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TRANSCRIPT
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**“Humanitarian Operations During COVID-19: A
Conversation with Michelle Nunn of CARE USA”**

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JACOB KURTZER:

My name is Jake Kurtzer and I'm the interim director of the Humanitarian Agenda. On behalf of the Global Health Policy Center at the Center for Strategic and International Studies, I welcome everyone in attendance. Today's event is part of a feature series by the Humanitarian Agenda that discusses the impact of COVID-19 on the humanitarian space with leaders from across the spectrum. Today we are very grateful to have Michelle Nunn, president of CARE USA.

Today's discussion takes place as the COVID-19 pandemic has increased the vulnerability of women and girls not only worldwide, but especially in humanitarian settings. Government interventions designed to mitigate the spread of the virus disproportionately affect women and girls with increased vulnerability to sexual and gender-based violence, among other concerns. The long-term lockdown measures potentially exacerbate already high statistics of SGD in humanitarian contexts. COVID-19's effect on the economic situation of low-income countries also has a significant and severe consequence for women, as does the limitation on sexual and reproductive health.

We know that in many humanitarian contexts women and children are often overrepresented. For example, in Syria 80 percent of the 960,000 Syrians displaced since December of last year were women and children. As such, today's conversation is especially important. As humanitarian organizations try to scale up their response to COVID-19 in fragile settings, highlighting and responding to the unique challenges faced by women and girls is essential to responding to the pandemic.

So with that, I'd like to turn to you, Michelle, and ask you, how CARE USA has been responding to COVID-19 and what are the implications, as you see them, for the populations that you serve?

MICHELLE NUNN:

Thanks, Jake. And thanks, Katherine. I'm really glad to have the opportunity to be with you all. And so I have a really short presentation that I will use to answer that question and to give you just a little bit of an overview about CARE's work, and then I'm really looking forward to the dialogue.

So, first of all, just an introduction for those of you who don't know CARE. CARE is an organization that actually started 75 years ago with the creation of the CARE package. We now think of that as something that we send to our kids at camp or in college. It's an incredible icon of generosity. But it actually started with a handful of people who said: 'We're not going to stand on the sidelines and watch people who are facing starvation, post-World War II Europe. And we're going to do something.' And they delivered 20,000 care packages within a few months, and over time 100 million care packages.

Now, CARE has evolved over time to both do that continued emergency response, but also to do long-term development to defeat poverty. And

we've learned that when you put women and girls at the center, that we have an extraordinarily exponential impact. So CARE today, if you look at our footprint, we work in 100 countries. We reach over 70 million people. And nearly 13 million in humanitarian situations. So that's a view of CARE at the moment.

So if you think about this crisis of COVID, you have to think about it from a humanitarian perspective overlaying a set of crises and a set of contexts that were preexisting. So we know that we – while we're – while we're seeing a small relative number of cases in some of these humanitarian settings, we also know that the testing is really not at any threshold to be indicative. And we know that we face extraordinary issues in terms of density of population in camps, as an example, lack of access to basic wash water and sanitation. And we have 168 million people that are already vulnerable and in need of humanitarian assistance.

So and you know, and the folks on this call – many of whom are policymakers themselves – know that, for instance, last year in terms of the U.N. request for funds for humanitarian need, we only reached about 50 percent. This year only about 14 percent. So you're layering on – the enormous challenge of COVID, on top of these preexisting issues of conflict and displacement and crisis. So if you – if you then think about, again, the difficulty of this, you think about 70 million people forced to flee their homes, you think about those with weak wash infrastructure. I read the other day that between 1.5 billion and 2 billion people who look for services for the provision of health, those health infrastructure systems, clinics, hospitals, don't have basic water and sanitation provisions. So again, some very difficult conditions.

And the density – you know, again, Cox's Bazaar, four times the density of New York City. And then you have what happens when you put restrictions on movement, you create whole new sets of challenge for people that extends beyond the health challenge of COVID to food nutrition and security. And then you think about all the ripple effects of what this means, and how our, for instance, just humanitarian access has been greatly diminished over these last months to provide the lifesaving support that we were providing previously.

So we talked a little bit – and, Jake, you well-articulated some of the, I would say, inequities that hit women and girls in particular hard in any emergency. And that's certainly true with COVID. We've seen this. We did a study of the 50-plus responses over the last few years, programs with Ebola and Zika, and what happened. And the answer was that the crisis amplified inequalities and made things even more difficult for women and girls. You can understand what that means when you think about 70 percent of the world's caregivers are women and girls, and more than 70 percent of the unofficial caregiving happens with women and girls. So that means that, for instance, with Ebola that the virus disproportionately impacted them.

