

Panel #1: Discussion on Disaster and Health Diplomacy in Global Pandemics

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Functional Diplomacy in a post-COVID world

The concept of *functional* diplomacy in a post-COVID world will play an important role in overlaying existing and conventional national systems in anticipating crises and proposing mitigations and responses to them. The current pandemic may have fast tracked the advancement of functional diplomacy as a rival system to the status quo, but its emergence prior to the outbreak was already apparent. It reflects a far more atomised global society where social, political and economic dynamics are determined by fluid, self-organising entities acting independently of conventional state structures.

Ambiguity continues to prevail over who takes responsibility for planning and leading national and international responses in such times of crisis, and how traditional hierarchies of power assume responsibility for the significant impacts in the arenas of finance, healthcare and economics for example. Functional diplomacy could well change the way the global community deals with crises such as the COVID pandemic in the future.

Functional organisations such as the World Health Organisation (WHO) have the ability to disrupt the dynamics of traditional methods of dealing with global pandemics. A growing awareness exists of mutual self-interest, where an awareness of how one's actions impact on others and how in turn, they impact on you, and becomes a driver of change that warrants further enquiry. In the functional system, agencies such as the WHO and UNICEF will increasingly drive politics rather than the politics drive agencies, and states will have increasingly less competency in controlling economic systems etc. The [World Benchmarking Alliance](#) for example, demonstrates how integrating sectors that transcend traditional government systems can come together to work for combined interests outside and beyond conventional state boundaries.

An atomised society can respond to crises with greater agility, harnessing technology to bestow greater empowerment on self-organising groups of actors, to question existing global orders and to create far more fluid approaches to authority and governance. It can prove so transformative it can even change the very nature of our identity. As we continue to change the way we engage with each other on a global stage, we must also find a way to continue developing functional diplomacy opportunities.

Crisis response in conflict settings

The current COVID pandemic has exposed numerous flaws in how we manage risk during such global events. It forces us to recognise that we must rethink our approach to disaster risk management in light of the 21st Century risk landscape.

Two prevailing analytical viewpoints have emerged from the COVID commentary surrounding conflict settings:

1. An overwhelmingly negative and deterministic perspective: fragile states cannot cope, systems collapse and throw up huge transnational implications, increased migration, and cross-border flows of people and arms, and a heavily securitised discourse.
2. A much more positive and optimistic perspective: the creation of more opportunities for peace, with ceasefires, new humanitarian collaborations, diplomatic opportunities, and local responses promoting social cohesion etc.

Throughout however, there has been little consideration of the highly context specific repercussions, whether positive or negative. If there are opportunities for peace and diplomacy, for whom have these worked? What about the role of non-state armed groups? Positive examples have arisen from Columbia and the Philippines. However, negative impacts have also been felt in these countries, with examples of increased incidents of localised violence. Non-state armed groups have also reportedly taken advantage of the pandemic to further their causes in West Africa, Syria and Iraq. While this can take a negative turn, it can also present as a reliable alternative to managing a crisis response, especially where a state response is either unpopular or inadequate.

A clear upshot however, has been the weaponization of COVID for political gain. Examples of civil unrest in reaction to state responses have been seen, as well as the imposition of severe lockdown measures by governments and excessive uses of force by the state, clamping down on opposition groups and the manipulation of electoral processes in order to solidify control.

As 40-60 million people are predicted to be pushed into extreme poverty in 2020, with those in conflict situations being particularly vulnerable, violence and unrest will persist and even worsen as competition for resources grows ever stronger. Now is the time to endeavour to understand much more deeply how risk governance regimes intersect, to take into account pre-existing stresses and shocks and to place them into contexts of environmental and conflict-based vulnerabilities.

The global to the local: community-embedded responses to crises

Globalisation has brought us all closer, yet it has undeniably facilitated our collective vulnerability to health crises such as pandemics through environmental destruction and economic stresses. This poses a serious challenge for contemporary health diplomacy and highlights the need for prioritising the local among the global when considering healthcare systems and more effective, contextualised crisis responses.

