

**UCL IRDR 10th Annual Conference:
COVID-19 Pandemic – A Global Perspective**
Wednesday, 15 July 2020, 10:00 am – 6:00 pm BST

RAPPORTEUR REPORT

A day of thought-provoking talks, interactive discussions and online networking opportunities, where experts will present on the COVID-19 pandemic viewed from around the world and how it has impacted women, minorities, refugees, migrants and vulnerable communities, hosted by the Institute for Risk and Disaster Reduction (IRDR).

The UCL IRDR welcome researchers, students, practitioners, policymakers, the media and the general public to a day of thought-provoking discussions on how the COVID-19 pandemic is impacting vulnerable groups, communities and countries and the necessary changes to emergency management policies and strategies to better manage the current crisis and better prepare for the next. Our in-house and guest experts will present a global perspective on the latest research and analysis through talks, interactive discussions and in conversation. We will explore multi-dimensional aspects of the crisis, considering their physical, social, economic, environmental, institutional, political, cultural and gendered dimensions.

Time BST	Programmed Event
10:00-10:10	Welcome speech by Professor Peter Sammonds, Director, UCL IRDR and introducing the UCL-IRDR COVID-19 Observatory
10:11-10:15	Conference inauguration [Convener: Dr Bayes Ahmed]
10:16-11:45	Panel discussion 1: Global Perspective on the COVID-19 Pandemic [Moderator: Professor Peter Sammonds]
11:46-12:00	Tea break with networking on Zoom
12:01-13:00	Keynote speech: Marc Gordon, UN Office for Disaster Risk Reduction (UNDRR): The systemic nature of risk and the COVID-19 pandemic [Moderator: Dr Bayes Ahmed]
13:01-14:00	Lunch break with networking on Zoom
14:01-15:00	In conversation with The Rt Hon Hilary Benn MP [Moderator: Christopher Gunness]
15:01-16:30	Panel discussion 2: COVID-19 and the Health of Refugees, Migrants and Minorities [Moderator: Prof Bernadette Kumar]
16:31-16:45	Tea break with networking on Zoom
16:46-17:30	IRDR PhD Research Showcase [Moderators: Myles Harris and Xiao Han]
17:31-18:00	Masters Meet and Greet with IRDR Staff and Students for applicants and offer holders [Moderator: Dr Gianluca Pescaroli] (Invitations to a separate Zoom meeting will be sent directly to applicants)

Conference URL:

<https://www.ucl.ac.uk/risk-disaster-reduction/events/2020/jul/virtual-event-ucl-irdr-10th-annual-conference-covid-19-pandemic-global-perspective>

Panel Discussion-1: Global perspectives on the COVID-19 pandemic

Presenters

Prof Peter Sammonds - Moderator
Prof David Alexander
Prof Imtiaz Ahmed
Dr Punam Yadav
Dr Hui Zhang

Key points of the session

Prof David Alexander

Quote from epidemiologist from previous conference, “my job is to tell you something you do not want to know and ask you to spend money you have not got on something you do not think will happen.” Current COVID-19 could be described as a ‘wave disaster.’ Managing the pandemic has been politically driven, based on science (we hope!). Emergency planners, however, have not been included in the response; despite flu pandemics being high on risk registers. Some political leadership has been negligent, in balance, diluting. Rapid lessons have been learnt, such as rapid implementation of physical distancing. Is the future greener or have people capitalised on this disaster? We all need to learn to live with the risk of disease. Take home message - emergency planners need to be involved in response and disaster risk management of pandemics, to contribute to the science. UCL IRDR COVID-19 report available our departmental website.

Prof Imtiaz Ahmed

Geopolitical influence, ideological differences and racism has impacted the response to COVID-19 pandemic on many societal levels: personal, local, national, regional, global. Collective global effort is missing. Decline economy of the West. Re-rise of China from early 20th century. But the world is not going to change too much. The pandemic has highlighted the importance of global leadership.

