

Crisis and Survival Amidst COVID-19 in Yemen

Event Transcript:

Featuring:

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Jon Alterman

Good morning, and welcome to CSIS. I'm Jon Alterman, senior vice president, Zbigniew Brzezinski chair on global security and geostrategy, and the director of the Middle East program. On behalf of the CSIS Global Health Policy Center, the CSIS Humanitarian Agenda, and the Middle East Program, I am delighted to welcome you to our discussion this morning with Lise Grande, the UN humanitarian coordinator in Yemen.

For two years, Lise has held the job of UN humanitarian coordinator in Yemen, where she oversees the UN's largest emergency operation in the world's worst humanitarian crisis. She also acts as the UN resident coordinator, where she oversees and facilitates the work of 21 UN agencies working in Yemen. She has previously held leadership in many of the UN's largest humanitarian operations and peacekeeping missions, including in Iraq, which she started in 2014. She served for 25 years in field posts, including in India, South Sudan, and the Democratic Republic of Congo. And she has been in Yemen for just over two years.

I'm joined today by Steve Morrison, senior vice president and head of the Global Health Policy Center at CSIS, my colleague and expert on COVID-19 and the global health implications. Steve, thanks for joining me and thanks for joining, Lise.

Steve Morrison:

Thank you. Thank you very much.

Jon Alterman:

Lise, you have a really vast array of humanitarian activities in Yemen trying to help 28 million civilians, about 85 percent of whom are in need of humanitarian assistance. Could you give us an overview of what the UN is doing on the humanitarian situation in Yemen?

Lise Grande:

Jon, thank you, and it's a pleasure to be with you. I'd like to thank CSIS for organizing this, and I'm honored to be on the same panel with Dr. Morrison.

The humanitarian crisis is considered by the UN to be the worst in the world in Yemen. We say this for a couple of reasons. There is no place else, as you've already said, with a higher percentage of the population who requires some form of humanitarian assistance. 80 percent of all the people in Yemen need our help, depend upon us. We also characterize Yemen as the worst crisis because of the severity of the suffering. Literally, half of the population—that's nearly 16 million people—are suffering from acute vulnerability.

Just to put this into perspective, in most of the other humanitarian crises in the world, the percentage of the population that would be in acute need would be somewhere around 10 percent or less. And in the case of Yemen, 50 percent of the entire population is in acute need.

I think there are five key points when we describe the operation to bear in mind. First of all, as I said, it is the world's worst crisis. The second key point is that the crisis has escalated at an almost unprecedented rate. When the war started in 2015, already Yemen was one of the poorest countries in the region. And there were 15 million people who were very poor, living below the poverty line and struggling. In the last four years, the number of people who need help has increased by nine million. It's that sharp spike, that escalation in need, that is another reason that we characterize the crisis as the worst.

Another key point is that the crisis has unfolded in waves, and 2016, 2017, Yemen was hit by the worst cholera outbreak since records started to be taken—in the French Revolution, the worst outbreak in modern history. Last year, we were facing a famine situation. At the beginning of the year, there were 250,000 people who were literally starving. 10 million people depended upon the World Food Programme and its partners for their daily food. And then another 10 million people had just enough income that they were barely able to survive, we had severe flooding, and now we have COVID. This is what we mean when we describe the crisis here as unfolding in waves.

The next key point that we always make about the operation in Yemen is that it is the largest in the world, the world's worst crisis. It's the largest operation, despite working under some of the most non-permissible conditions in the world. The humanitarian partners here, these are the 250 international NGOs and national NGOs, and the 21 UN agencies. We reach on average 13 million people every single month with some form of assistance. There's no other place in the world where we are reaching so many people under such difficult and often very dangerous conditions.

And the final point that we want to raise, is that the situation is going to get worse unless there is an end to the fighting. This crisis is a manmade crisis. Oftentimes, you'll hear people try and justify what's going on. They'll say, "Yemen was poor already. A lot of problems in Yemen. The war's just made that worse." No. The war has created the scope of the crisis that I have just described. And the only way for this crisis to end, is if we get a ceasefire, the parties to the conflict have the courage to sit down and negotiate. And that's really the solution.

