

Center for Strategic and International Studies

TRANSCRIPT  
Online Event

**“Humanitarian Operations During COVID-19: A Conversation  
with Peter Maurer of the ICRC”**

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SPEAKERS:

**Peter Maurer**

*President, International Committee of the Red Cross*

**J. Stephen Morrison,**

*Senior Vice President and Director, Global Health Policy Center, CSIS*

HOST:

**Jacob Kurtzer**

*Interim Director and Senior Fellow, Humanitarian Agenda, CSIS*

*Transcript By  
Superior Transcriptions LLC*

Jacob Kurtzer:

I am Jacob Kurtzer, interim director of the Humanitarian Agenda at the Center for Strategic and International Studies. On behalf of the Global Health Policy Center at CSIS, I welcome everyone joining us online. Today's event is part of a new series by the humanitarian agenda that discussed the impact of COVID-19 on humanitarian action, drawing on insights from across the humanitarian spectrum about the challenges their organizations are facing. I hope this series will provide a rigorous and timely discourse around the complex challenges the humanitarian community is facing,

We're therefore especially grateful that Peter Maurer, president of the International Committee of the Red Cross, is here joining us today and kicking off the series. I'll begin with a short introduction and then turn to President Maurer. Following his remarks, we will have reflections from my colleague Senior Vice President at CSIS Steve Morrison, and then Q&A. I'd like to remind you that you can submit questions online and that the event will be posted in its entirety on our website shortly after its conclusion.

The discussion takes place as COVID-19 has a foothold in some of the world's most fragile and conflict-ridden contexts. Humanitarian organizations are facing a new and still significantly unknown challenge while trying to scale up assistance for the most vulnerable communities. Many fear that the worst is yet to come. The ICRC has appealed for 250-plus million Swiss Franc as a start of its response to COVID-19. Like others, the ICRC is continuing to maintain its operations to reach affected populations, while navigating the shifting politics and policies of donor states and host countries that add layers of complexity to the response. In looking at COVID-19's reach into existing crises, some have suggested that this is a game-changer that will fundamentally alter the humanitarian landscape. Others argue that for civilians in conflict-affected areas COVID-19 is just another challenge on top of their existing struggles.

So, with that, I'll turn it to you, President Maurer. Thank you so much, again, for joining us. Could you share with us a bit about the ICRC's response so far, and tell us how you see the pandemic? For an organization like the ICRC is this business as usual with an added complexity, or do you see this as a game-changer?

Peter Maurer:

Well, thanks a lot, Jacob and Stephen, for having me. Welcome to all of you listening and watching in. I really appreciate the opportunity.

I think let me just make a couple of points and try to respond to your initial question. I think, first and foremost, talking to my colleagues in the field heading operations in most of the fragile contexts in which

we operate, in Africa, the Middle East, and other parts of the world, COVID-19 comes on top of multiple challenges that we have been dealing in the past and doesn't fundamentally alter our approach to humanitarian issues. Of course, we haven't seen a pandemic of that size, but we have been in pandemic response in the past. And certainly none of the challenges that were at the basis of our programming for 2020 – the impact of climate change on conflict, the dynamic of violent conflict and war, violence in societies, the challenge to response to short-term humanitarian issues while looking at medium- and long-term achievement of Sustainable Development Goals, the injustice that we encounter in fragile contexts – all these challenges that were at the basis of our programming and our strategy have remained the same. Wars have not stopped. Only in very few places belligerents have taken COVID-19 as an opportunity to come on board, to develop confidence-building measures, to engage in negotiations. So it is one amongst other issues.

I think when I look at the phenomenon, what strikes me, it's one of the first probably global pandemics in a very long time. It affects 190-plus countries. But the impact of the pandemic on each and every country and context is very different. And so there is a tension here between the global issue, which has also been communicatively taken a new space in policy shaping – humanitarian policy shaping on the one side – and the very contextual dynamic, the impact, which is very different from one place another, and needs a different response from one place to another.

