



FIGHTING FOR A
COMMON CAUSE

COVID-19 AND THE NEED
FOR GLOBAL LEADERSHIP

CONTENTS

COVID-19:
THE RIPPLE EFFECTS
03

HALO'S RESPONSE:
SYSTEMS RETHINK
04 - 05

CASE STUDIES
06 - 09

THE WAY AHEAD
10

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May, 2020.
Carronfoot, Dumfries.

“Our mission is to protect lives and restore the livelihoods of those affected by conflict.”



COVID-19: THE RIPPLE EFFECTS

EXECUTIVE SUMMARY

COVID-19 has changed the world, and more changes are yet to come. The pandemic and the climate crisis are the two greatest global emergencies since the Second World War.

Known for its landmine clearance expertise, HALO teams across the globe are now picking up a new form of PPE. This report shows how HALO is using ambulances, strategic planning skills and community networks to support health authorities, the UN and NGOs on the global COVID-19 front line.

Without urgent action, COVID-19's impact will extend far beyond the current public health emergency. Recession, increased poverty and heightened inequality will hit the world's poorest and conflict-affected communities hardest.

Preventing long-term suffering requires innovation, bold policy and international leadership that is still shamefully absent. The war on COVID-19 will only be won when it is won everywhere.

Over five million confirmed cases of COVID-19 have been recorded, with more than 330,000 deaths.¹ The true number is unknown, but will be far higher due to an absence of systematic testing and contact tracing. As national governments work to slow the pandemic, a concerning picture is emerging about its wider impact.

The IMF forecasts the worst global economic downturn in ninety years, with the World Bank estimating that this will push 49 million people into extreme poverty, the first increase in global poverty since 1998.² While less affected to date by the immediate emergency, Sub-Saharan Africa

will be home to nearly 50 per cent of those falling into poverty. Many parts of Africa will face their first recession in 25 years at a point where Africa's growth was already too slow to keep pace with the employment needs of the continent's 29 million young people.³

The pandemic will exacerbate pre-existing vulnerabilities, especially in protracted emergencies and conflict-affected countries. As COVID-19 hits Yemen, only 50 per cent of the country's health facilities are functional. 24 million Yemenis—80 per cent of the population—are already in need of humanitarian assistance,⁴ and nearly a third of the country's 333 governorates are at risk of famine.⁵

Similarly, cases are on the rise in Afghanistan at a time when the peace process hangs in the balance. A resurgence in violence has led to new waves of displacement, with 71,000 people now displaced by conflict and 40,750 by natural disaster.⁶ COVID-19's wider impact will be felt in terms of hunger, food insecurity and fragility. Meanwhile, one in three Zimbabweans—4.3 million people—already face food shortages due to drought, as well as a lack of water and basic goods.⁷

Many of the pandemic's unseen impacts will be felt by women. A recent WHO report highlighted that women staff 70 per cent of the global health and social care system,⁸ while HALO's own field reports from Kosovo confirm increases in domestic violence against women due to lockdown. Meanwhile the impact of lockdown also disproportionately affects the world's 1.6 billion informal economy workers.⁹ And as 117 million children in 37 countries risk going without measles vaccinations,¹⁰ 68 per cent of children globally are out of school. That includes 500 million girls across 185 countries who are missing out on education.¹¹

HALO'S RESPONSE: SYSTEMS RETHINK

March 2020 saw much of the world go into lockdown. Airlines were grounded, borders closed, with curfews and restrictions on movement introduced across the globe. As many agencies evacuated international staff, HALO ensured it had the right staff in place to continue demining where it was safe to do so.

With some teams unable to demine, HALO systematically assessed how its staff, skills and infrastructure could support national COVID-19 response. As an agile humanitarian organisation, HALO has previously responded to natural disasters, including the Sri Lankan tsunami and landslides in Afghanistan.

HALO's global COVID-19 response is on different scale, but the core principle remains the same—identifying where HALO's capability can fill a gap in a nationally-led and context specific approach. In some locations, HALO was approached directly by public health departments. In others, HALO teams are working with national and international NGOs and the UN to support the response.

Page five outlines the five types of support HALO has delivered since April, and will build on in response to future needs.



BENEFICIARIES

755,000



ACTIVITIES

1,800



SUPPORTED C-19
RESPONSE IN
13 COUNTRIES



DELIVERED C-19
AWARENESS TO 936
COMMUNITIES



DELIVERED VITAL
SUPPLIES TO 88,000
PEOPLE



DEPLOYED OUR
AMBULANCES IN
5 COUNTRIES



REFURBISHED
4 MEDICAL
FACILITIES

Distributing food, medical supplies, PPE and other vital supplies. HALO's fleet of vehicles, ambulances and trucks—normally used for transporting deminers— instead transport food and non-food items to hospitals and communities.