Jon Alterman:

Steve has been working COVID-19 nonstop for several months, and of course, that's a rising concern. Steve, do you have some concerns about COVID-19 in Yemen?

Steve Morrison:

Thank you, Jon, and thank you, Lise. First, I want to commend Lise Grande for her remarkable leadership over the last couple of years in Yemen, your ability to roll back the cholera outbreak that was out of control. And now, more recently, your very strong voice in arguing that this is a race against time, with respect to COVID and all the multiple other crises that Yemen faces: That there is a dramatic shortfall in resources, that we're on the edge of a resource cliff, and we need to acknowledge that. Your focus on pragmatism, trying to put aside some of our other distracting political considerations in moving forward, all of those things, I think, are extremely valuable. And we're very much in your debt for the leadership that you, and UN OCHA are showing at this moment in time.

What you were describing, Lise, in Yemen, those who are working these issues of COVID globally have been increasingly anxious about what happens when we see the arrival of accelerated outbreak, accelerated infection, in disordered settings, in places with low income with inadequate preparations. We know there's been lots of disruption to air traffic, lots of closures of border crossings and ports, and the like. And we know that there's gross limitations in the global marketplace for critical elements, testing kits, reagents, protective gear, ventilators, and the like.

So, when you look at a situation like Yemen as it's racing forward in this way now, it looks to be really a critical major global test case of what is possible. Under the most dramatic of circumstances, my own feeling is that we are at a certain risk that cynics or skeptics are going to say, "Well, it's Yemen, and it's a catastrophe on these multiple fronts, and not much can be done on COVID. You can't social distance. They don't have the infrastructure and the like."

I think we should be pushing back on any of that skepticism. The cholera example tells us some important things. WHO has done some remarkable work with the emergency operations centers that

they've supported with these rapid response teams, with provision of critical inputs in this period. WFP is working hard on the airbridge and commodities supply and the like. If you could tell us, please, what is possible in your mind, against all of these really formidable barriers and challenges that you face? How are we going to get through this period in Yemen and not fall prey to skepticism or exhaustion? Thank you.

Lise Grande:

Dr. Morrison, thank you for that introduction to COVID. The modelers that have looked at Yemen have said that because of three factors: acute levels of vulnerability, some of the lowest levels of immunity across the population, and a very fragile and—in many places, broken—health system. Because of these three factors, unless we're able to suppress transmission of COVID, it could spread faster, more widely and with deadlier consequences than in most other countries. We're working on the basis of the most likely scenario, which envisions that, in fact, suppression does not work as practically as we hope. And that because it doesn't, 16 million people—55 percent of the population—will be infected. And we will need 300,000 hospital beds, 200,000 ICU beds. Those are our working numbers. And as you correctly said, if you are faced with that kind of a staggering problem, one of your reactions is to throw up your hands and say, "There's nothing we can do."

Okay, so what we've all done is take a very deep breath and look at what capacities and resources we currently have, what capacities and resources we're likely to mobilize, and what kind of a strategy is going to have the highest impact, taking into account the constrained resources and the limited capacity.

Here's what we think needs to be done. Rather than focus on 50 things, we focus on five. Number one, suppression measures. Try and flatten the curve transmission as quickly as possible. Number two, detect and treat cases. You referred, Dr. Morrison, to these rapid response teams. These are five-person teams. There's one in every single district. These are Yemeni health workers. They're trained by WHO. They're paid by WHO. They work for the government. What they do is, they track down everyone who has symptoms. If that person, if their conditions deteriorate, they test them. And then they start tracing contact, tracing the people that that case may have come into contact with. So, they focus on identifying the new cases and then getting the right treatment for them.

The third thing that we focus on is educating the public. UNICEF has 10,000 community volunteers. These are people who worked on cholera. They've now taken off the cholera hat temporarily and they've put on the COVID hat. They are spread out all across the country, in every community they can reach. They're describing the virus, how you get the virus, how you can prevent the virus. And if you do get the virus, what to do.

The fourth thing that we're doing is focusing on keeping the existing health system in place. Now, this is tricky, because of course, in a crisis like this, the limited resources you have get pushed to the biggest priority, and that's COVID. What we're trying to do is protect the health system so that we can keep reaching people who have cholera, diphtheria, dengue, malaria, and other chronic diseases.