So one thing that CARE is doing and I think has become core in our humanitarian response is what we call rapid gender analysis. So it's a tool that we've now deployed in 54 different settings, and aggregated, and put out policy papers on what are we finding around the gendered implications here around health, around economic empowerment, around protection. You mentioned gender-based violence.

And around women's leadership. How are we ensuring that if the great majority of, for instance, our caregivers are women, how is that – how does that impact the tables that are being set in terms of the leadership and policy? So in the U.S., for instance, our COVID taskforce has 22 people, but only two of them are women. And so what are the implications in other settings as well? So how do we ensure that we are both looking at and helping ensure that women are treated equitably and not disproportionately impacted? And also, how do we ensure that they're at the table as part of the solution?

So finally, just to give you a little bit of a snapshot of CARE's work, you can see that we have the efforts of going into a variety of different places – as I said, 64 countries, 126 million people reached. And that's just in the last few months. Now, a lot of those are indirect reach and then about 6 million of that are direct reach. So if you think about that, that means a lot of, for instance, support to health systems and to communication, misinformation is a huge issue at this moment. So it means that, for instance, of the 7 million women that are a part of CARE's savings programs around the world, they're using WhatsApp, and they are communicating, spreading the right information about how to prevent the spread of this in families and in communities.

We talked about food security. Again, if you look at the rapid gender analysis, that consistently is coming up as the number-one concern for women that we're working with around the world. We talked about water and sanitation. We've constructed, just in the last few months, 5,000, basically water stations where people have access to water. And then a whole host of things that are happening as a result of – in trying to ensure that we are not – that we are not perpetuating or exacerbating the issues of gender-based violence.

And so – and then finally I would say these financial safety nets, ensuring that we can provide cash to those who need it. We – you know, we might talk later in the call about Venezuela. And one of the specific outcomes of our programs has been to change some of the cash transfers to Venezuelan refugees to digital so that they could go directly to an ATM without physical interaction and have the – you know, again, have a basic provision of say, \$60 a month for a family to be able to provide the basic necessities.

So that just gives you a little bit of a snapshot of the work that CARE's doing around the world. And I'm looking forward to the dialogue.

MR. KURTZER:

Great. Thank you so much. I'd like to turn now to my colleague Katherine Bliss from the Global Health Policy Center, a senior fellow, to share your feedback and ask a couple of questions.

Katherine, over to you.

KATHERINE BLISS:

Jake and Michelle, thank you very much. It's really a pleasure to have a chance to participate in this conversation this afternoon. And I appreciate the way you've laid out the challenges the communities that CARE serves are facing during the COVID-19 outbreak. Many, of course, are directly related to infection, but many more are indirectly related and likely to have medium- and long-term consequences for those populations.

Michelle, you noted that CARE has really put gender and the needs of women and girls at the center of its work related to food security, health care, wash services, and economic empowerment because you've seen that conflicts and humanitarian emergencies can have a disproportionately negative effect on women and girls, but also that women and girls are often overlooked as part of the solution. And that that's a mistake. And so you're really looking to put them at the center of forward-looking efforts around response and recovery as well.

So you discussed the gender impacts of COVID-19. We've heard that in regions from sub-Saharan African and the Americas to Asia, women comprise the majority of health care workers including doctors, nurses, community workers and custodial workers. They're frequently employed in client-facing work like pharmacies, food markets, restaurants, and food stalls, even the hospitality industry. But at the same time they're more likely to be expected to care for elderly family members who may be sick with COVID-19. And of course, we've heard that reports of domestic abuse are rising in contexts where stay-at-home measures have been put in place.

So women in general are facing greater direct health risks in terms of infection, mental health, and physical violence, and greater burdens in terms of care, taking time to address the needs of the ill. So I just – you know, I wanted to ask, because you're working across the globe in so many countries, how are you seeing this outbreak and the gendered implications affect your staff in-country? What kinds of adjustments has CARE had to make to ensure attention to the gendered dimensions of the outbreak and its own response, you know, in house as well as addressing issues within the community itself?

MS. NUNN:

Yeah. Well, it's a really important question. And I think that one thing around this crisis is that its impacting families around the world and we're all finding ways of, for instance, sharing the load within our households.