My third point I would make to try to respond to your broad question, Jacob, is we have looked at – early on at trying to emphasize, accelerate what our response was in the past, and see what is relevant for COVID as a response. And a lot of what we have been formulating and doing in the past is relevant to be preventive for preparatory elements in COVID response. We have been big on water response. Water is code for hygiene and to be an important building block in COVID response. We have been strong in health response. And we have equipped health centers – primary health centers, hospitals in all over the world in areas of operation, with basic equipment.

I think a lot of what is core of our response in the past has been transformed, and accelerated, and prioritized in terms of COVID response. But we have also seen that it is not only about responding to a pandemic. I think we learned from Ebola and other pandemics that you can't focus on the pandemic alone if you don't want to see negative impact on other areas of health challenges. And I think we tried to take into considerations the lessons learned from Ebola and other pandemics on which we are focusing.

What we have seen also is that in many places in which we work, the health challenge is not the biggest challenge for many of the places – in Africa, the Middle East – but it is rather the secondary impact of pandemic response, the restrictive measures that states take which have a deep impact and lead to a new kind of humanitarian issues in terms of the dimensions of humanitarian challenges that we are responding to. So there is a health response, but there is a broader response on how you support social systems to be responsive to the secondary impact of the pandemics.

And finally, I would say we recognize that we can't only just throw assistance to the pandemic and social problems that we are encountering. We need also to see in many of the contexts what does it mean for protection policies, changing behaviors of belligerent, changing behaviors of state authorities, looking at what international humanitarian law says with regard to the use of force in establishing public order in the context of COVID. So a lot of challenges that we are encountering in the broader sense of a response.

And maybe really as a last point, when I look at how has it changed ICRC as an organization, I would say that over the last two months the virtualization of our work has been dramatically accelerated. The localization of our response has even been further enhanced. We have always been a local organization, but the fact that we couldn't meet up with each other physically has given more responsibility to frontline operators and negotiators. So we will see localization further. And I think we recognize, with the dimensions of a pandemic, that we can't do it alone, and only multi-stakeholder responses and partnerships will be able to cope with the dimensions – with the different dimensions of the problem.

Jacob Kurtzer:

Thank you.

Steve, I'd like to turn to you. You and your colleagues at the Global Health Policy Center at CSIS have done such incredible work in the past thinking about the impacts of a pandemic and how to respond. And now since the outbreak, you know, thinking about how the international community should respond. So I'd like to turn to you for your reflections, and then maybe we can jump into some Q&A.

J. Stephen Morrison:

Thank you very much. And thank you, Peter, for being with us today. And thanks to Jake for organizing us. And thanks to Alexandra Boivin, your head of office here, for the assistance she provided both us last week in talking about the lead-up to today.

I want to talk about – I want to just quickly hit on three points, three things that really strike me about the havoc that's caused by COVID-

19 and the evolving international response, and sort of ask you to offer your thoughts or reflections on these three things. It's a mixture of dread and hope, is what I'm going to hit on. And so I'll start with more of the dread side of things. The first is really a strong impression that this virus is causing – is aggravating a crisis around norms and alliances, multilateral institutions, and governance. And we see this at the Security Council, where the U.N. Secretary-General Guterres has been unable to move the ceasefire resolution. As you yourself have pointed out, combat operations continue. There's been on fundamental change to the situation.

So we have a – we face a void in high-level deployments, diplomacy, and international institutions, that are fundamental to dealing with these multidimensional crises of health, conflict, humanitarian emergencies, rule of law. And we see it at the U.N. Security Council in a very – way in which the crisis has been exasperated by the virus. And we also see this – and at the center of it is the U.S.-China confrontation, this sort of worsening and highly toxic confrontation between two superpowers. We see this played out also with the assault upon the World Health Organization and the fact that WHO in the first day of the World Health Assembly finds itself kind of caught between this toxic confrontation.