And then you also mentioned, Dr. Morrison, the key fifth element. Right now, as I said, we're facing the largest humanitarian crisis in the world. The underlying vulnerabilities and the underlying low levels of immunity are two of the factors driving this crisis. In order to address those, we need that massive humanitarian operation to continue.

I already mentioned that through that operation, 13 million people every single month receive food support from WFP and its partners. What I didn't mention is that 8.8 million receive healthcare from

frontline partners, international and national NGOs. UNICEF is providing nine million people with cash transfers as part of this social protection program. That's funded by the World Bank. Eleven million people every single month benefit from clean water. We're providing shelter, we're providing cash transfers to some of the most vulnerable people in the entire country. These include IDPs who have been recently displaced. And of course, we're also providing protection assistance. That operation has to continue. Those are the five priorities. We're not doing 50 things. We're doing those five things. And we do believe, that with the existing capacities and resources we have, it's just the best use of our money and the best use of the personnel that are here trying to keep people in Yemen alive.

Jon Alterman:

Lise, Mark Lowcock said to the Security Council on April 16, that 80 percent of World Health Organization programs in Yemen might have to shut down before the end of April because of lack of funding. My calendar says the end of April is Thursday. What is the likelihood of that happening? What kinds of steps do you need to take now in the possibility that some of these programs might shut down in just a small number of days?

Lise Grande:

Jon, you're absolutely right. We are facing a funding crisis of gargantuan proportions. And the reason is because donors have started to lose confidence in the operation, and we can speak more about why that is the case. Already, this month, the World Food Programme has been forced—because of a lack of funding—to reduce to half-rations the people who are receiving food in northern Yemen. That's 8.5 million people. Already, the World Health Organization has had to stop making payments to health workers that it has been providing incentives and allowances for, because all of the salaries which they typically would have received have been cut. That's already happened.

In preparing for today's discussion, Jon, I went through and looked at which programs are literally closing by the end of this week. Allow me to share them with you. We are shutting our malnutrition programs for 250,000 children. These are children who are either moderately or severely malnourished, and essentially, we have to face the fact that without the help that we provide them, they are going to die. UNICEF is going to have to stop the services that it provides in 18 major hospitals and 2,500 primary health centers. You've already mentioned the World Health Organization. 80 percent of the services, as you just said, that they provide in 189 hospitals and 200 primary health centers, we're going to have to either reduce them, or more likely, we're going to have to shut them.

There are 142 camps or hosting sites for displaced populations. We're not going to be able to provide services in those. Our mine action programs are closing, our protections programs are closing, our reproductive health programs are closing. And the emergency distribution of the hygiene items that we need in order to suppress COVID are closing. It's all happening right now, literally as we speak. The reason? Donors have lost confidence.

Steve Morrison:

Lise, can I ask you, is this also a reflection of the overall global economic crisis that's accompanied the coronavirus pandemic? Because, here we have major donor countries themselves that are on their back economically, and consumed with coping with these crises, the viral crises and the economic crises within their own borders. You're on the receiving end. This is a reflection to have Mark Lowcock come forward in his briefing and say, "We are at one-third of the level we were last year." I.e., last year, you were at \$2.6 billion. One-third maybe came from the Saudis with a major generous infusion of cash, but

that still leaves a huge gap. Is this the world we're heading into on a humanitarian crisis? Not just Yemen, but is this a broader problem where we're going to see these shortfalls?

Lise Grande:

The first point I'd like to make on funding is that not only is the operation in Yemen the largest, it is the most expensive. And we have been incredibly fortunate for the last three years, that more than 20 donors have provided unprecedented levels of support to the operation here. Three years ago, they provided \$1.7 billion. Two years ago, they provided \$2.6 billion, and last year, they provided a staggering \$3.6 billion. The international community has not turned its back on Yemen. International donors have been there every step of the way, in solidarity with the people of Yemen, providing support for what we do.

