

# Remarks at Keble College at the Oxford University panel discussion “The Politics of Global Solidarity in the Age of COVID-19: Global Narratives, Local Priorities”

By William S. Chemaly, Global Protection Cluster Coordinator | 14 February 2022 | Online

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## Q&A

### Reflections on the response to the pandemic

*(Keble/Oxford): Through a series of roundtable discussions with civil society leaders in Yemen, Libya and Egypt, I was told that the pandemic response was done through “Northern/Western eyes” and that it was a Western priority but not necessarily a Middle Eastern one. I was also told that in Yemen, for example, people are more likely to die of hunger than Covid-19. What are your reflections on the pandemic response from the perspective of the GPC? To what extent was there a gap between global/Western narratives and local priorities?*

**(William Chemaly):** The gap between Global North and Global South narratives is there and it is older than COVID. What changed with the pandemic was that it touched us all, from London to Sanaa, South Africa to Singapore. It made it clear that we are all under the same storm. Not in the same boat, however.

Flights, classes and events were suspended all over the globe, people started using masks, washing their hands and keeping social distance, following WHO’s recommendations. One could argue that never before the UN had such a global influence. And the pandemic quickly became a clear mainstreamed priority for all agencies’ responses.

But how to fight COVID, along with distribute food, keep hospitals running and deliver protection services to war-torn places like Yemen –today the world largest humanitarian crisis with two-thirds of its population (or 20 million people) in need of humanitarian assistance?

Amidst the crisis, the answer, loud and clear, came from local and national organizations in the frontlines. Un abated by the surmounting difficulties in having access to communities in hard-to-reach areas, local responders led the way and strengthened the protection of communities against covid and other harms.

In Yemen, Jeel Albena Association provided more than ten thousand emergency shelters for displaced persons escaping heavy shootings and bombardments.

In Quibdó, in Colombia, families living under the control of armed groups were the ones who came up with community services centers that empowered local leaderships to step up against gangs.

And we know from the tireless efforts of so many protection actors on the ground that because of the strong relationships and trust they have with the crisis affected communities they work with, they could help disseminate effective covid prevention messaging to displaced communities, they could help ensure the risks of family separation in quarantine centers was minimized and that those faced with increased risks of gender based violence amidst lockdowns had the health, legal and psycho-social support needed. COVID and protection are closely linked and we have seen in many countries where COVID surges resulted in the dramatic rise in illness as well as protection risks. The way to respond to these compounding issues is to support local leadership and community-based efforts.

The GPC has been investing in local protection leaders as powerful agents of change, learning from them, showcasing their work and advocating for their increased funding.

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### **Examine systemic opportunities and challenges to enhance global health security**

***K/O:** This is not the first pandemic the world has experienced. Epidemics like the 2002-2003 SARS have brought with them important changes in terms of how we think of, prepare for and respond to pandemics. To what extent was the multilateral system ready for this (if at all)? Why were we not ready?*

**WC:** To me, like with many other crises, the COVID pandemic has again re-affirmed the importance of multi-lateral approaches, to working with diverse players in networked approaches and to linking local and global action. At it's best, the Cluster system is a step in this direction as it ultimately is a platform for shared analysis and action across different organizations and across different levels of intervention.

Created in 2005, as a coordinated solution to respond to disasters and crisis; 17 years after, the cluster system has helped saved millions of lives but is still grounding itself at country level and developing the full partnerships and presence it needs at local levels. The pandemic made it even clearer the importance of local responders, be it in black St Pauls district in Bristol or in Shatila, a Palestinian refugee camp in Beirut –my home city.

At the GPC, the diversity of its two thousand members is its strength. We see community-based protection mechanisms serving as protection 'first providers', with international actors focused on supportive roles.

To collectively walk the talk and move to a humanitarian system that reflects the reality on the ground we need to put solidarity in action.

Like the protection cluster work with the UN Office for Human Rights (OHCHR) in Palestine, collecting data on violations and trends, doing joint field visits and leveraging advocacy.

Or the ground-breaking partnership between the protection and the health clusters to address attacks on healthcare in Syria, with Syrian NGOs and international NGOs leading advocacy and complementing analysis on IHL and HR violations.

And importantly, we must collectively value the less tangible aspects of humanitarian response – like shifting community perceptions about COVID or ensuring the prevention of child recruitment into armed groups – as much as we do the distribution of bags of rice or tarpaulins for shelter. These are the elements that can really amplify our impact and get to some of the root causes of what's driving crises around the world. From a frontline response to action at the UN Security Council, we must grapple with the often unseen dynamics of protection, dignity and local leadership if we want to 'move the needle' on crises from COVID to conflict.

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**Look forward: What have we learned and can do differently?**

*K/O: And now to William, has the pandemic changed your vision for the GPC? Has the experience of the pandemic had an impact on your strategic direction? What's next for the GPC?*

**WC:** It is important to keep in mind that a mobile health clinic is life-saving, but it is also delivering protection. Enhancing global health security in times of crisis requires access of humanitarian and human rights actors to people in need.

We must re-establish the importance and foundational aspect of active protection.

And this action must be strongly linked to the delivery of assistance and services but also to robust monitoring and reporting, high quality analysis, meaningful community engagement and ultimately very strong advocacy

This is important in terms of a hopefully eventual change to the drivers of the crisis and the basics of building trust with a community and ensuring we are truly 'standing with them', shoulder to shoulder.

We need to be present, we need to witness and we need to be acting in solidarity with impacted communities – and when I say 'we' it is often local protection organisations that can maintain the most presence, which we must more fully resource and support, while also understanding when international actors' can have a protective presence and perhaps take on more risk than what local actors can manage.

There is no 'one size fits all' on this but I do think that being present in communities and using that presence to really engage is absolutely critical to a shared protection agenda.

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**Background**

"Calls for a global reset and a strengthening of global solidarity to address the socioeconomic and health costs of Covid-19 continue to be sounded, more recently as related to responding to the challenges of the climate crisis at COP26. Nevertheless, the stark realities of vaccine inequity and the severe and unequal societal and economic impacts of the pandemic in different parts of the world, especially for marginalized groups, paint a grim picture of global discord and disharmony. This manifests itself in the persistent global economic and health inequalities, ineffective policies and sometimes divisive programming by international actors, as well as toxic hyper-nationalism.

What is the truth behind the discourse on global solidarity? And to what extent does it connect with local realities and experiences? Moreover, what is the future of global solidarity post-Covid-19? Through a partnership between Keble College at the University of Oxford and NatCen International, a global social research programme at the National Center for Social Research, this panel discussion will seek to address those questions by reflecting on the political economy of global solidarity in the age of Covid-19 and the nature and level of systemic change that is needed to support the development of resilient and more equal societies“

Chair: Dr. Sherine El Taraboulsi-McCarthy, Politics Visiting Fellow, Keble College & Research Director, NatCen International

Speakers:

- William S. Chemaly, Global Protection Cluster Coordinator
- Tammam Aloudat, Managing Director, Global Health Centre in the Graduate Institute in Geneva
- Dr. Priya Khambhaita, Director, Health and Social Care, NatCen Social Research