HUMANITARIANISM AND COVID-19: STRUCTURAL DILEMMAS, FAULT LINES, AND NEW PERSPECTIVES

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Editorial: Covid-19 Responses: Insights into Contemporary Humanitarianism[*]

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Abstract The multifaceted nature of the Covid-19 pandemic has presented a crisis for the international humanitarian system, not only in terms of health impacts, but of socioeconomic challenges and increased inequalities. At a time when the number of people in need of assistance has drastically expanded, humanitarian funding has been cut as countries focus on their domestic economies. Moreover, pandemic responses have accelerated existing trends of eroding global refugee protection norms and regimes. International travel bans and lockdowns have impeded humanitarian access, thereby constraining conventional humanitarian response mechanisms and processes. Yet, the pandemic has given unanticipated impetus to the localisation agenda of the international humanitarian community. In the (partial) absence of state or international humanitarian responses, everyday forms of humanitarianism practised by and within local communities have been brought into sharp relief. These showcase a rich tapestry of actors, efforts, and solidarity practices that offer relief, typically at the micro level.

Keywords Covid-19, humanitarianism, vulnerability, protection, localisation, resilience.

1 Introduction

Much has been written about Covid-19. The pandemic is exceptional in its global scope, its unpredictability, the adaptive capacities of the virus, its devastation of human health, including millions of fatalities, its potential to destabilise economies and polities, and the unknown impacts on human health well into the future. As a major global crisis, Covid-19 has severely tested the humanitarian system in its ability to provide care and protection in crisis conditions. However, every crisis presents an opportunity to rethink policy, practice, and research, and commentators have proposed that the pandemic could be an opportunity for the

humanitarian system to move forward on commitments to enable local humanitarian action and innovations in service delivery and programming. Accordingly, our call for this *IDS Bulletin* spurred contributors on to investigate in what ways the pandemic has exposed failings and generated new opportunities and challenges in the humanitarian system.

This *IDS Bulletin* presents original research articles from contributors located in academia and humanitarian practice. Synthesising across contributions, four themes emerge. The first concerns the multifaceted nature of the pandemic and its cascading impacts. The Covid-19 pandemic has triggered not merely a public health as much as a socioeconomic crisis, to deepen structural inequalities and highlight population-specific vulnerabilities. Moreover, we are increasingly witnessing Covid-19 as triggering political crises, as social division grows, and (violent) political protests challenge the democratic legitimacy of state responses to the pandemic, such as vaccine passporting.

The second major theme emerging in this *IDS Bulletin* concerns how responses to the pandemic have intertwined with a weakening of protection regimes for displaced people, including asylum seekers and refugees. Asylum seekers are increasingly prevented from accessing the protection to which they are legally entitled by international law, and responses to the pandemic have increased exclusion and exceptionalism.

The third major theme concerns the ways in which the pandemic has shone light on the functioning of the humanitarian system. The contributors to this *IDS Bulletin* have exposed not only the various responses, procedures, and practices by humanitarian actors to the pandemic, but also the geographical boundaries of the humanitarian system, both in relation to a global North–global South dichotomy and other forms of everyday humanitarianism. They show how the pandemic has presented both an ordinary and an extraordinary crisis for the international humanitarian system, and inevitably highlight the failures of states and international humanitarian actors to provide needed assistance.

Finally, the contributions note how the pandemic has given unanticipated impetus to the localisation agenda of the international humanitarian community. The term 'localisation', as used in the humanitarian sector, refers to the process of better engaging local and national actors in all phases of humanitarian action, including greater support for locally led action.

2 Socioeconomic challenges, vulnerability, and intersectionality
Although the focus on understanding the health impacts of Covid-19 has been paramount from the start of the pandemic, it soon became clear that the associated socioeconomic challenges could well be of equal, if not greater, societal

consequence. Economic contractions worldwide have brought about the first increase in extreme poverty since 1998. In January 2021, it was estimated that between 119 million and 124 million people could have fallen back into extreme poverty in 2020 due to the Covid-19 pandemic, with an additional increase of between 24 million and 39 million people in 2021, potentially bringing the number of new people living in extreme poverty to between 143 million and 163 million (Lakner *et al.* 2021).

Disruptions to supply chains, movement restrictions through border closures and lockdowns, and market volatility drastically increased food insecurity, pushing over 270 million people worldwide to suffer from acute food insecurity by the end of 2020. Health service disruptions also led to a 30 per cent reduction in the global coverage of essential nutrition services, leaving nearly seven million additional children at risk of suffering from acute malnutrition. The closure of schools led to the loss of important early intervention opportunities for protection, mental health and psychosocial support, and nutrition programmes (Cerna, Rutigliano and Mezzanotte 2020).