What's happened in Yemen is a loss of confidence. And we need to be frank about what's driving this. What's driving this are the restrictions that are being posed on humanitarian workers, mostly in northern Yemen. These restrictions are so onerous that we're not able to do our job in the way we need to do it. Humanitarian partners provide assistance in accordance with principles. If we can't do our job the right way, if we can't uphold those principles, donors are raising uncomfortable but wholly justified questions about whether this is an operation that they can invest.

Now, we've shared this view with the authorities. We've said to the authorities, "The same standards which apply everywhere else in the world have to apply in Yemen. We have to uphold these. You are responsible for helping to create an operating environment that allows us to do our job." It's been gratifying that in the past several months, the authorities, particularly in northern Yemen, have recognized that there was a problem. They recognize it. And they have started to take steps to change it. They're allowing the World Food Programme to introduce biometric registration verification. They were going to tax humanitarian assistance. They've lifted that tax. They were finally allowing us to do the kinds of assessments that we have to do in order to know how many people need what kind of assistance. They're allowing us to do that.

These are important steps, but I think the point that all humanitarian partners are raising with the authorities is that however important those steps are, it's not enough. More has to be done before we can bridge the confidence gap— before donors can look at Yemen and say, "Yes, we know that if we put money into this operation, that partners will be allowed to do their job in a way that they do it everywhere else in the world." It is deeply unfortunate, it's poignant, that the bridge of confidence occurred on the cusp of COVID, but it did. We had these problems before COVID. We're trying to solve them now. We're trying to solve them with the sword of COVID over us.

One way to describe how we feel here is, we have our backs against the wall. And we're facing another concrete wall in front of us, and we've got two other walls on either side of us. We don't have the money we need. Our operating environment is still not where it needs to go, and here we have not only the existing crisis, but now COVID on top of it. All of that being said, as humanitarians, our job is to stay very focused. Concentrate on what needs to be done, mobilize the resources that have to be secured in order to do that, and then get on with our jobs. And that's what we're trying to deal with.

Jon Alterman:

Let me just remind the audience, that if you have a question you'd like us to ask Lise Grande, on the screen where you're watching this, there's a link to click and to send a question. We are collecting those questions. We have several already. We're happy to collect several more.

Lise, you've worked in a lot of very difficult places around the world. Americans have become really preoccupied with our own domestic situation right now. What's your pitch for why Americans should care about Yemen right now?

Lise Grande:

Yeah. It's a great question. The U.S. government, and this is true for years, has been the most generous donor in the world, hands down. No one else is even close. And they are one of the most generous donors to Yemen. Since the war started in 2015, the U.S. government has given \$2.6 billion to keep this operation afloat. And because they've done that, there are millions of Yemenis who have survived, who otherwise would not have. Every one of those Yemenis, when the war is over, are going to remember who provided them with the assistance that allowed them to keep their families together, and to come out on the other side of the conflict. Every one of them will remember.

Now, there's something profoundly moral about a government which recognizes its global responsibilities and time and time again, in crisis after crisis, provides assistance. Well this is the worst crisis. And the fact that the U.S. government has been so generous, reflects not only on the core morality of their foreign policy, how deeply the people of America care about the about fulfilling their global responsibilities.

There are two other reasons, I think, Yemen counts. And they're not humanitarian, and of course as a humanitarian coordinator, my responsibilities are limited to the humanitarian sphere, not to the political ones, but allow me to observe the following. Two of the most important shipping waterways in the world coincide with Yemen, from the Mediterranean, through the Red Sea to the Indian Ocean. And from the Persian Gulf, the Oman Gulf, and the Aden Gulf through to the Indian Ocean. 10 percent of all of the world's petroleum products go right through a little narrow strait between Yemen and Djibouti – Bab al-Mandeb. So do you care about international commerce? Then you care about what happens in Yemen.

Unfortunately, there's another reason we should care about Yemen. Two of the most destructive violent extremist forces in the world, Al-Qaeda and ISIL, are in Yemen. They thrive in conflict. They thrive in instability. Not only are they able to consolidate their forces in these circumstances, their influence is able to spread. This is why you have to care about Yemen. It sits in one of the most strategic parts of the entire Middle East, and the two key transport shipping lanes that we depend on for the free movement of particularly petroleum are right there. And it could become a hotbed for violent extremism. And then on the positive side, we care because it is the worst crisis, and as Americans, we do what's necessary in order to keep people alive. When everyone else turns their back on them, we go.