So one of the things that CARE's been doing is, along with lots of other employers, is figuring out how do we support women and men to have greater flexibility so that there can be more shared burden and responsibility across. We know that one of the challenges for women and girls is what Melinda Gates has called time poverty, so the uncompensated work of the household.

And I think in many instances we hope, and maybe you know in terms of challenge there can be changes in culture and paradigm, that we might see more of a rebalancing. I've seen reports from some of our community participants that they are finding that their spouse, for instance, is being more helpful and able to do more. I just heard, though, the voice of one woman from West Africa, we had a call, and one of the articulations was that her husband who spent most of his time as a migrant worker is now at home. And the only two things that he can do at home in the house are to be either physically abusive or sexually abusive.

And so you can imagine that if you are living in a household with that – with that kind of stress and that type of abuse, that that's an extraordinary challenge. And we've seen the U.N. has said that they can anticipate that if we have six more months of this quarantine or sheltering-in-place, up to 31 million women might face the consequences of domestic or gender-based violence. So I mean, CARE is, in our staff capacity, trying to ensure that we are both giving our staff teams the resources, the flexibility, the provision of support in places like the U.S., where there's also some opportunity for people to take advantage of governmental programs. Obviously, that's not true in many contexts.

But I think also making sure people have connection and community and have the capacity to call for help. So a big part of what CARE does around the world is to ensure, for instance, that when we do these rapid gender assessments that we – that we counsel the humanitarian responders to make sure there's crisis hotlines for people to call and that there's the opportunity for shelters when people need to physically leave a home situation, where that is, and where that can be possible.

So we're trying to take into account with our own staff how we can be supportive and also obviously with our participants. One of the things that I think these rapid gender assessments enable us to do is to not only take a more intellectual and abstract vision of what might be needed in a community, but also to hear directly.

So again, our West Africa team in a presentation this morning, talked about the fact that they were – they initially were spending a lot of time thinking about hospital capacity and some the things that we've been thinking about here in the U.S., and Italy, and where we saw the first wave. And after talking to literally hundreds of the women that we worked with, they came to see that was not their priority at all at this

moment. Their priority was feeding their families and the provision of basic cash assistance or the livelihoods.

And so I think the most important thing for us is to ensure that we are listening, hearing, learning directly from those who are impacted, and that we're contextualizing our response based upon the needs and in different countries and, again, I think different contexts – especially those high poverty, high density populations where there are already significant issues of humanitarian concern.

MS. BLISS:

Thank you. So, previous analysis of crises – and you referred to Ebola and Zika for example – but other crises that have diverted resources from routine services to emergency response frequently suggest that sexual and reproductive health services, including family planning, as well as routine immunizations are among some of the first programs to be casualties as health workers and resources prioritize controlling the outbreak. So with COVID-19 we've also seen that people are just afraid to go to health clinics or to pharmacies to see a provider or pick up prescriptions for otherwise their normal routine needs.

So I guess I would ask you to say a little bit more about what you see as the emerging gaps in terms of routine health services for women and girls. What are the things that are keeping you up at night, you know, as you think about the communities that you serve around the world? And what will it take both, I guess, to kind of cover the lost ground and catch up, but more sort of in the medium to longer term, how will we be able to ensure that these services are met as efforts move forward to implement a COVID-19 vaccine or other kinds of services that might come along?

MS. NUNN:

Yeah. Well, we've certainly seen – for instance, with Ebola we saw that in the end more, people died of other health concerns, the displacement of the health provisions, than Ebola, for instance. Maternal mortality in many of the West African countries went up by 50-60 percent. And so I think we have to be really careful about ensuring that, again, those – we don't displace the access to things like vaccinations, family planning, sexual and reproductive health. Just because we're in an emergency does not mean that women's need and access to, for instance, family planning, or the capacity, for instance, for prenatal visits, et cetera, goes away. And so we want to make sure that sexual and reproductive health is understood to be a vital service in humanitarian contexts in emergencies, and certainly in this COVID-19 emergency.

We were concerned that the USAID administrator had mentioned and encouraged the U.N. to remove the provision of sexual and reproductive health services from its mandate or services. And we just think it's really important that we understand that women's lives are on the line and that children's lives are also on the line at this time. And, again, that we don't look at the unintended consequences of our focus exclusively on COVID

and thereby lose the mark on the broader set of services and support that need to be enabled in humanitarian contexts.