All these facts and figures not only point to a further deepening and spreading of socioeconomic inequalities, but also to the amplified need for humanitarian assistance globally. An estimated 274 million people will need humanitarian assistance in 2022, an increase of 39 million people from 2021 (OCHA 2021). Even before the Covid-19 pandemic, 2020 was going to be a year marked by humanitarian need. Conflict in Yemen, Syria, the Democratic Republic of the Congo (DRC), Mali, and elsewhere was driving food shortages and displacement of people. There were 79.5 million forcibly displaced persons by the end of 2019.

Moreover, these broad-stroke global figures belie the differential impacts that the pandemic has had on particular population groups. Hunt and Banks (this *IDS Bulletin*) highlight that while primary data are scarce, existing evidence suggests that within humanitarian settings, people with disabilities faced growing discrimination and amplification of pre-existing barriers to access health services during the pandemic.

The impacts of the pandemic are racialised. In the UK, black, Asian, and minority ethnic communities are disproportionately represented on the frontline of the very same health-care services. They are more likely to work in frontline jobs that do not allow for working from home (e.g. bus drivers), living with multiple generations in crowded urban housing, in low-paying jobs, to be undocumented, unemployed, food insecure, addicted, or imprisoned than their white counterparts, all factors that reduce an individual's ability to resist the virus (Public Health England 2020).

The impacts are also gendered: women disproportionately face the burden of increased homeworking and caring for others

(children, family members, sick people), even while the loss of referral pathways, access to information, the closures of schools and safe spaces, and the day-to-day isolation of women and girls during lockdowns and other measures have led to what the United Nations has described as a 'shadow pandemic' of rising gender-based violence (UN Women 2020). Consequently, migration status, disability, race, and gender have been overlapping factors involved in the production of differentiated impacts on sub-populations within countries.

On the socioeconomic challenges and the vulnerability of refugees, asylum seekers, and internally displaced persons (IDPs), the debate has been quick at distinguishing the health from the socioeconomic consequences. Initially, the focus was on health as it was believed that the conditions of refugees, asylum seekers, and IDPs, many of whom live in overcrowded conditions with little access to sanitation, health care, and reliable information, were such that an outbreak of Covid-19 could spread rapidly (Lang 2020; Akkerman 2020; Meer and Villegas 2020). However, for the first six months of the pandemic, case rates among refugees were far lower than expected. This was partly because of low testing rates in those urban settings where a majority of displaced people are located nowadays, but also because of the isolation of many refugee camps from host communities and strict lockdown measures which curbed the spread of the virus, as well as the relative youth of most refugees worldwide, which made them less susceptible to the virus (Godin 2020).

The economic and social impact of the pandemic on forcibly displaced persons has been severe. Covid-19 was less the pathogen that fundamentally altered everyday lives, but rather an additional stress that re-enforced pre-existing forms of precarity. Forcibly displaced persons' livelihoods and ability to survive have also been greatly affected as their legal status often means that opportunities in the formal economy are severely constrained by public policy. Consequently, dependence on informal jobs and self-employment is high, yet these kinds of livelihood opportunities have been heavily disrupted by Covid-19 and public health measures responding to it (such as lockdowns), while at the same time humanitarian support dried up (Godin 2020; UN 2020: 8, 10; Hoagland 2020: 31).

3 Weakening protection regimes
The threat to people on the move comes not only from material (in)security but, as is clear from several contributions to this *IDS Bulletin*, from increasing exclusion and exceptionalism associated with an eroding politics of protection. While experts on the global pandemic have mostly emphasised health and socioeconomic crises, a humanitarian perspective further underlines the gradual degradation of protection and human rights for refugees, migrants, and IDPs, with stricter border and migration policies across the world (Akkerman 2020: 2–3).

Asylum seekers are increasingly prevented from accessing the protection to which they are legally entitled by international law.

Efforts dealing with the Covid-19 pandemic have in some instances reinforced discriminatory discourses that frame refugees as a burden to the state and scapegoat people on the move as spreading the virus (Goodfellow 2020). Fear of Covid-19 and the increasing human and financial toll of the pandemic has resulted in increasing tensions between displaced populations and host communities (Lang 2020; UN 2020: 3).