So are we – I guess the question that comes out of that, and this is my first point, is are we on the edge of some kind of systemic change? We see a crisis in WTO as well. But multilateral institutions are more frail, more fragile in the face of this virus. The second point is that it's causing a funding crisis. As the pandemic generates vast economic demands across the world, including within the most advanced and wealthiest countries, the most powerful countries, it's really creating huge demands. And just look at what's happened in the United States. Over \$3 trillion in stimulus funding, 2 billion (dollars) of it early on to the international response. We now have another \$2 billion – \$3 trillion measure passed by the House of Representatives with no money at all in it for the international response.

I just use that as one example of how consumed powerful and wealthy countries have become by this crisis within their own borders, and how inward, and nationalistic, and sovereign concerned. It's all understandable, but what happens now? You have an appeal for \$823 million. You're very reliant on a range of about 30 wealthy countries to support you. Will they have the will? And will they have the resources to do that? And are we facing a situation where the low-income countries are going to be largely left on their own devices? That they may be left – they may face themselves left behind as the wealthier countries recover sooner than they?

We did see – on the promise side of things – we did see one very promising development when the EU and WHO called together 40 countries and a number of other organizations around the – pledging for the support – a pledge appeal of \$8.2 billion for the vaccine, and the therapies, and diagnostics, which was highly successful, and an encouraging moment.

My last point is a point of hope, and it's about ICRC. And I just wanted to say that it seems to me that you've proven that you're very well-positioned to be a critically important responder, despite how difficult the operational environment is in those many – those dozens of countries where you're operating. You've told us that you've been able to keep 85 percent of your – of your – of your staff in place. You're very resilient. You're very durable. You are battle tested. You're able to navigate these difficult environments. This is part of what you do pre-COVID and post-COVID.

And obviously, your important rests on multiple dimensions – management of the dead, prisons, mutual release of detainees. We've seen some of the progress – Afghanistan, Ukraine, perhaps you're seeing some Yemen. I don't know. You've adapted to protect your staff, you have very low infection rates, while continuing continuity of services. And there's terribly important, I think, for people to understand, that we may have a diplomatic void, but we don't have an operational void. And when you look at The Global Fund, when you look at MSF, when you look at Gavi, The Vaccine Alliance, look at yourselves, look at the World Bank, IMF, there's been quick response.

And those that are operational have the local partnerships, they have the financial mechanisms to move money, they have the supply chains to move products and move people, they have fundraising capacities. And these are the institutions, it seems to me, that are going to carry the day in moving us forward, in partnership with local and state-based organizations, and nongovernmental entities across the board. And that's what, I think, gives me the greatest hope in talking to people like yourself, and Peter Sands from The Global Fund, Seth Berkley from Gavi Alliance – The Vaccine Alliance, and the like.

So thank you for being with us today. And I just wanted to share those three thoughts and ask you for your thoughts. Thank you.

Peter Maurer:

Thanks a lot, Stephen. Great issues that you put forward. I think what we observe in many countries of the world is, of course, that confronted with a global pandemic, and with political fights on how to respond best to the global pandemic, you do not escape political controversy on how to do that best. And when within each and every country there is a debate and COVID-19 is, what I would say, politicized and enters the political system and the political debate, inevitably you

will have the same happening in the international community. There are legitimately different sensitivities on how to cope with the issue, what kind of priorities to set. And I think what you see in multilateral institution is, of course, also a ripple effect of an international system which has no consensus on the policies and responses to find with regard to this sudden emergence of a global issue that has challenged the multilateral – the multilateral system.

When I look on the more hopeful side, and you mentioned in your third point some of the hopeful sides, I am still surprised how many governments today use the opportunity to do new openings which they didn't do before COVID. Let me just remind you, we have never seen so many prison directors and ministers of justice coming toward ICRC and offering access to prisons in order to facilitate the creation of health systems and – (background noise) – sorry, I don't know what this is. Of health systems and others. And so I would make a point that there is – there are openings which governments have made which signal understanding of the big challenges.