Dr Punam Yadav

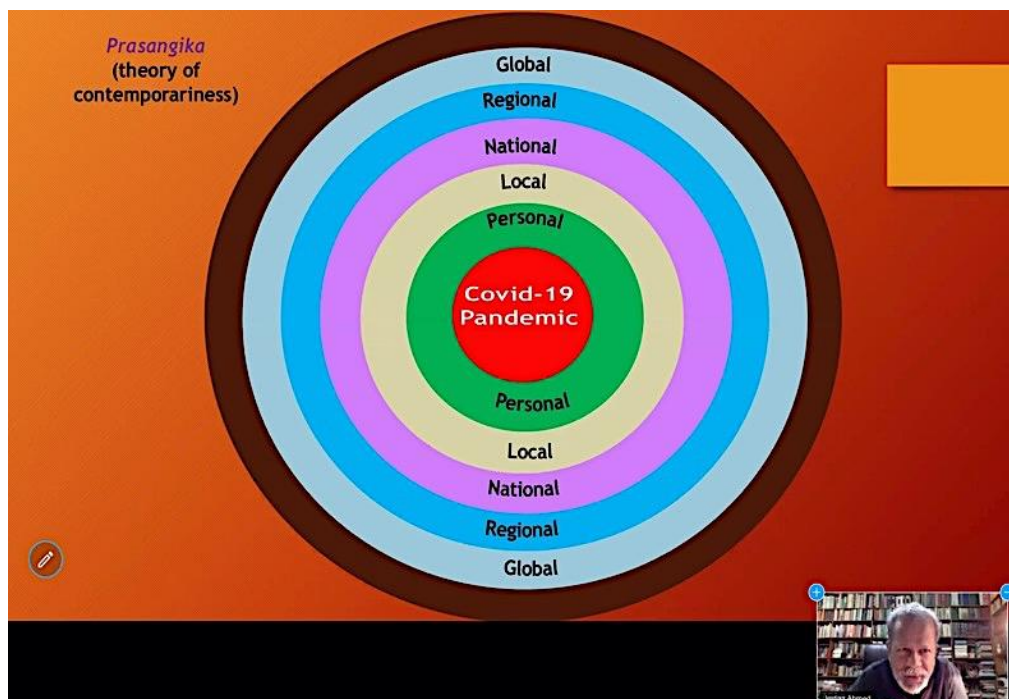
Focus on local experiences of COVID-19 pandemic through a gender lens. Gender difference of the pandemic is not a new phenomenon and it is fundamental to understand the imbalanced impact. Not just women who are negatively impacted, men included and other genders. One of the largest impacts is domestic violence. Historical statistics examples are 243 million subjected to partner violence; 87,000 killed by partner. One response to pandemic is lockdown at home for weeks at a time, trapping people suffering with domestic violence. Sexual violence has increased and prevalence of abortions is likely to increase, but many women around the world do not have safe abortion services available. Younger and older women are disproportionately affected, plus those living with disabilities.

Dr Hui Zhang

China has a challenge of managing the pandemic using a top down method for a large population. China has a deep rooted administrative system to grassroots level, which benefited the response to COVID-19. For example, logistics of testing. Unified ideology and culture means Chinese population likely to take an interest in disaster that affects whole population. In China, command and control meant Government took it upon itself to shield the population. One method is the use of technology (app) to track, trace and educate population about developments of COVID-19 pandemic in local areas.

Questions and answers summary

1. How did China use its authority to shield the vulnerable, such as closing care homes?
Use of existing administrative process and strict quality controls of care provision in the social system. System in UK is different because a lot of agency staff are used in the social care system, which is likely to have contributed to spread of disease. Countries with effective welfare system appear to have managed COVID-19 more effectively, which is a lesson for all disaster risk reduction - this could explain why USA response to COVID-19 has not been as successful as others.
2. Has lockdown intensified power inequalities for genders and will be harder to resolve?
No disaster risk reduction for gender inequalities in Nepal, for example, which resulted in late lockdown and confusion. Confusion created individual response to COVID-19, which forced local Government to lead disaster management. Lockdown meant health inequalities intensified, causing an increase suicide.
3. In South Asia, how could the response have been better than using a populist approach?
If congress was present in India, pandemic response may have been better. Right wing approach focused on national interest and fell into cold conflicts with neighbouring countries, which removed focus on pandemic response. Need to move away from "my country" approach, without collaborative with others. Holistic approach is more effective and is in the interest for humanity.
4. How does COVID-19 impact women?
The term women has many sub-levels, for example, working women, which have different needs and impacts. There is a disproportionate effect of disaster for women, which is the phenomenon which needs more research. Hypothesis and some preliminary evidence suggest women are better responders to disaster than men.
5. What is the impact of global leadership during COVID-19 pandemic?
Historic global leadership has ebbed and flowed. Defining characteristic of COVID-19 is the movement from internationalism to nationalism, which is the opposite to the lessons learnt from SARS pandemic. Populist approach to leadership lacks rationalism.