Steve Morrison:

Lise, if I could just add a few comments and another question for you. I was encouraged to hear you talk about how central U.S. support has been. It's also been blessed by very strong bipartisan support within the U.S. Congress, which has proven to be quite important. And this is a strategy, as you've laid out, this is a strategy which relies on the courage and commitment of quite a number of UN multilateral agencies. WHO, UNICEF, WFP, along with a whole range of partner NGOs, both Yemeni and international, that are coming forward.

Right now, things are a little bit confused here in the United States in a couple of respects. The president on April 14 announced the suspension of assistance to WHO, a 60-day review. Then last week, we heard that there are plans afoot to redirect support away from WHO towards other partners. We account for about \$500 million a year of support to WHO, roughly 20 percent of its budget. And when you start

looking at different individual health programs, enormous dependency on the U.S., you look at the emergency program, where there is enormous dependency upon the U.S.

This is no time, in my view, for us to begin blowing a hole in WHO. And at a moment when it is so critically important in guiding the response in these disordered and dangerous places that matter so much to us. Tell us a bit about WHO's role, and are we getting any clarity? It's a bit confusing here in Washington as to what the U.S. funding commitments and strategy are. We're hearing reports that a generous package is in the works. I'm encouraged to hear that. There have been some suspensions of support to northern Yemen that stem from those concerns that you articulated about, the conditionalities of the Houthis' authorities over that. And that's not just a U.S. concern. It's a concern shared by many different donors. That's not us operating any differently than other donors.

But I do see the multilateral infrastructure as absolutely essential in getting through this next period. Without it, we cannot move forward. What does it mean now if we're backing off supporting WHO?

Lise Grande:

Dr. Morrison, I think maybe the best way to come at that question is to perhaps share, if you allow, with everyone what WHO and its teams have done in just the past few weeks here in Yemen to address the COVID crisis. As we've already talked about, they are training and funding 333 rapid response teams. Those are the people that go out, they find people who have COVID symptoms, they test them, they analyze, and then they do the contact tracing. Within just the next few weeks, the number of those teams is going to triple. There are going to be 999. WHO is making sure that happens.

We've already talked about the fact that the authorities in northern and southern Yemen have identified 37 COVID-specific hospitals. In these hospitals, there are dedicated isolation wings for the people who are most severely impacted. These are the people who are infected, who are not going to survive if they're not in an ICU bed with a ventilator. Now, literally, within just a few days, WHO has equipped and supplied 32 of the 37. They have upgraded seven of those isolation units and we have contracting teams that are out there right now, that are upgrading all of the other 30 isolation units. And within just a few days, all of those will be ready. WHO did that.

WHO has taken, like you mentioned earlier, the emergency operations centers, which we put in place for the cholera response two years ago. Literally overnight, those were repurposed and now they are the center of the COVID response all across the country. WHO has also gone out on the international market and secured whatever they can get against stiff competition, masks, ventilator, ICU beds, reagents. They've brought in supplies. They are continuing to bring in supplies into this country. Supplies that won't get anywhere without WHO. They are the leader in a unique public-private partnership with multinational companies. Some of those are Yemeni. Some of those are based in other countries. This partnership is procuring and will be transporting into the country the supplies like PPE that no one else can get. WHO is securing those with these companies to get them into Yemen.

Let's be frank, no one else could do that. And on top of that, WHO is setting protocols, training health workers. It procures the medicines that keep millions of people alive. I'm reading from a list. It procures the equipment that runs the hospitals and the health clinics all over the country. It pays for the health workers and the fuel purchase required to keep the health centers and the hospitals open. It helps run the vaccination campaigns and centers, and the cholera centers that keep people alive. I think we have to be frank, that at least in the case of Yemen, there is absolutely no other part of the international system which could conceivably substitute for what WHO does.

Jon Alterman:

Lise, I think your appeal is at least partly successful, because you've gotten two questions: One from a Dutch diplomat, saying, "What can the donor community do that's most helpful for Yemen?" and one from a respected NGO leader here saying, "What can Americans do that's most helpful, whether it's regarding WHO funding or something else?" What's your charge to people who want to be helpful? How can they be helpful in this really awesome set of challenges?