Delivering public health messaging. HALO's teams draw on community networks to deliver COVID-19 messaging alongside explosive ordnance risk education. This depends on trust developed over many years, and the fact that 98 per cent of HALO's staff are from local communities.

Supporting virus control measures for displaced communities and vulnerable groups. HALO teams provide upgrades to WASH facilities in IDP and refugee camps and deliver hygiene supplies to communities in hard to reach areas.

Improving medical facilities. HALO teams draw on organisational and logistical skills to enhance local medical infrastructure. Teams who usually construct minefield bases now refurbish medical facilities and build temporary quarantine and triage stations.

Emergency COVID-19 patient transport. HALO now uses demining ambulances to transport COVID-19 patients to hospital. In partnership with organisations, including Médecins Sans Frontières, HALO staff receive expert training and ambulances are adapted to safely isolate patients from drivers.

HALO employs medics, but has not had to turn itself into an expert medical organisation. There should be no need to do so, when HALO's transferable skills and capacity can complement those of other organisations as part of a nationally-led public health response. As the virus reaches conflict-affected areas and as lockdowns continue and borders remain closed, success in COVID-19 response will depend on this form of partnership.

Effective assistance also depends on locally-tailored responses. HALO's response to COVID-19 behind closed borders and in remote or conflict-affected communities is a reflection of the organisation's values. But it is only possible because its teams are part of the communities they are working to support. HALO may be an international NGO, but it is primarily a globalised network of community-based teams.



CASE STUDY

ZIMBABWE

“With most Zimbabweans already struggling to put food on the table, the COVID pandemic risks even wider and deeper desperation. We must all do our utmost to prevent this tragedy turning into a catastrophe.”

Eddie Rowe, Zimbabwe Country Director, World Food Programme¹²



In Zimbabwe, the COVID-19 pandemic threatens a population where many families are already struggling to survive. The World Food Programme estimates that cereal production last year was half that of 2018 and amounted to less than 50 per cent of the national requirement.¹³ This year looks set to be even worse. Health provision is also limited—in April, ZADHR estimated there were less than 10 ICU beds countrywide in public COVID-19 facilities.¹⁴

HALO has been working in Zimbabwe since 2013. A workforce of over 400 staff from local communities has cleared over 100,000 landmines to date. Following the first cases of coronavirus diagnosed in-country, HALO quickly mobilised, pivoting resources to support the government’s national COVID-19 taskforce.

HALO has been on the road since the beginning of April, using its fleet capacity and logistical expertise. Teams have provided assistance to rural clinics in need of aid and supported the government taskforce in and around the capital, Harare. They have driven

over 25,000km, across eight provinces, making 166 deliveries of vital medical supplies to community hospitals and clinics.

HALO has also been providing logistical support to Ministry of Health staff in Mashonaland Central and Harare province, ensuring they can reach remote villages with critical health messaging. Teams are transporting doctors and nurses to health training sessions, helping monitor washing facilities and driving medical technicians to support contact tracing to reduce the spread of the virus.

By responding with speed and flexibility, HALO has been able to support national public health authorities and use its resources to reach those in urgent need.

CASE STUDY

SOMALILAND

HALO's longstanding relationship with Somaliland's national authorities and local communities has enabled a rapid mobilisation to the COVID-19 response, supporting public health strategy on the front line.

In Somaliland's capital, Hargeisa, there are just two ambulances to transport COVID-19 patients for a population of 1.2 million people. There is only one coronavirus treatment centre, the ATU Daryeel Hospital. Medics here had no protective visors and even the staff bus was broken.

Somaliland has existed as a de facto independent but unrecognised nation since 1991. This has deprived Somaliland of large-scale international aid and it remains dependent on an annual domestic budget of just \$246 million.¹⁵ HALO has worked in Somaliland for 21 years, clearing landmines and explosives and has a current workforce of 500 local staff.

HALO is one of the few international NGOs still working in Somaliland during the COVID-19 pandemic. The programme has used its unique expertise and national standing to support the government in a co-ordinated response to the virus.