We have seen great engagements from armed forces, from police forces, looking at how to cope with new public order issues in the context of a pandemic. And so the situation may not be as bleak as it looks like when you only look at multilateral institutions and the obvious difficulties of states to find adequate consensus to respond to a pandemic. But also where pandemic response mixes with power, political, and influence issues, which of course makes – and blocks the international system, and makes it difficult to move forward.

I do believe that a future is as much in the multilateral system as it is in multi-stakeholder cooperation between states, agencies. You mentioned the World Bank, Gavi, you mentioned others. And I think increasingly the private sector, the public sector, states and nonstate, humanitarian organizations working for delivery on the ground, and more policy-oriented organization will have to work together probably on issue-bound platforms. And I think we make a mistake in just dogmatizing the multilateral system as it exists as the place where all the responses should come from.

Rightly so, Stephen, you mentioned yourself the alliance of the European Union and 40 other states. I think these multi-stakeholder cooperation fora will gain significance in the future. And I think we have to build a new form of multilateralism for a new type of challenges that we are confronting.

I can agree with you as well that there is a funding crisis obviously looming, if it has not already started. I think in the emergency of the pandemic we saw decent response by states to fund humanitarian and COVID-response operations in the multilateral system, including

from the United States. I think my fear would be that the secondary and ripple effects of the pandemics, the downturn of a global recession, this could eventually lead to a major funding crisis. Having said that, here as well is the future just in the same funding model that we have used in the past? Most likely not.

And while we will need funding for emergencies, we will also need new financial instruments and cooperation forums which didn't exist in the past in order to fill the gaps. Never have we had so much exchanges and promising cooperation as we had with the World Bank and regional development banks. I think COVID-19 reminds us that we need to use the money, the development and humanitarian money in different ways. Never have we seen so much interest in new forms of raising finances with the private sector, impact investment, impact financing. And I think the present situation just reminds us that we shouldn't build a future system only on the model of raising money to spend it in humanitarian crises, and that we have to reform and remodel that system, and also to see how we can use existing instruments in a more intelligent way to have impact.

Having said that, I don't want to sound over-optimistic. Many countries will be in very difficult situations because of the overall economic impact. And I wouldn't underestimate that this is – this is a big challenge that we are looking at. But on the other hand, none of the issues that you mentioned with regard to finance and funding is completely new. The system was underfinanced before COVID. It will continue to be under-financed after COVID. But the pressure on creating new and innovative ways of financing is probably increasing, and hopefully will also be successful over time.

And then my last point, just once again to emphasis, I do believe and I am deeply convinced that we have to think in terms of building value chains from policy fora to implementation on the ground, and in local places. And these value chains do not exist in any satisfactory dimension today. And I think this is really what I'm looking for also in new forms of multi-stakeholder and multilateral cooperation in the future.

Imagine we find the vaccine for COVID-19. It won't be enough to have a vaccine which is distributed to health system which are – which are ailing. Many countries – more than 100 countries in the world will not have the necessary health system to really deliver vaccinating their populations. So we will need structured processes, which is where the rubber hits the ground. And I think we certainly try, as the Red Cross and Red Crescent movement at ICRC, to be part of such a system that is able to deliver on the ground in the future.

J. Stephen Morrison:

Thank you, Peter. Thank you very much. I have a couple of questions. One that I wanted to put to you is: This is – this is a crisis that is – it's universal. It's globalizing. It's planetary. And it's highly uncertain. And its duration is unknown, but it's going to be a long fight. And we – obviously, the vaccine and some effective therapies that might bring down mortality and morbidity remain essential items here. And you've referenced this in terms of access, equity, transparency, and the like. But it does require of all us a different kind of strategy. We haven't seen the true mortality yet in low-income and lower-middle income countries with high-density urban centers where social distancing, access to health, access to water are highly problematic.