Lise Grande:

Jon, thank you. And thank you to the colleagues for raising those questions. I think right now, with us facing this fiscal cliff, with these programs, these malnutrition programs, these food programs, these protection programs and shelter programs that are closing literally as we speak, extending to the NGOs and the UN agencies, what we call lifeline funding. This is funding that allows us to keep our doors open, while we continue to work with the authorities in northern Yemen to ensure that the operating conditions we need are in place. Lifeline funding lets us keep the programs going, while we keep working with authorities to make sure that the minimum conditions—which are in place everywhere else in the world so we can do our jobs—are in place here in northern Yemen.

When those conditions are in place, then of course we're going to be saying to all of the donors, "Please step up. You've been generous for three years. Let's not turn our back on the people of Yemen now. Stand in solidarity with them, and to do that, we will need funding at scale." But the priority is now, is the lifeline funding that allows us to keep our doors from closing.

I think for Americans, again, there is no other country that over a longer period of time, has given more generously to every crisis in the world than the U.S. government. To insist that the U.S. government continue to play that role, I think is really at the heart of the humanitarian agenda right now.

Jon Alterman:

Somebody from the International Crisis Group and somebody from Samaritan's Purse asked about the Southern Transitional Council's decision over the weekend to deal with COVID-19 differently. Could you explain exactly what that means for your work and how damaging is it to the work you're doing?

Lise Grande:

As a humanitarian, you work with the authorities on the ground. So, whoever is there, whoever is administering the territory that they control, humanitarians respect that, and we work with them. When the Southern Transitional Council announced that they were now in control of Aden, that they were going to self-administer the areas that they are present in, we have already reached out to them. They've reached out to us, and we are trying to understand each other on a whole range of issues, including appropriate protocols for suppressing COVID. The pathways to get people who have symptoms to the right places so that they can be treated. The more proliferation of administrative authority, the more complicated governments becomes, the harder it is to respond to COVID at the scale and with the intensity that's required.

I think that the fact that our very exceptional special envoy, Martin Griffiths, who is working around the clock to try and bring the parties together, to respond to our secretary general's call, but when COVID started, said, "Can belligerents all around the world, please put down their guns, stop fighting each other, and can we all unite by this unprecedented pandemic?" In response to that call, our exceptional special envoy has been trying to bring the parties together. And the first thing on the proposed agenda for the discussions, is a joint COVID operations center, where everyone will be working. All belligerents, all of us, will be working together. That just shows how important it is to have a coherent consolidated focused response. The more proliferation there is, the harder it is to achieve that. And I think the new

developments in the south are very worrying, precisely because they point to a proliferation rather than a consolidation of effort.

Jon Alterman:

Along those lines, related perhaps, we have a note from a professor at Princeton who asks, "Is the growing amount of foreign aid in Yemen merely prolonging the war by creating a profitable wartime economy?" That's a problem humanitarians deal with all the time. Is there anything different about Yemen? Is there anything you found successful or things you have to change in Yemen, to get out of the problem that the Chatham House wrote about six months ago? You have these very active wartime economic networks that become self-sustaining and support themselves on the continuation of conflict rather than alleviation of it.

Lise Grande:

Yeah. It's a profound question. It's a very important question. And I hope that what I'm going to say isn't misunderstood, but for a humanitarian, it's actually almost a deceptively easy question to answer. Humanitarians are there to keep people alive, regardless of what the economic forces are at play, regardless of the belligerence, regardless of political factors. If you are a humanitarian, your job is to do everything you can to make sure that people survive. That's what we do, regardless of the context in which we find ourselves.

However, it is absolutely clear. This is the 12th major war I've worked on in a very long UN career. I haven't worked in one war that's clean. Not one. Not one war where there wasn't a war economy, where religions were not profiting from what was going on, where economic distortions were not imperiling the lives of hundreds of thousands, millions of families. This is what war is about and that's why the work that humanitarians do is so important.