Prior to the outbreak of the pandemic, refugee and asylum seekers' rights were already at risk and xenophobic attitudes and policies were gaining significant ground, despite states being unable under international law to legally prevent people from seeking asylum from persecution (Hoagland 2020: 6; Charney 2020: 1). Covid-19 policies of closing borders have *de facto* enabled governments to violate refugee rights and protections, as well as turn back on promises made with respect to refugee resettlement. Such border controls and policies come not only from authoritarian regimes. The European Union has increasingly securitised its borders and externalised them to third countries such as Turkey and other North African countries to prevent people, whatever the reason for their displacement, from ever reaching their borders (Akkerman 2020: 2). Despite a small number of governments taking temporary measures to release detained migrants, postpone deportations, and ensure access to health care, in general, the pandemic has led to 'an even greater erosion of the rights of those on the move, including the right to seek asylum and the principle of *non-refoulement*' (Meer and Villegas 2020: 3; Akkerman 2020: 2).

Moreover, as several articles note (Proudfoot and Rohwerder, this *IDS Bulletin*; Korobkova, Nepesova and Valette, this *IDS Bulletin*), not only have refugee mobilities and rights been rolled back under the pandemic, but their access to health care has been compromised too. As of April 2021, only 20 countries had begun vaccinating refugees and asylum seekers on an equal footing to citizens – this includes some low- and middle-income countries, such as Jordan, Nepal, Rwanda, and Serbia (*The New Humanitarian* 2021; Vallette, Nepesova and Korobkova 2021: 5). Proudfoot and Rohwerder (this *IDS Bulletin*) identify three key areas with respect to vaccination of migrants and refugees; namely, barriers to supply, barriers to mobility, and limited trust in broader politics. For instance, they show that the extent to which migrants and refugees are included in national vaccination programmes appears to be dependent on a range of factors: supply issues; the degree to which governments have actively sought to include these populations; how many obstacles were created that limited access to health care prior to the pandemic; and the degree to which anti-migrant and refugee rhetoric has eroded communal trust in the state or its medical infrastructure.

Korobkova *et al.* (this *IDS Bulletin*) discuss a multi-country survey of refugee populations in Colombia, Peru, Brazil, Uganda, DRC, Jordan, and Turkey, and IDPs in Venezuela to highlight the impact of vaccine distribution inequity on the most at risk, and to better understand the barriers to vaccination and the impacts of the Covid-19 pandemic on displaced populations. The primary data findings were supplemented with secondary data to arrive at stark conclusions. Only one person out of 339 household interviews, representing 1,914 forcibly displaced persons, reported receiving a Covid-19 vaccine. Sixty-eight per cent of respondents had not heard of plans for vaccinations in their communities. Nearly half of the respondents either thought they were not eligible or did not know if they were eligible for a vaccination.

This points out overall how global humanitarian and refugee norms are increasingly contested (Easton-Calabria, this *IDS Bulletin* provides a counternarrative to this point in relation to the Global Compact on Refugees). In this context, the Covid-19 pandemic appears to have accelerated current trends relating to the undermining of global refugee protection regimes.

4 The pandemic as a driver towards a new form of humanitarianism?

The international humanitarian system's **orientation** of efforts towards mitigating the health and socioeconomic impacts of the pandemic has been quite conventional. Nevertheless, the **scale** and the nature of the multiple related health and economic crises incurred by the pandemic have been anything but. Humanitarian action is typically oriented towards more regional or local geographies in low- and middle-income countries, so the outbreak of Covid-19 at the global scale is unusual. This, and the pandemic's endurance and cyclical shifts over time, raise questions about humanitarianism and its nexus with development (Allouche and Lind 2014); namely, through its geographical boundaries, as well as its functioning.

The pandemic has had disproportionate impacts on the most vulnerable and poor communities, whether in low-, middle-, or high-income countries. Parallels can be drawn in shared trajectories of deepening income and wealth inequalities within society, but also in having common drivers of vulnerability; for instance, through the casualisation of labour in gig economies, racism, and the structural unavailability of affordable housing in major urban centres. For historical reasons, yet increasingly artificially, humanitarian efforts rarely seem to extend to addressing crisis events in high-income countries, even though these have significant populations that are severely deprived.

Perhaps lessons could be learned from the international development industry, which is slowly (and in some quarters reluctantly) adapting its focus towards a more universal understanding of development, in line with the Sustainable

Development Goals. The responses to the pandemic have accelerated this shift (Leach *et al*. 2021), enabling a more critical engagement with development processes in high-income countries and scope for drawing significant comparisons with and lessons from low- and medium-income countries.