We're starting to see some shocking evidence coming out of Kano or Mogadishu or certain other places of that kind, but it's still kind of early days. The testing is woeful. And the true mortality estimates are – is woeful in understanding this. Are you able to use your presence in order to illuminate what is happening in terms of spread of the pandemic, and mortality, and illness? Are you able to play a role in trying to help us that way, but – to put more visibility in this problem? But also, how are you gearing up operationally in terms of what lies ahead in the next, say, two to three years minimum in trying to think through this? Because we are going to have severe economic stresses, we're going to have severe malnutrition bordering on famine, and we're going to have the health consequences in terms of very high mortality and illness.

Peter Maurer:

Well, I think, Stephen, it's a great question. And I think it's very much on our radar screen, maybe two things which come to mind. First, we do need a credible international system for data. And I think ICRC and the Red Cross movement is certainly happy to help build such a system with the presence that we have. But it can't be our task also to bring this system forward. I think a lot will depend on our ability to bring the evidence to the political process. Let's remind ourselves, how did climate change enter the political debate in global fora? By longstanding efforts into the evidence and scientific relationship between emissions and climate change.

And I think in pandemics we will have similar issues. And I think where multi-stakeholder efforts are absolutely critical is to bring these numbers together. For the time being, we have impressionist evidence and not figures and facts. And as much as we have impressionist evidence, we certainly use this in order to dialogue with authorities, and to see how we can convince them to engage into policy responses which are – which are adequate. But I do believe that you put your finger on one of the critical – of the critical issues that are ware – that we are facing.

We are not yet so sure what COVID-19 will do to mortalities in developing countries in fragile contexts. For the time being, in the last – in the first three months we haven't seen a generalized pattern. And we will have to look carefully on what the proportion of this pandemic with regard to other health issues is. And that's the reason why we are so eager to always focus on health system as a whole. We still remember our focus on Ebola has drawn all the international attention to Ebola, and then we had mortality rates with everything else than Ebola spiking in many of the contexts in which we are. And so I think this has to be taken into consideration. And that's the reason why we need data and evidence.

I think I'm a little bit more optimistic in the capacity of international and local organization to build alliances to respond. Once we know the dimension of the problem, response is possible. It's not rocket science. You know where you have to put the screwdrivers in order to change something. And I think we have already put the screwdrivers in a couple of points in which we have been able to prevent worse. I still remember that our precautionary and very systematic approach in Ebola has allowed us to keep Ebola out of prisons in the DRC and other places of the world. I think I'm pretty optimistic that once the dimensions of the problem are known, and the policies are in place, that it is easier to find the humanitarian space in which we can operate.

But you also know where the big danger of governments is. Governments like to decide policies on which they have operational response capacities. And at the present moment, I think one of the big filters of government is that when they don't have the protective equipment, they don't decide policies which demand protective equipment. And I think that's the conundrum of convincing political decision making on the exact dimension. And there we are again at evidence-based policymaking, which is so critical with regard to pandemic response in particular.

J. Stephen Morrison:

Thank you.

Peter, we have a couple of really great questions coming in from the audience which I'll get to in a moment, but I first wanted to ask Jake what he would like to add at this moment.

Jacob Kurtzer:

Thanks, Steve. I'll actually reconcile one of my questions with one of the questions we have from our live audiences. You mentioned local organizations. And we have a question from Uwamungu in the Rwanda Red Cross, one of your movement partners, asking about how the ICRC monitors rumors and response to misinformation and disinformation in conflict areas. And, you know, I'd like to hear how you're working on that, but in particular how you assess that

information environment also in the context of duty of care to the staff, in that we've seen attacks on health workers on the rise. In addition to the ongoing attacks in the context of conflicts, we've now seen targeted attacks based on response to COVID. So how is ICRC responding to that? And how do you think about that notion of your staff as frontline workers, and now being targeted because they're part of that response?