So I think – and to that point, I mentioned at the beginning that the concern around resources, and how are we going to resource both the urgency of COVID-19 and, at the same time, not lose ground around the provision of support for some of these basic humanitarian needs that were already preexisting and that are only going to be exacerbated as we go forward, as we look at food nutrition security as just one example. So I guess the most important thing to remember here is how do we ensure that we are aware of some of those unintended consequences that happen in these kind of emergencies. And how are we directly addressing those? And how are we resourcing those?

MS. BLISS:

I like the division between the unintended consequences and, you know, the intended ones, and trying to think long term about how to mitigate. So the World Bank has put out a series of short analyses around the economic impacts of the pandemic, with a special emphasis on gender. And one of the issues that several of the authors has raised is the issue of property rights, including access to housing, and land ownership, among others, but in the context of the outbreak.

Now, in many places, you know, when a woman's husband dies and she becomes a widow, she may lose the right to her home and any land she had under cultivation, or even the livestock for which she was caring. Or if she doesn't lose that outright whatever property she has, her male relatives may pressure her to cede rights to that or sell at a low price. And we know that even in the best of times it's often difficult for women to access credit in many low- and middle-income countries, and some high-income countries. You know, again, because husbands or male relatives may be the ones with the established banking relationships, among others.

So in the pandemic, with many women in the informal sector and many of these crisis situations, kind of taking on entrepreneur – or, having been involved in entrepreneurial work, but now facing being out of work for a short or longer term period, because – and facing considerable economic hardship – accessing funds to kind of restart those businesses, however small, will be critical. And so as you think about the short to medium term, I guess I would ask how concerned you are about women's legal rights in the context of the outbreak, and what can institutions like CARE and others do to help shore up women's access and the security of their access to property and financial credit?

MS. NUNN:

Well, it's such an important question and such an important consideration. In the – a couple of the places where we've already done the gender analysis, what we've learned is that the economic impact is already disproportionate on women. So if you look at what's happened in Gaza or Turkey, as just two examples, there was up to 20 percent

differential in terms of the number of women versus men who had lost their jobs. Again, more women that had lost their jobs than men.

What that also means is then if you think about then the downstream impacts, and you think about, for instance, our reliance upon digital engagement when we're secluded in our homes, we also know that men have 20-30 percent greater access to digital communications and technology than women. And then you already mentioned this issue of ownership and property rights. And so if you take a crisis like this, then often women are, again, disproportionately impacted, on everything from, for instance, child marriage to the rights of widows at this moment.

So I think there's a couple of things that we can do. One is – one of CARE's programmatic modalities is what we call our Village Savings and Loan Program. So over 7 million people are a part of that. We hope to grow that to 60 million people. And those savings groups at times of crisis become enormous reservoirs of both solidarity and connection, but also literal savings, so that people can get through difficult times. They save together a sort of safety net that they deploy at these moments. And so I think – and they also start to have the capacity for the financial independence that comes with earning some of their own wages. So we know that, for instance, there's a very strong connection between gender-based violence and then the lack of resources and financial capacity to escape such a situation.

So the bottom line is, from an economic perspective, we need to be thinking about how our programs are creating a more equal playing field for women and, in some instances, how we're getting direct cash to women to help weather this difficult challenge. And being clear that when our cash transfers go, that they are – that they're taking into account issues of gender and, in some instances, going directly to women so that they have – so that those don't – they don't lose out in the end on that.

The other pieces of this are from a policy and advocacy perspective I think is to try and make sure that we are, wherever we can, working both in the short and long term around ensuring that there is legal provision for the ownership and rights of ownership. In Egypt, for example, our CARE Egypt team, one of their great victories last year was to ensure that a piece of legislation went through and became law, under the rule of law now, that there are – it was already – there was already equal playing field in terms of women's inheritance, but there were no consequences if they weren't observed. So there was now – there's a set of penalties, financial, for families that don't observe the rights of women for ownership. And that's made a huge difference.

So I do think we have to do it both programmatically, but ultimately, we need to make sure that we're also changing legal norms and social norms. And so working again, also with men and women, to make sure that at

these times of crisis that we are, again, trying to level the playing field across the board.

MS. BLISS:

Well, thank you. And, you know, your remarks here about the role of digital technology, I think are really interesting. And we've all had to become much more comfortable with digital technology in our own lives. (Laughs.) But one of the things that has been clear from your remarks and others is the impact that this outbreak is likely to have on education, and both boys' and girls' access to education. But in particular, girls' access over the longer term as, either girls are expected to stay home from school to take care of younger siblings or undertake the variety of tasks that may be required of them.