Have we prolonged the war? No. Belligerence prolonged the war. People who took up guns and who are refusing to find a political solution. They're the ones who are prolonging the war. We're the ones who are giving people a chance to survive. Now, what do we do in a context like this? Because the caller correctly pointed to the fact that we are working in an exceptionally high-risk environment. There's no question about that. And very often, humanitarians will assume extreme levels of very high risk because we're trying to save lives.

Now, in the case of Yemen, what has happened is that the restrictions which have been imposed on us have increased our level of risk to the point where we must ask ourselves whether we can deliver assistance, continue to do the kinds of work that we are doing, at the levels we are doing it, with the risks we are facing. In some cases, I have to be frank, we're saying, "No, we can't." When we do that, we calibrate our programs. We step back and we reduce the amount of assistance that we are providing, until we can manage the risks that are associated with this.

Now, many of these risks are directly related to the war economy, to people who are trying to interfere with our procurement processes, related to the diversion of our aid. These are risks which are unacceptable. And when we face those and we can't mitigate them, then we do step back.

Now, very often what we'll do is just step back for a limited period of time, until we can make sure that the right procedures are in place. Let me give you a real-time example, a situation that we just solved in the last few days. In addition to the 333 rapid response teams on the health side, we have another 333 teams that are rapid response teams that focus on water and sanitation. And we were having a problem

with a payment modality for those 333 teams. We weren't sure that the payments to the people who were doing the work were actually reaching them.

Four months ago, we stepped back and we stopped those payments. And until fiduciary mechanisms and measures were agreed by the authorities and put in place, we weren't sending a penny to them. Well, those measures are now agreed, they're now in place. We can turn to our donors and say, "We know that the money you have entrusted to us, public taxpayers' money, is getting to the people who need it so that they can do their job." That's a small example, Jon, of how we are trying to manage the risks associated with the operating environment that we find ourselves in.

Steve Morrison:

Lise, may I come back to one question? The crisis in Yemen has oftentimes been seen as somewhat invisible to much of the rest of the world. The security problems are legion, access issues are legion. Very few media outfits, outlets are able to come and adequately cover what is happening in a sustained basis. There's a lot of exceptions to that, but as a general case over time, Yemen's had this exceptional problem of telling its story to the outside world. Is that changing at all, in your view? As the COVID crisis gets layered on top of all these other multiple dimensions that we've talked about, are we going to be in a better position for the story to be told, in your view?

Lise Grande:

It's a very important question. How do you tell the story of a place like Yemen where absolutely everything is going wrong and has gone wrong for years? Where the suffering of millions of people is so great and so deep, every single family in Yemen has been impacted by the war. How is that story told?

The story is sometimes told when something very dramatic happens. For example, when belligerents will close the one single port that is the lifeline to all of northern Yemen. The story gets told when an airstrike hits a bus of schoolchildren and scores are killed instantaneously. It gets told when we're no longer able to deliver assistance, food assistance, because of the restrictions and this will make international headlines. It gets told in bits and pieces. I will say this, that regionally, it gets told every day on most of the regional networks. So, if you are sitting in the Middle East and you turn on the television or you open the newspaper, during the course of the week, you will see Yemen mentioned 5, 10, 15, 20 times.

In the international media, we get the kind of attention I described when something absolutely horrible goes wrong. For those of us who have worked in the UN for a long time, we all know that there are really two ways to tell our story. Stories of despair and stories of heroism. Stories of despair are when you arrive in a remote area of Yemen right now, and you go to the health clinic, and there's no ICU capability and there are no ventilators, and there are no reagents and there's no testing kit. And the health workers haven't been paid, and people all around are starving and need support. That's the story of despair. I cannot tell you how many times, during the course of the week, we have that story to tell.

And then there are stories of heroism. When an international NGO or a national partner reaches that remote village, and overnight is able to get that health post open. And helps to find the health workers and support them that can do the job. That's the story of heroism. In Yemen, there are as many stories of despair as there are of heroism. But of course, what we're asking the international community to do, is to stand with the people of Yemen so that we can keep the ledger on the heroic side.