Peter Maurer:

Now, first and foremost, against rumors there is no recipe other than transparency, and dialogue, and moving to convincing on specific cases and evidence. And this is the practice that we have with regard to our movement partners in particular. I think when I look over the last two month, and all our education and training efforts with volunteers of national societies in hygiene, in everything, they help us in implementing our program. An important component of educating is really to put critical thinking into frontline humanitarian responders, so that they do not become propagators of wrong evidence but know about the protocols of verification of evidence.

I think the national societies and the volunteers of national societies have really been extraordinary in knowing and being sensitized on the delicacy of COVID-19 response, which of course has a communicative element which no other pandemic up till now had because of its global significance and the communicative dimension that COVID response has. When I look at our duty of care, I think our particular attention today is really to counter possible responses and prejudice that humanitarian worker would be the agents of propagating the virus. And therefore, I think it is our task to put precautionary measures and protocols in place which are particularly rigorous with regard to whoever goes out of an ICRC delegation into communities, into the field, to give the best possible assurances that we are not propagators of the virus on our side.

I think there is no recipe but strictest following of procedures and protocols, which counters prejudices and rumors which are, indeed, devastating for humanitarian action and for the creation of a trustful space. Because, at the end of the day, that's maybe the word we would bring into the conversation here. What we see in so many places is that policies and practices are effectful and impactful if they are trusted by the communities, and if we manage to build those trustful relationships. And this is only possible by transparent communication and transparent action.

J. Stephen Morrison:

Thank you, Peter. Just one quick comment and then a question from the audience. The comment is around the introduction of the vaccine, eventually, and what we're seeing in terms of opposition within the United States and elsewhere. What we're seeing in the United States is a coalition of different entities frustrated – those who are in

business and frustrated with the lockdown that's gone on for so long and our economy being so disrupted, people feeling desperate. But we also have people who are coming forward who are libertarians, who are populists, who are gun rights advocates, but also the anti-vaccine movement that's come forward.

And they have a – they have an infrastructure, they have a funding base, they have leadership, they have celebrities, they have systems. They're very adroit. And they've been able to adapt and move rapidly, very rapidly. And our surveys – the first early surveys here in the United States are showing pretty high skepticism among the population around willingness to accept a vaccine, even when we've got today 90,000 deaths. And by the time we get to a vaccine it's going to be a few hundred thousand, at a minimum. And so there's a debate going on around the socialized or weaponized social media against vaccines. And how do we think about that and prepare ourselves? And I don't think this phenomenon is going to be confined to just Europe and North America. It's going to be a globalized phenomenon.

One of the questioners, someone from – Carla from ICRC – put a question forward around children. We know there are millions and millions of children, a staggering number of children, who are out of school around the globe – many for an indefinite period. And they have special needs, obviously, both humanitarian, nutritional, educational, emotional. And how is ICRC adapting to that reality? So it's really two questions. My question around the anti-vaccine movement, how do we think about that, how does ICRC think about that, and how do you win confidence and trust among a population that's traumatized and distrustful oftentimes. But also, the question around school children. Thank you.

Peter Maurer:

Well, it's, of course, a very difficult question. The essence of humanitarianism working in communities, working with authorities, working with belligerents in conflict situations. And through our community engagement and through transparent explanation of what you are doing to establish trust, which will have to trickle down as evidence for people. People have to see that when you get your vaccines you have a bigger chance to survive. And I think you can't impose by state power skepticism against the vaccine. It's typical, one of those delicate issues where health issues are different from other global challenges.

They touch a person much more in their identity, and therefore demonstrating, showing, explaining, working with communities, working on front lines is, at the end of the day, the essence of overcoming skepticism. You can order, you can impose, you can try to force. It won't. We still remember how in Afghanistan – how much

time we invested in convincing the Taliban 20 years ago to offer a humanitarian space for vaccinating women and children in the rural landscapes of Afghanistan. I think there is no alternative to engaging, being close to people, trying to convince.

