Distinguished guests, thank you for being here today at the opening of the ECOSOC Humanitarian Affairs Segment.

Things have changed considerably since we met a year ago.

The COVID-19 pandemic has now reached essentially every country in the world. It has upended health systems, brought economies and societies to a standstill. It is in danger of undoing years of hard-won development gains.

The pandemic’s most devastating and destabilizing effects will be felt in the world’s poorest and most fragile countries. Places where poverty and hunger are already present and health care systems are already under-resourced and overstretched.

Today, I will outline how COVID-19 is affecting humanitarian needs, how humanitarian operations are changing in response, and what the humanitarian system needs to do to win the fight against the virus in the world’s poorest and most vulnerable countries.

As of today, there are some 7 million confirmed cases of COVID-19 worldwide – about one for every 1,000 people. Over the past month, caseloads in Africa have rapidly increased, to more than 190,000 yesterday, as well as in Latin America and the Caribbean, which is now considered the epicenter of the epidemic with 1.3 million cases.

The most fragile places on earth are set to see the peak of the disease in the next three to six months. It has the potential to be catastrophic in the developing world.

In the High-Level Panel on Health, we will look at some of the impacts and the action being taken to deal with them.
Let me now turn to the secondary impacts of COVID-19 which pose a deeper and longer-lasting threat to some developing countries than the virus itself.

Before the outbreak of COVID-19, the humanitarian system was already preparing for unprecedented levels of humanitarian need this year. This was driven by prolonged conflict, the impacts of climate change, and the combination of a global economic slowdown and rising indebtedness.

Even before the pandemic, we already faced the highest displacement levels since the Second World War, grave protection concerns – especially for women and children, people with disabilities, and older people – and we face sharply rising food insecurity, disease outbreaks, and the worst infestation of locusts seen in our lifetimes.

COVID-19 is now compounding these humanitarian threats.

We now face the biggest economic slowdown in living memory. The World Bank has just told us that they now predict the global economy will shrink by 3 per cent this year, bringing our greatest recession since the Great Depression.

These effects will be felt most sharply in countries and communities that rely on revenues from primary commodity exports, tourism and remittances. Remittance flows to low and middle-income countries are expected by shrink by 20 per cent this year - equivalent to $110 billion – just as direct foreign investment in these countries is expected to decline by a third.

UNDP forecasts human development is set to decline this year for the first time since 1990. Combined with out-of-school rates going up and plunges in per capita income, this could signify the largest reversal in human development on record.

The World Bank forecasts the pandemic could push as many as 60 million people into extreme poverty while the World Food Programme predicts it could push 130 million more people towards the brink of starvation – almost doubling last year’s figure. The specter of mass hunger and multiple famines looms.

Malnutrition and food insecurity are set to increase.

We know lockdowns and quarantines are essential to suppressing COVID-19. Yet they can trap women with abusive partners. In recent weeks there has been a dramatic jump in reported incidences of domestic violence in many countries across the world. In some countries, the number of women calling support services has doubled.

School closures have left millions of children without a reliable source of food and protection.

The UN Secretary-General has warned of the risk that warring parties use the COVID-19 outbreak as an opportunity to attack or impose humanitarian restrictions, while the world’s focus
is elsewhere. In many conflict zones the bombing and shelling of cities and towns has left people with no access to basic services, including running water or healthcare, leaving them unprotected in the face of the virus.

The Secretary-General of the United Nations called in March for an immediate, global ceasefire. So far more than 115 governments and regional organizations, 200 civil society groups, and 16 non-state armed groups have publicly endorsed this call.

But fighting and unrest continues, putting millions of civilians at risk.

As in any crisis, some groups are more vulnerable than others. Most vulnerable include internally displaced people, refugees and migrants – along with older people, people with disabilities, and women and girls.

Humanitarian and health responders are also vulnerable, not only to the risk of infection, but to the risk of attacks and harassment as fear, misinformation and stigma mount. So far this year, WHO has recorded 88 attacks on healthcare, resulting in 70 deaths.

Just as needs are sharply rising, aid workers’ ability to address them is being constrained.

Access is being eroded. In some places cancelled flights, border closures, quarantine measures, lockdowns and curfews and disrupted supply routes have made it almost impossible to get help to people in need.

It is also affecting our response readiness across the world just as hurricane season hits Latin America and the Caribbean, and the lean season gets underway across much of sub-Saharan Africa.

Despite the challenges, the humanitarian system is innovating and adapting.

We are finding ways to stay and deliver despite access constraints. This involves working with the authorities to secure exemptions and coordination agreements to allow the passage of aid supplies and staff. Under the COVID-19 Humanitarian Response Plan for COVID-19, the World Food Programme has set up a global hub-and spoke system of air bridges to help get humanitarian relief and personnel to the places most needed.

Humanitarian organizations are also changing the way they work on the ground to keep people safe. This includes physical distancing and scaling up the use of cash instead of in-kind aid wherever possible. Anticipatory approaches based on forecasting and data analytics form a key part of our innovative response plans.

Technological innovations are central to our response. Data analytics, geospatial mapping and epidemiological analysis help us assess needs, identify high-risk areas and track cases and trace contacts. WhatsApp, social media and drones are used to spread safety messages and raise
awareness. WHO is using chatbots to fight misinformation. Blockchain is helping deliver aid through a no-contact digital ID.

National and local aid organizations have stepped up to protect people and communities, produce protective equipment (PPEs); provide cash assistance; deliver assistance and raise awareness. We are trying to empower and directly fund local responders wherever possible. They are critical to every aspect of response to get help to most people who needed it.

This brings me to funding.

The cost of protecting the most vulnerable 10 per cent of people in the world’s poorest countries is about $90 billion. This is a significant sum, but it is also affordable. It is equivalent for example to just 1 per cent of the global stimulus package the world’s richest countries have put in place to save the global economy.

Most of this money could come from international financial institutions like the World Bank and the International Monetary Fund. They will need to change their terms for the most vulnerable, front-loading money, reducing interest rates and agreeing to large-scale debt relief.

Investing now will reduce the scale of the problem and avoid a much more costly response in the years to come. An important focus in these investments will be on supporting the expansion of health and social protection systems, as most people across the world are not covered by social insurance or social assistance.

The remainder needs to be met through increased humanitarian aid for those who cannot survive without it.

The COVID-19 Global Humanitarian Response Plan is the international community’s primary fundraising vehicle to respond to the humanitarian impact of the virus in low- and middle-income countries and support their efforts to fight it.

It brings together appeals from WHO and other UN humanitarian agencies. Non-governmental organizations (NGOs) and NGO consortiums have helped shape the plan. They are key partners in delivering it and can access funding through it.

We are seeking $6.7 billion to cover the period until December and it is currently almost $1.2 billion funded (17.4 per cent).

Meanwhile, we must do everything we can to ensure we sustain and fully fund existing humanitarian operations. To divert resources from these to fund the COVID-19 response would be entirely counter-productive.

I call on donors to continue providing flexible funding that allows for quick, agile decision-making wherever possible.
I thank the Member States, UN agencies and NGOs and all affected people and communities who have mobilized to respond. All are vital partners in this fight.

This pandemic is unlike anything we have dealt with in our lifetime. Extraordinary measures are needed. Our response must be proportionate to the scale of the problem we face.

The discussions over the coming days are an opportunity to harden our resolve to fight this virus and find solutions that will help us do that.

The stakes have never been higher – we will either win this battle together, or not at all.

Thank you.