And I just wanted to ask you to say a little bit about two aspects of digital technology. One, is there a role for digital technology in addressing the gendered education gap, and is that something that could emerge as a consequence of the outbreak? And second is, just to what extent can better access to digital technology within the settings where you all are working, better contribute to the sex-aggregated data about how the outbreak is affecting men and women, and help us better understand what's happening, both at a national and international level?

MS. NUNN:

Yeah. So big questions. I would say that – so, one is, I think we all have to be advocates for ensuring that the digital divide – that we're continuing to address the digital divide. And that means across the board. We know even in our own context of the U.S. that there are rural and urban digital divides. We know that there are certainly gender implications to the digital divide in some significant measure. And so I think programmatically ensuring that we are working to address that.

We, for instance, at a very basic level know that, quite naturally, our participants around the world are starting to use WhatsApp as an application for communication to one another, and replacing some of their physical meetings with virtual meetings, in the capacity also of spreading information. And for those who are illiterate, they're finding ways of using the voice application of WhatsApp. And really, I think, relying upon some of the creativity and leadership of women themselves to tell us how they want us to create and equalize the playing field there.

As it relates to interrupted education I think this is a huge issue. And, you know, girls, especially as you think about the caretaking responsibilities, and as that becomes something that they're called upon, thereby precluded from access to school, boys and girls are going to have enormous challenges of interrupted education. And I do think that digital is a part of the answer. CARE has worked for many years on a program that we call SOAR, that focuses in on, for instance, adolescent girls who have lost several years of their primary education, and enabling them to have remedial accelerated education that gets them to graduate to

secondary school. And we have a 95 percent graduation rate towards that.

And so, for instance, as we think about young people who are missing months of school, or perhaps will miss a year or more than that of school, is how do we get them up to speed? We also use digital tools to monitor their progress, to work with the government so that we have personalized learning plans and lesson plans around their progress. So these are all tools and techniques that I think we're going to have to enhance and accelerate and expand as we go forward. I mean, the good news, I guess, is that this is going to force a way of both – of learning from the capacity for virtual education and what are the limitations, constraints, and opportunities therein. But I think we have to – we're going to have to creatively embrace those. And I think, again, think carefully though about how, as we accelerate technological learning that we don't accelerate gaps or inequalities that already exist, and how we take those into account.

MS. BLISS: Thank you very much.

MR. KURTZER: I want to jump in here and turn the conversation a bit towards some of the specific contexts that you're working in. Before doing that, I want to remind our viewers that we are taking live questions you can submit via the webpage. And we do have one question from a viewer in North Carolina, Mitch (sp), who asks about humanitarian access constraints. CARE was a participant in a taskforce that CSIS held last year on humanitarian access – the denial – the deliberate denial of access for humanitarian agencies. And I wanted to get a sense from you if you've seen that as something that's been exacerbated by the COVID-19 pandemic, either as it relates to the ability of staff to enter because of restrictions or if it's being used by belligerents or governments or armed groups as a pretext to deny humanitarian organizations the opportunity to respond to need in some of the contexts that you work in.

MS. NUNN: Yes. I think humanitarian access is a huge issue right now. I think it is, at this point, largely within the provision of the restrictions that exist for countries at large, and that they – we just are all struggling with, especially in the immediacy of this situation, with what are essential services, how do we ensure that humanitarian workers do no harms as they are released to provide lifesaving support and services. So I think that's one of the very most important and difficult issues that we are facing.

Now, again, you layer that on top of some of the difficulties that we're already having. If you think about northwest and northeastern Syria, and humanitarian access in those contexts. And then on top of that, you're dealing with the situation of – you know, of a lockdown. And, again, from – even if it's from the provision of concern, that it is very difficult for us at this juncture to provide some of the humanitarian assistance

that's much needed. So as we go forward, I think we are going to have to continue to figure out, again, how do we do no harm? How do we protect our humanitarian aid workers? And how do we ensure that they do have the access to provide the lifesaving services that are so essential?

MR. KURTZER:

So can I just ask you maybe to pivot on that about northwest Syria? I mean, there's a lot of attention focused there because, you know, the need is so great, the millions of people trapped in that border area, and the U.N. Cross-Border Resolution potentially coming up for a debate again – well, coming up for a debate in July. How does an organization like CARE navigate the day-to-day provision of assistance while also, as you're U.S. based, the issues in Syria are highly politicized, both at the domestic level and internationally? So how do you navigate making sure that you're able to continue to provide the services that you can, while also navigating some of the challenging domestic political dynamics?