Keynote speech: The systemic nature of risk and the COVID-19 pandemic

Presenter

Marc Gordon, UNDRR

Moderated by Dr Bayes Ahmed

Summary

Now is the time for action, resilience and collaboration. COVID-19 is not a black swan event; many countries have simulated a flu pandemic. “In spite of knowing more, why are we not doing better?” The profession has moved on from managing disasters to managing risk, and human induced risk, by using the Sendai Framework. The Sendai Framework highlights risks are systemic. We are approaching the point of being unable to mitigate risks, particularly with the climate. We need empowerment to understand multiple factors of risks. Rebuilding the same systems as before will introduce the risks again and increase them. To paraphrase Greta Thornburg, we can continue with business as usual and this will lead to failure. Can systemic risk ever be managed? We must act with proportionate urgency to manage the risks. There are ten points of action:

- 1) Accelerated movement to managing risk
- 2) Changing values from wealth of few increasing susceptibility
- 3) Major renovation of risk assessment and analysis
- 4) Use of modelling
- 5) Activating technology
- 6) Generating collaboration of evidence-based
- 7) Place based solutions focuses
- 8) Improving understanding urban-rural interaction of risks
- 9) Private sector integration of DRR 100% risk informed investments
- 10) Developing new structures and approaches -micro/macro

Take away point

Collective, collaborative, humility and care - impact ways for DRR.

Questions and answers

1. How would UN help refugees in the pandemic?

Not remit for UNDRR and does not have expertise, but it is a concern.

2. What is role of UNDRR within the COVID-19 pandemic?

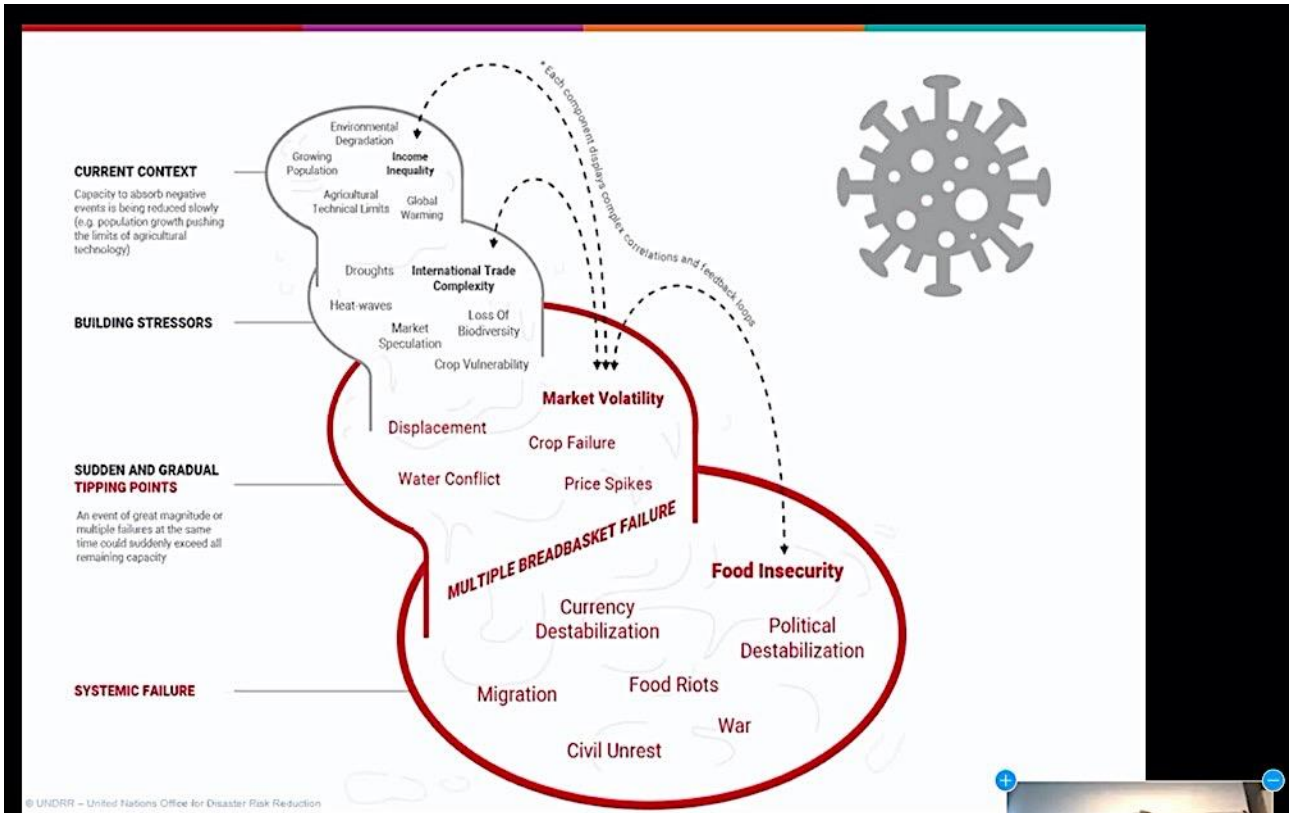
Working with Governments. Keen to develop analysis of contributing risks to COVID-19. There is a need to understand from holistic, systems approach. UNDRR aims to mitigate risk, particularly for the most vulnerable around the world.