Steve Morrison:

Do you think that we're going to see much more emphasis in Yemen upon community mobilizations in this period? Because you can point to cases like the Democratic Republic of Congo and the Ebola

outbreak and the many problems that were there, that have been gradually brought under control. Much of it had to do with listening, engaging with communities and it seems to me in much of Yemen, social distancing in rural communities is totally feasible. And getting communities rallied around this idea of protecting themselves will become quite important.

Lise Grande:

Dr. Morrison, that speaks right to the third element of the very focused strategy that we were describing earlier. It's the element on community and public education. I referred to the UNICEF army of 10,000 people. These are community animators, facilitators, they're educators. People who, all across the country are talking about the virus, what it is, how it's transmitted, how you stop transmission, what you do if you're sick. In fact, UNICEF actually has 19,000 people who perform this function, but 9,000 of them we're keeping on cholera, and 10,000 are now working on COVID. I think you're absolutely correct. One, to the impact that this kind of public education can have in stopping transmission and dealing with people who are actually infected. We know that if we're going to break this, if we're going to succeed, this is the core element.

Jon Alterman:

Lise, one final question. We have a number of questions, one from somebody with UN OCHA, somebody at Hopkins, and somebody who's a public health consultant in Yemen, all interested in this question of access. I mean, you've described a process which requires a lot of people getting out to implement programs, to move around, to go to sites where there are problems. How does the spread of COVID-19, both affect the COVID-19 action plan but also affect the other lifesaving operations that you feel are necessary to carry out in Yemen? Does that create a tension? Is it a different kind of obstacle?

Lise Grande:

The colleagues who are pointing to the problems that we're facing in access are absolutely right to do so. And it directly relates to what we were describing as the highly restricted operating environment that we are faced with in northern Yemen. At the core of that problem is our ability to get to the people who we need to get to, to help. To get there so that we can do assessments. To get there so that we can monitor our programs. To get there so that we can deliver aid in a way which is responsible.

We're very upfront about these. And this is the heart of why donors have said we're losing confidence.

Jon Alterman:

Does the spread of COVID-19 in areas with high levels of infection make it harder to do that?

Lise Grande:

We believe it will. In both northern Yemen and in southern Yemen, you have the response of authorities as to clamp down, nobody moves. You're not allowed to go anywhere. We're already facing access problems, and I think you're absolutely right and the colleagues are right to anticipate that those problems, unfortunately, are likely to become worse if COVID spreads further.

Jon Alterman:

I think we're coming to the end of time. Steve, do you have any final questions or thoughts?

Steve Morrison:

Thank you. Lise, I want to just thank you again for being with us and for sharing all of these insights. And for your leadership and courage, which matters so profoundly in this situation. And that you would take time out for us, with us today, in the midst of all this, is a great honor, and so thank you.

You talked about the despair and heroism storytelling tension that exists in your work. Maybe in closing, you could tell us, where do you find the greatest hope and strength to keep carrying on? Clearly, you're very determined and you're not easing up at all in this moment in time. But where do you find the greatest hope and strength?

Lise Grande:

Dr. Morrison, I want to thank you for your kind words. And if you allow us to say, I think every humanitarian who does this kind of work, knows that if we don't do what we do, that people will not survive. We are incredibly fortunate that, in the case of Yemen, we have absolutely exceptional national colleagues. There are, in fact, only a few hundred international staff who work on the humanitarian operation, in both northern and southern Yemen. But there are literally thousands of national colleagues who, at great sacrifices to themselves and to their families, go out every single day and defend their communities and do what's necessary in order to keep people alive. It's privileged work.

Jon Alterman:

Lise, I want to add to what Steve said. I can't say it much better. In a world that looks starved for heroism, I hear the things that you're doing in Yemen, the things you've done in Iraq and other places, your leadership on all of these issues, and most importantly, the effectiveness you've had. Extending relief to people through the cholera epidemic, and now through the threat of COVID-19, I want to thank you. I am grateful, and it is hard not to listen to you and not be inspired by the possibility of what we, as a world and as a community, can do to help other people. So, thank you very much for taking the time to talk to us today from Sana`a.

Lise Grande:

Thank you so much. It was a privilege to be with all of you. Thank you.

Jon Alterman:

Thank you very much, and thanks to our audience for excellent questions. We hope to see you again soon.

Steve Morrison:

Thanks, Jon.