HALO's in-country leadership has provided strategic advice to the Regional Medical Office and the Ministry

of Health. At Hargeisia Group Hospital—the only medical centre in Somaliland with the capability to test for coronavirus—HALO teams have established a triage facility. HALO ambulances, normally used to support demining programmes, now transport COVID-19 patients. HALO has worked with [Médecins Sans Frontières](#) to train drivers in infection control to enable safe transport to hospital. Medics at the ATU hospital had no protective visors, so HALO manufactured PPE from its own resources, repaired the staff bus and set up accommodation facilities so doctors and nurses can rest between shifts.

Meanwhile, HALO is also supporting the COVID-19 response at the Tog Wajaale border, a crucial trade point on the Somaliland- Ethiopia border. The crossing is vital to regional trade and is used by thousands each day. However, this makes it a hotspot for COVID-19 transmission. HALO has partnered with [Trade Mark East Africa](#) to meet an urgent request from the Ministry of Health for support with infection control. HALO's community team has adapted its landmine awareness capacity to deliver public health messaging. Subject to funding, HALO teams will distribute PPE and hygiene kits, including to camps for displaced persons. They will work with partners to install handwashing facilities and provide ambulance services to transport suspected COVID-19 patients.



“Ten days ago, we started getting community transmission of coronavirus. We now have cases in all regions of Somaliland.”

Dr Ahmed Esa, Director, ATU Hospital

CASE STUDY

MYANMAR



For the tens of thousands of displaced families living in temporary camps in Myanmar, the COVID-19 pandemic is a terrifying new threat. Social distancing measures are all but impossible and 70,000 displaced people don't have access to adequate aid in Kachin and Northern Shan States alone.¹⁶ Those living in camps are also more likely to have underlying medical conditions, increasing their risk of suffering serious effects from the virus. A COVID-19 outbreak here could create a double emergency for families.

HALO has worked in Myanmar since 2012 with bases in Northern Shan, Yangon and Kayin. Northern Shan, where HALO has been operating for the past five years, has been the scene of bitter fighting between ethnic armed groups and the Myanmar military in the country's never-ending civil conflict. In 2019, fighting intensified, forcing thousands more people to flee their homes and join the numerous families already living in IDP camps across the region. HALO has been working to protect the vulnerable—working with displaced communities so they can stay safe from landmines and working with partners to assist those injured in the conflict.

In March, as the first cases of COVID-19 were confirmed in Myanmar, HALO acted immediately to protect those most at risk. In co-ordination with UNOCHA, HALO purchased vital hygiene kits including, soap, sanitizer and face masks. Working with the local authorities, teams began delivering to IDP camps and remote settlements across Northern Shan—using HALO's logistical reach and local partners to access those most in need. To date, over 15,500 people have been supported.

“For those countries already experiencing humanitarian crises, the consequence [of the COVID-19 pandemic] is exacerbated by pre-existing challenges such as a lack of access to basic services...particularly in camps and displacements sites for internally displaced persons.”¹⁷

UNOCHA

CASE STUDY KOSOVO

“Our UN partner UNFPA has sounded the alarm loud and clear—if lockdowns were to continue for 6 months, we would expect an extra 31 million cases of gender-based violence globally.”¹⁸

Dr Hans Kluge, Europe Director, World Health Organisation

Surging ‘R’ numbers, overwhelmed health systems and rising mortality rates. Many of the impacts of COVID-19 are highly visible. But beneath the surface, other equally dangerous side-effects are emerging. Across the world, millions of families have been asked to stay at home to prevent the spread of COVID-19. But what do you do if you have no safe place to stay?