MS. NUNN:

Yes. I mean, it's sometimes threading the needle, for sure. I would say that right now, along with all of our other peer humanitarian organizations and international INGOs, advocating to ensure that we do have access in both northwest and northeastern Syria. There is simply no plan B for this. And we do need the U.N. Security Council to come to some favorable opening of the humanitarian access question there. At the same time, you know, CARE is continuing the lifesaving work that we do there. And I think trying to ensure that we are sending the message, though, that without that access that we really will see both enormous suffering and loss of life.

MR. KURTZER:

Can I ask you – you mentioned earlier Venezuela and the move to digital money transfers as opposed to cash. That's another highly complicated political question in the United States. And I'm wondering, how are you managing to maintain operations in a context that's so politicized in the United States? And can you also mention – you talked about your work against disinformation through messaging. So maybe can you speak to how that manifests in a specific context, like Venezuela?

MS. NUNN:

Yeah. So Venezuela is, as you well know, an enormous crisis both in the country itself and the displacement of over 5 million people, and perhaps by the end of this year will become the largest number of displaced people in the world. And so Ecuador, Peru, Colombia is where we're largely working. We have very limited and constrained engagement within Venezuela itself, for a variety of the challenging reasons that you would recognize. So our work is largely focused on supporting those displaced people.

And I think right now, if you, again, think about Ecuador, which is facing its own quite difficult challenge with COVID in which people are not able, physically, to leave their homes, and the provision of humanitarian aid is, again, endangered, and then you think about the Venezuelan families that were already in crisis and that don't have access to

livelihood options, to shelter. So one of the things that, again, we're doing is trying to work with both the Ecuadorian government and the private sector there to provide, again, cash transfer, cash assistance. And to make sure that we preserve some of the work that we were already doing with these vulnerable communities and, again, at the same time, help the very most vulnerable, who are, I think, facing hunger at this juncture, as just a way of ensuring that they can move forward over the coming weeks.

MR. KURTZER:

So prior to the start of the broadcast, we were talking. And we talked a little bit about fundamental changes in organizations, our own CSIS, but also organizations like yours, CARE. And we talked a little bit about thinking through how work has evolved and what might change for good and what might return back to normal. I'm curious, from your perspective, if you've given some thought to how you see either your organization or this sector at large evolving as a result of this transformation that was, you know, hoisted upon us?

MS. NUNN:

Yeah. I think we're all trying to determine how we can take some of the agility, adrenaline-driven response that has come out of this. And, you know, there are some things that I think are positive. For us, at a very practical level, we've relied tremendously on travel, on physical meetings. So as we have moved to a more virtual world, it has become equalizing. We now have a global townhall on a weekly basis that connects people from around the world that, frankly, we were not doing in that same way, and sharing the stories of the collective work that CARE is doing, and having a weekly transparency around the organization's response has been really helpful.

I think the question of localization of response. Obviously, this has been a theme in the humanitarian trend for a long time. But I think this is going to accelerate that. Both reliance upon local civil society organizations, reliance upon local leadership. I think there are some really important and positive ways in which that will continue to manifest. And then I think the spirit of collaboration that happens at moments like this, where you realize that we must do some things differently. So whether that's collaborative advocacy among international NGOs, lifting up our voice collectively, whether it's new ways of operating in concert, I think that these are things that can be quite helpful if we can intentionally embrace them going forward.

MR. KURTZER:

Thanks. I think we'll call it there. That was a pretty positive thing to end on.

MS. NUNN:

It's hard to find the right positive things to end on. The last thing I would just add to that is, I think that there is this opportunity for us to – and there always is—whenever there's a crisis, there's a transformational opportunity within it. And so as we think about the paradigms going forward, a more equal, and just, and inclusive set of communities, I think

is the aspiration. And I think we should fight this with that in mind. And I – again, I heard from one of our participants who runs one of our savings groups in Niger whose quote was, “Impossible is not for us.” And so it seems like at a moment of great impossibility that embracing that spirit of aspiration is what we’re all called to.

MR. KURTZER:

Well, I can anticipate that being on Twitter in about 10 seconds. So thank you very much, Michelle Nunn, president of CARE USA for joining us. Thanks, Katherine Bliss from the Global Health Policy Center. And I’d like to remind everyone, the event will be online in its entirety after its conclusion. And this series is something we’ll be carrying forward for the next few weeks with a couple other folks. So thank you again for your time, and for your work. And we look forward to continuing to work with you.

MS. NUNN:

Thanks so much.

(END)