3. How well do you think UN is doing in risk informed assessment?

Fundamental transformation is required to do this and movement towards this is not urgent enough. Exemplified by COVID-19 pandemic. COVID-19 has sped up process, but need to surpass the ever increasing amount of disaster risks and natural hazards. Capable to do this in industrious countries because there is an assumption of retuning to business as usual.

4. Is there hope for the future?

Yes, but not necessarily evident in current context. Where we have possibility to provide people with space for expression, and a shift in values of what is important, to create an inclusive world and concern for others. Is it enough within the given timeframe of climate collapse?



In conversation

Presenters

The Rt Hon Hilary Benn MP
Christopher Guinness - Moderator

Key points of the session

Reflections from the 2004 Indian Ocean earthquake and tsunami, and the international humanitarian response. Driving in the aftermath, reminds of Nagasaki and Hiroshima photos from the 1940s - utter devastation. Important to fund UN to start response. The public wanted to see relief and aid arriving on the ground. Many British citizens killed, so FCO contributing to the response; 300,000 people killed in total.

UK response - lesson learnt: public notification; there is a need for a prepositioned skilled and rapid response. Would UK be prepared now? Prepositioned teams are not realistic for many countries. But idea at the time, though UN to have co-ordination of military helicopter resource to respond to disasters.

Central emergency relief fund (CERF) is a pot of money designated for emergency response, therefore, no need to wait for fundraising to occur before action can be implemented. It does not make sense UN has to appeal for funding to reposed to disasters, hence the CERF is to be available. UK made contribution to this and it is working better than before.

2003 Dafoe political crisis with humanitarian disaster. Political response was prioritising safe of people who had lost their homes to them being burnt down. UK 2nd largest financial contributor. Sudanese Government were not fully cooperative, e.g. only permitting vehicles but not radios. Resolved through one side winning or compromise, but often easiest for political groups for claim victimisation and blame the opposite side.

2007 BTB disease (foot and mouth). Lesson from 2001, block movement to identify the source, much like COVID-19 lockdown. Source was caused by poor drain maintenance in foot and mouth lab then flooding, which the transported to 8 farms. Advised by chief veterinary officer, but ministers make the decision and are accountable to stakeholders and public. Balance between scientists, politicians or economists.

COVID-19 take away lessons:

1. Contingency plan in place like in 2007 BTB
2. Act swiftly - UK was slow to lockdown
3. Masks
4. Lockdown had impact - inquiry needs to answer why UK has worst death rate and economic prediction

WHO response - blame culture, debate about timing of declaring pandemic, but regrets about Trump removal of funding. They provide an international system. Destroying them is not the answer, but need to develop these systems.