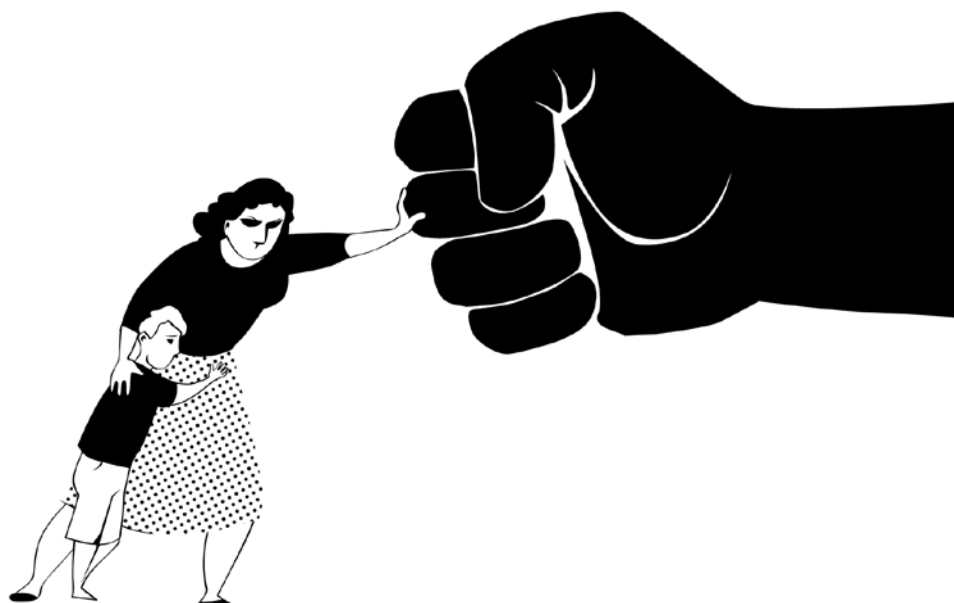
For vulnerable groups, including asylum seekers, refugees and victims of domestic violence, sheltering at home is often not an option. In Kosovo, as the country went into lockdown, HALO teams conducted an in-depth needs assessment to determine where to direct resources. They recognised the urgent need to help protect vulnerable communities during the COVID-19 lockdown and quickly mobilised in support.

Kosovo’s police force has seen a 36 per cent increase in domestic violence reports since quarantine measures were

introduced in March, putting pressure on already stretched resources.¹⁹ HALO has therefore partnered with **Safe House**—a national charity that provides shelter for victims of domestic violence. With support from donors, HALO has been able to purchase bedding and clothes for women and children who would otherwise be trapped in violent households during the coronavirus pandemic.

The closing of international borders has also led to an increase in people seeking asylum. Within the first month of lockdown, the capacity in Kosovo’s shelters was rapidly filling up with families seeking refuge. Working in partnership with **UNHCR** and the government, HALO has supplied vital hygiene kits and bedding so asylum seekers have a safe place to stay.

By working together, donors, NGOs and national authorities can ensure no one is left behind in the fight against COVID-19.



THE WAY AHEAD

Despite a lack of global leadership, NGOs have forged ahead behind closed borders. Aid policy now needs to catch up, and rapidly. As COVID-19 cases rise in poverty and conflict-affected communities, aid strategies need to prevent loss of life from the public health emergency. But they also need to prevent millions slipping into poverty and address the causes and consequences of violence.

It is time for stronger partnerships between organisations with complementary skills and expertise. It is time to break down silos and assumptions within

the international aid system. And it is time to define organisations by their values, skills and added value, not just by what they ‘normally do.’

Most importantly, it is time for global leadership that is already overdue. Like climate change, COVID-19 is a protracted and shared crisis. Mitigating its impact needs global cooperation as much as it needs to be based on a localised approach. It is time for leadership, bold policy and a desire to think and act differently.

01 Governments must resist pressure to de-prioritise or reallocate aid budgets. They should instead promote the need for an interconnected global response to the immediate and broader impacts of COVID-19.

02 Donor COVID-19 aid policy should include measures to mitigate its secondary impacts. Strategy should include measures to address the pandemic’s impact on rising poverty, inequality and gender-based violence.

03 States should forge regional and global coalitions to address the immediate and ripple effects of COVID-19. Coalitions should promote cooperation in national response, drive innovation and provide technical and financial assistance.

04 Donors should increase aid levels that addresses the causes and consequences of violence and conflict. This includes funding for weapons control and demining, which is essential for protection of civilians, as well as mitigating increased insecurity due to COVID-19.

05 All states should draw on their diplomatic and local networks in COVID-19 response. Strategies to strengthen community resilience should be based on local expertise, capacity and coping strategies.

06 International COVID-19 aid policies must match support to vaccine development with support to global front line response. Donors should draw on existing national and international NGO capacity to mitigate the public health emergency.

07 Aid strategies for COVID-19 should be flexible and include rapid approval mechanisms. Infection rates will peak in different places at different times, requiring agile reprioritisation of resources, funding and capacity.

08 Donors should make better use of all NGO and local capacity in addressing COVID-19 and its ripple effects. They should balance the benefit of supporting multilateral institutions with the added value of agility and local capacity of NGOs.

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The HALO Trust is a company limited by guarantee. Registered in England No. 2228587. Registered Charity No. 1001813 and (in Scotland) SC037870. Registered office: 50 Broadway, London SW1H 0BL

The HALO Trust (USA), Inc. is a 501(c)(3) not-for-profit organization US Federal Tax ID Number 52-2158152
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