In some ways, the pandemic has been quite unlike those crisis events that constitute the humanitarian system's *raison d'être*. Whereas humanitarian assistance tends to mobilise when earthquakes, flooding and other disasters, famine, and conflict-based displacement strike, responses to the pandemic are in significant ways characterised by immobilisation (not paralysis) of conventional responding mechanisms and processes. While the number of people in need of assistance rapidly elevated, international travel bans and local lockdowns impeded humanitarian access to crisis settings, and humanitarian funding was cut simultaneously as rich countries' resources were directed inwardly (Godin 2020; Hazard 2020: 18; UN 2020: 8, 10; Hoagland 2020: 31).

In this context, several contributors to this *IDS Bulletin* highlight the importance of local forms of solidarity and mutual assistance (Müller, this *IDS Bulletin*; Easton-Calabria, this *IDS Bulletin*; Beaujouan, this *IDS Bulletin*). These contributors observe the numerous everyday ways of humanitarianism practised by and within local communities in Covid-19-affected settings. They note a rich tapestry of actors, efforts, and practices that offer relief, typically at the micro level, in the (partial) absence of state or international humanitarian responses. Interesting examples concern migrant networks and transnational diasporas. In Addis Ababa, Khartoum, Nairobi, and Cape Town, their solidarity initiatives strengthened migrants' agency in the face of deepening economic insecurity, reduced remittances, job losses, and constraints on business activity, albeit in different ways. The articles highlight that the remit of such local responses uniquely covers not only material aspects (for instance through food aid provision) but critically extends to and relieves the immaterial and emotional ill-being effects that the pandemic has had on many people, including the loneliness felt by those affected by lockdown policies.

The pandemic has not only revealed such efforts at local self-reliance but may also have altered pre-existing configurations. In the rebel-held governorate of Idlib, Syria, Beaujouan (this *IDS Bulletin*) finds that responses to the pandemic created an impulse for collaboration among civil society and other grass-roots initiatives otherwise fractured along confessional and party-political lines. This translated into a strengthening of civic activism and voluntarism, and a more coordinated and proactive local civil society. Yet, as much as these local solidarities are praised, they also speak to the failures of states and international humanitarian actors to provide needed assistance.

5 Beyond the localisation agenda

The Covid-19 pandemic has prompted a revisioning and alternative filling in of the international community's localisation agenda. Advocated by the World Humanitarian Summit 2016, which considered that 'crisis-affected people' are often crucial first responders, localisation efforts have often sought to shift the focus of international humanitarian efforts from national governments to subnational authorities. Yet, it is clear that localisation will need to go beyond a statist orientation (Allouche and Maubert 2021). Contributors have noted the decentral everyday humanitarian work done by local communities and groupings, such as refugee-led organisations (as discussed by Easton-Calabria, this *IDS Bulletin* and Müller, this *IDS Bulletin*), both in their own right, and as crucial emerging intermediaries in the humanitarian system. Arguably, the renewed focus on the role of local actors offers an opportunity to turn the rhetoric of localisation agendas into action and provide more funding, support, and recognition for national and local humanitarian responders.

As Easton-Calabria (this *IDS Bulletin*) shows, a few organisations and foundations such as Open Society Foundations or the Lam Larsen award have adjusted their operational practices to provide more flexible funding mechanisms and faster bureaucratic procedures, recognising the importance of transferring ownership and resources to refugee-led organisations. Similarly, in the field of sexual health and reproductive rights, humanitarian providers have shifted towards telemedicine, task-shifting and sharing, and community-based service delivery (Jacobi and Rich, this *IDS Bulletin*). Yet, it is also clear that Covid-19 responses may have deprioritised particular services (Jacobi and Rich, this *IDS Bulletin*) or populations (Hunt and Banks, this *IDS Bulletin*). Consequently, both the adjustments within the humanitarian system as well as the turn towards localised responses demand a continued critical scholarly engagement, as these may express particular forms of 'resilience', and may not necessarily be inclusive in their remit, to understand their implications for a future humanitarianism.

6 Conclusion

Our editorial has highlighted previously underlit solidarities, and noted people's agency and the capacity of refugees, migrants, and IDPs to ingenuously cope with the Covid-19 crisis. It has also focused on the ways the pandemic has highlighted multiple forms of crisis and revealed more visibly the slow structural cracks in a global humanitarian system with the fading of protection rights and localisation slowly becoming an alternative to global solidarity. Are these two trends reflective of a bigger moment?

It seems that we are witnessing a moment of withdrawal, with more and more remote ways of working, from the international humanitarian bureaucracy to a larger withdrawal of the global North, reducing aid, closing the borders, not sharing the vaccines, and not worrying about the secondary economic impacts.

Is the pandemic offering a foreboding of how future climate emergencies will be dealt with? A form of detachment, a low level of concern, of weakening international solidarities, and a growing orientation to nearby troubles – which all point to a worrying future for humanitarianism.

Notes

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