Questions and answers

1. Do you think UK position to merge FCO and UK Aid will benefit those in need?
No. Functioning body. Political point, 3rd time taken a development department and merged. Not a giant cash point - not the purpose. Decision to move away from development aid to benefit people toward benefit business, lost vision.
2. Civil Contingencies Act - what are the views for legislative reform?
Inquiry is a lessons learnt exercise, not a blame game.
3. Care homes?
PPE needs to be available in the supply chain.
4. Community based volunteers reflection of Government.
Not a competition, but a collaboration.
5. Is the world better prepared?
Greater attention to pandemics and risk registers. Recognition of scientific community working collaboratively.
6. Benefits of COVID-19?
Due recognition of nurses, care workers, council workers, shop keepers. Are capable of making change in a crisis.



Panel discussion-2: COVID-19 pandemic and the health of refugees, migrants and minorities

Presenters

Prof Bernadette Kumar - Moderator
Prof Raj Bhopal
Dr Julian Alfredo Fernandez Niño
Dr Davide Mosca
Dr Miriam Orcutt
Guppi Bola
Aurélie Ponthieu

This panel was organised by the Lancet Migration (www.migrationandhealth.org).

Summary of each panellist's presentation

The overall theme of the panel discussion was COVID19 response in ethnic minorities groups.

Aurélie, migrants and refugee patients in Lebanon

People living in camps lack of access to the sanitation, health care, water, which poor condition spread the communication of disease. The diversity of target group increase the workload of dealing with covid-19. The movement of refugees make situation complication.

Julian in Columbia's situation

Migrants are facing lack of food and shelter situation. Main issue is during the pandemic, those migrants could not get access to the food and shelter.

Prof Raj What is going on in the UK

The statistics and measure in UK, especially in England is quiet advance and well collected. By Sex or Age group. Mortalities in Black/African, 3-4 higher rate than British white, south Asian have 2-3 variations, and within south Asian, Indian has better figure than Bengali and Pakistani. British Chinese population is intermedia between South Asian and White. Others does not have sufficient amount. UK is the top of the league of COVID 19, only Belgium is worse than UK if we view the intensity within the population.

Guppi Bola help and support the migration to understand the various risk of COVID 19 in UK, risk of contracting and impact

Research group include the data related to age gender disability and visualised identities. Risk of contracting of covid-19 is depending on their person language and health literacy, the connection between house household, environment of accommodation (people in the household) and agency, their immigration status and occupation and how they go for work. They are struggled to get access into universal health care system. Social economical issue, migration are struggle to get access the financial support and public fund, without basic welfare, their livelihood has been threaten. Accessing the basic social service is extremely difficult, and lack of access to the sanitation make them into more dangerous situation. Tier 2 visas, nurses and their extremely higher risk in COVID-19

Davide, perspective in Africa and global

In the global perspective. Great effort has been spent from UN agency, academia, and civil societies, as migration governors, they will shoulder heavier responsibility under the current pandemic

Key points of the panel discussion

The COVID 19 is grim in general for global perspective, ethnic minorities, migrate refugees has been put into very precarious position. The question has been posed, how the research could be more migrant inclusive and spent effort on those unnoticed.

Aurélie: promoting some strategies for helping people, especially helping them to get access to the medical concerning information, and this information should be adapted to match the need of refugees, such as translation. People who cannot work and who do not have effort to buy. Due to COVID19 the reduce assistant in refugee camps would make the situation worse.

Julian: in Latin America, more inclusive assistant for the immigrations with financial, especially for the Venezuelans migrate, both virus and sociological effect about lock down. He pursuing the national government put these group into consideration when implementing decisions, and also international cooperation between both countries should be taken. There is concern about more restricted migration strategies between both countries because of COVID 19

Three recommendation has been mentioned, first, health care for refugees as the response for COVID 19; full inclusion of refugees and immigration into prevention, preparedness, and generate transparent and inclusive political information strategies for migrants. The promoting of universal pandemic and health care system coverage for migrants in Columbia is necessary, during the pandemic.

Raj: disease does not bring significant impact to younger, at least the impact is not serious as influenzas, and migrants are mainly consisting of younger which means the lock down measure and other method will be the huge challenge to them. 2 recommendations: temporary citizenship for everyone who live in the boundary of every country in the world, citizenship will offer them to get public funds, rights and other support for the pandemic. Without such support, breaching the guideline would be the only choice for them to survive. Another is tackling the institutional (like language), systemic and individual level of racism, to protect the rights. Especially for the institutional racism.