Internationally recognised measures of preparedness, such as health coverage and financing etc. does not necessarily translate into better health outcomes such as lower death rates. Local and community responses may shed more light on the effects of national diplomacy at their levels. At the community level, communication systems can often be patchy and badly affected by poor local infrastructure. While smaller, more remote areas can emit stronger senses of community and connection, where the collective takes precedent over the individual, vulnerabilities to virus spread can be also greater. Combine this elevated risk with a heavy dependency on informal economies and networks of information, and the impacts of an aggressive pandemic could be devastating. However, many effective yet often and overlooked and under supported response initiatives occur at the local level. Community health ecosystems beyond formal health system itself promote health and wellbeing around world, transforming local resources and fostering better stewardship and governance.

Examples from the work of [STEMA](#) (an approach, framework and network that enable communities to best mobilise local resources, transform existing resources, and/or adapt external resources to improve their health and wellbeing), can demonstrate how highly localised experiences in Australia, Kenya and Peru have affected local systems and responses to the COVID pandemic.

Case study Australia: there has been a shift away from state-based initiatives towards highly localised decision-making structures, based around aboriginal governance systems. For many indigenous people, this has meant a “return to country” opportunity to focus on how they relate to their land once more, for example in sourcing bush foods and local supplies.

Case study Kenya: a country severely affected by lockdown measures, local economies depend heavily on market trading, a lifeline that largely ceased due to movement restrictions and curfews. Schools and livelihoods have stopped functioning and the risks of early and forced marriages among girls and young women has risen.

Case study Peru: an early, very aggressive response to COVID saw local trade and transport in Peru grind to a halt. Agricultural communities dependent on local market economies were severely impacted, and with sparse network coverage, the many who have to travel up to a day to connect with others were left isolated. However, some communities have self-mobilised, set up local transport options and have maintained communications with the Ministry of Health, local healthcare providers and local NGOs in order to organise vital supplies needed their particular locales.

Much of this action remains distant from mainstream political decisions, but as a result, retains a real agility in function. The stakes are high and the imperative to act effectively and collaboratively to protect themselves and mobilise resources is stronger than ever, promoting a sense of “Buen Vivir” - individual and community health and wellbeing.

Discussion

Ambiguity on how we have dealt with pandemic its influence on diplomacy:

- Ambiguity must be understood as part of facing unprecedented challenges not faced before. Following the genocide in Rwanda, great amounts of aid was imported but there was uncertainty over how to contend with aftermath of an event never experienced.
- Cannot ignore the dynamics of ambiguity however how well-informed people may be in crisis situations.
- Still not a strong enough appreciation of the political environment in which crises play out – our understanding of disasters must be deeply embedded in the political context in which they are occurring.
- Highly complex situations need to be recognised as such. Must embrace the specifics of each and a strong focus on the “local” must be applied.
- Delays in central government responses have seen communities taking over to deal with the response themselves.

Why the US has done so badly:

- There are many ways to measure pandemic preparedness but at the national level, these are not always good indicators for how well prepared a nation actually is.
- Only thinking about a response at one level can be highly problematic. Responses happen at a number of different levels and each must be more thoroughly understood e.g. local indicators may not always align with national.
- We are still focussed on risk communication but we should be focussing on how risk info is *received*. How do individuals perceive risks, threats on daily basis? Tolerance and preferences can vary wildly and can change.
- Asking different questions could move us towards understanding concurrent risk government regimes, and how people assess concurrent risks in their own lives.
- We are also seeing the private sector linking to state sectors (opposed to federal), transforming the way in which information is exchanged and with which potential threats are dealt.
- We have seen the weaponization and politicisation of COVID, with an increased tendency for states to take advantage of the distraction to push through agendas on elections, citizen rights etc.

The role of the state and who to hold accountable:

- Public health has always been a balance between institutional and population level actions. We need to enable more environments for nimble and effective local decisions to be made for better pandemic responses.
- The pandemic exposes some key underlying assumptions in the disaster risk management community:
 1. There is an overarching, functioning and effective state to work through
 2. There is a strong social contract between a state and its citizens
 3. That governments seek to protect all citizens equally. COVID has exposed this as not the case.

- Looking in a very systematic way at potential systems that can be better identifiers of risk than current structures is important going forward. New systems are emerging that help us to better understand risks in health and other sectors.
- All indicates how much work there is still to do. We are developing answers and trying to work through the challenges at UCL!