I think ICRC and many other institutions are – when you are a humanitarian you look at vulnerable populations, and particularly vulnerable populations. And COVID-19 has really sharpened our analysis from one context to another who is particularly vulnerable. We know that in Europe it's the elderly with multiple health issues. We know that in other places it's children which are not yet connected and for which education cannot easily be replaced by distance education. So we do know that the direct and indirect impact of pandemic influence vulnerabilities in a very different kind. Women are exposed to gender-based violence as a secondary effect of pandemics – pandemic policies, as we have seen over the last couple of weeks, while children have their specific vulnerabilities.

So that's a little bit my point, that we are convinced that we can't do it alone. And that's the reason why we need partnerships with others. I think what ICRC does well is really negotiate access to difficult places and to particularly vulnerable situations with particularly vulnerable populations. We have expanded our health response to include mental health and psychosocial support. This is an important add-on to what ICRC did traditionally, but we will need all the supporters of our specialized agencies, be they specialized on nutrition like the World Food Program, on children like UNICEF and others. I think these are new types of emerging partnerships which allow probably for scaling and speeding some of the responses that we have to put in place.

J. Stephen Morrison: Thank you very much.

I just want to add, we had – I had the good fortune last week of having a conversation with Henrietta Fore, the head of UNICEF. And it was most impressive and encouraging to see the mobilization happening there around these issues. And I believe Jake is hosting Governor Beasley, head of WFP, if I recall correctly, is that correct, Jake?

Jacob Kurtzer: TBD, but yeah. (Laughs.)

J. Stephen Morrison: We are hoping.

Peter Maurer: I will recommend him too, certainly.

J. Stephen Morrison: So very powerful and effective advocate on these issues, a loud voice and a very effective voice.

Tell us – before we turn to Jake for closing remarks – tell us, Peter, what gives you the greatest hope and the greatest strength in this period, this period of such uncertainty and pain and suffering in this period? What gives you the greatest hope and strength?

Peter Maurer:

Well, I would say the resilience of communities, the ingenuity to find new ways and new approaches. As you mentioned, Stephen, I wouldn't have hoped on 5 or 6 of March that we are still able two months after lockdown to access some of the most remote places in northern Burkina Faso, eastern Niger, northern Nigeria, and many other places in which we are able to access. What gives me hope is also the communities in which we work. What gives me hope is the enormous power of volunteers of the Red Cross and Red Crescent working with us, engaging for communities. What gives me hope is, very frankly, also the critical debates which are taking place in the humanitarian community and the Red Cross movement, in the ICRC on the best way forward. So there is a lively debate happening on the best way forward. And I think we see a lot of countries, a lot of actors with the capacity to help really helping.

So I'm pretty optimistic that COVID-19 will allow us also to convince that humanitarian work is contributing to more durable stabilization of societies, that the work – the task is big, the challenges are big, but surmountable if we work together, if we chart a new way forward. And I think I see so many examples as I do the calls to heads of delegations of ICRC working at the frontlines. They are still optimistic. And as long as they are, I am.

J. Stephen Morrison:

Thank you so much.

Over to Jake. Thank you, Jake.

Jacob Kurtzer:

Thanks, Steve. And thank you, President Maurer, again, for joining us and for your work at the ICRC. And for you and for all your colleagues who are still out there, standing and delivering those services. You know, we're grateful for your time today, but also for the work of the organization responding to those needs in those – in those complex environments. So thank you, again, for joining us. We appreciate your thoughtful insights.

And for our viewers, I just want to add that, as I mentioned at the outset, today's event is the first in series of conversations we're having. So I'd invite you to continue to engage with us online. And join us next week. We'll have Michelle Nunn from Care USA. And the following week we'll have Kelly Clements, the deputy high commissioner for refugees from UNHCR.

So thank you very much, President Maurer, Steve. And wish you a great day.

Peter Maurer:

Thanks a lot.

J. Stephen Morrison:

Thanks so much, Jake. Thank you, Peter.