Guppi Bola: Hostile environment for migrants, enable the community to build power to create the change of the hostile environment for migrants and discrimination, especially for pushing the government concession and institutional justification.

Davide: short term, safe and health care, long term, value migration more in the society, more solidarity in the contest of health crisis, and international cooperation. Inclusion. No one is safe until everybody is safe, which need everybody's work to cope the impact. Migration rights protection and Responding to the pandemic in migration management is not contraction. Migration are solutions and not only the problems. They provide health care, food chains and other basic social services. Supporting the migration is typical.

Questions and answers

1. Can researchers introduce the situation about the causalities in Colombian refugee camps and policy brief of Columbia-Mexico?

The purpose of migration is various, and there is no such thing like refugee camps. Economic migrants have been taken major part of total migrants, they live in the cities and integrated into the societies. There are shelters for homeless people. However, Venezuelan (and) prostitutes are important cases of the country, but because the migrants consist many trans migrants and petrol migrants. The data about Venezuelan cases are very limited. However, the most recent data shows the foreign, has been assisted to resist the virus, more than half are Venezuelan. However, the attention and statistics of these migrants in border, or in transition or petrol migrants. The number of the deaths and affected number in migrants are remaining suspicious. The data from Venezuelan about COVID19 does not have credit in Columbia.

2. During we are in the middle of the pandemic, the huge deference in the mortality's conclusion method, do you think countries comparison have any real meaning, they can be used to look at changes internally, but are the comparison valid?

Raj: international comparison in global level is impossible, such comparison at least within in the Europe. However, we can use some methods that work on it such as age standardisation is critical. If we are using excess death, we could get weekly and monthly death rate and work out the excess compare with previous years, which would generate fairly relied statistics, especially when comparing with the hospitalisation data and complication data are very unreliable. Incident data can't be really compared. A good antibody test and high-quality data in different countries and the results could be comparable.

3. Responding to health care surcharge, It does not feel the government would continue make the health care more accessible to migrants, what can be done to persuade the government to adapt their approach, how can we utilized the unequal outcomes revealed by the pandemic, as a leverage to the positive change.

Aur lie: The pressure for government to coping the issue in migrants and refugees is quiet huge challenge. Public health and individual health are equally important. Individual health sometimes be neglected, limited services during the pandemic affect the individual's health. More involvement of migrant's communities will help to organise their response. Children do not get it to badly, but there have been numerous faces are very younger people ding or suffering badly. Now as the time US and UK another countries are restarting school, will this lead to a new second wave, and may be prolong the pandemic in the future, with the possibility the children become the super spreaders.

Raj: Children, same as others can be easily affected by COVID-19, comparing with road traffic accidents, children are less likely be killed by the COVID-19, despite of that, children would not be prevented to going to school because of the risk of road traffic. Statistics has shown that the death rate of COVID-19 is less that the influenzas, which has been proved via academic research. Secondly, children are far less likely to spread the virus like anyone else and there are evidences to support. Their immune system could deal with the disease. Children, especially who are under 11 are not need to worry too much for COVID-19, In my view this is the problem could be extend into five years, and are we keep the school closing for five years? Moreover, as for the people who are under 50s, the threaten of unemployment is far greater than getting COVID19 itself. People who are over 75 are facing serious mortalities rate which is 3%, and 13% for those who are 80. Especially this calculation does not include the people who are not diagnosed. The data about children is based on the 135 million children from 9 countries, about 60 death. The death of influences is twice than that. Teachers, parents and grandparents are more vulnerable in this case

4. Mobilising the ethnic minorities and migrant's health professionals, as well as community preventatives from these groups, seems to be a strong tool for prevention and care for COVID-19.

Daive: mobilising and pre-training within the ethnic group is definitely a positive thing, because they have been the responders. Academic can play a role within migration. For example, International society for travel medicine has taken more continuous engagement into the issue of migration, it's the society of clinicians. Advice more advice and advocacy in political change for migrants and ethnic minorities.



Conference URL:

<https://www.ucl.ac.uk/risk-disaster-reduction/events/2020/jul/virtual-event-ucl-irdr-10th-annual-conference-covid-19-pandemic-global-perspective>

Conference Rapporteur: Myles Harris and Xiao Han

Conference Convener: Dr Bayes Ahmed

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