoid replacing food security or measles vaccines with an expensive COVID vaccine, I'm not sure that's a terrible trade-off.

MR. JONES: There is presumably also a public health logic that would say you want to vaccine -- vaccinate first, populations that are highly mobile in terms of preventing a reoccurrence, right? So sort of leave aside ethical considerations for a minute, which we shouldn't do for more than a minute, but leave it aside for a minute.

You don't want a Singapore unvaccinated when Singaporeans are flying all over the place and everybody is flying in and out of Singapore and New York. I mean, you want hubs of global interconnection to be vaccinated early, but ethical considerations might push you in a different direction. So maybe just reflect on that.

SIR LOWCOCK: Bruce, if you are saying that people like me who spend their lives in airplanes ought to be early in the queue, don't let me be the person (inaudible). Look, I don't know, is the short answer to that. I think there are people in the meeting who know more about that than I do. There is various things that need to be thought through.

What I observe in the better off countries is the initial phase seems to be focused on older people, people with pre-existing conditions, health workers, and probably for the next few months, there isn't much discussion to have beyond those groups because it won't be -- there won't be real choices to be made before -- I don't know when this will be, February or March. But I'm with you on the point that thinking about the right order from a global public health perspective is the smart thing to do. And I don't think the smartest thing to do is going to be complete vaccination in a small number of

countries for everybody including those who are not at risk as opposed to trying earlier on to minimize risks for the planet as a whole by reaching other populations in other parts of the world.

MR. JONES: Mark, in about 2-1/2 minutes, the lords of Zoom will close off this session. So I want to say one final thought. But before I do that, let me just ask you if there is one final thought with which you want to leave our audience.

SIR LOWCOCK: The main thing really is, when you're in the middle of the tunnel and it's very dark, you still have to think about what's happening next. And what policymakers, decision-makers decide to do over the next few months will have a big impact on the effect of this crisis in the very poorest countries through 2021. And those effects will be felt everywhere on the planet, not just in those countries themselves.

MR. JONES: Terrific. Mark, I want to thank you and through you I want to thank the large number of humanitarian workers, both for the U.N. and international and national NGOs that are on the front lines. We spend a lot of time in this country and in the British world talking about the front line workers in our societies, but there are of course front-line workers in the international system as well, and a number of them are people who you are trying to support and help through your efforts. So through you to them, an enormous thanks and a huge thanks to you for being here today.

SIR LOWCOCK: Thank you, Bruce. It's been a really interesting conversation. Thank you, very much.

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