

Center for Strategic and International Studies

TRANSCRIPT
Event

“Humanitarian Innovation in Action”

Keynote and Closing Remarks

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FEATURING

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David Miliband

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CSIS EXPERTS

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Sue Eckert:

OK. We're going to get back to the conference. First of all, thank you all. I have to say that this has been a wonderful day for me. I have learned a lot. But I am also amazed that in Washington on a regular, warm afternoon in the summer, most times conferences have attrition. That's not really the case here. We're really impressed that this group has stayed and stayed to the end. And I think it will be well worth it. We are very pleased to have our final session of the day.

We are grateful that David Miliband is joining us in person to talk about innovation in the context of food security and other humanitarian challenges. But prior to his remarks, we are very fortunate to have Dr. Abdirizak Yusuf Ahmed of the government of Somalia, the Ministry of Health, to share a few observations about the situation on the ground in Mogadishu. We are having some problems with our cameras up here, so I'm going to invite the audience to turn and face the camera with the doctor. And I just wanted to say that he is a medical doctor who has been managing health services as part of relief and development activities for more than 10 years.

Doctor, we are very grateful for your being here and taking the time as part of our innovation conference. We appreciate your joining us at such a late hour, too. So we wanted to start off this final panel of the day with asking you to provide a brief description of what you're seeing in hospitals in Mogadishu. Given your extensive experience, if you could speak to what some of the innovations are that you've seen or what you're thinking, or approaches that you think are required in the context of food security, malnutrition, and the health sectors. And with that, over to you, Doctor.

(Note: There were technical difficulties during Mr. Ahmed's remarks.)

Abdirizak Yusuf
Ahmed:

Thank you so much. And thank you for the nice introductory statement. It's a great opportunity for me to talk and about the humanitarian situation, especially on malnutrition and the cases in Somalia. My name is Dr. Abdirizak Yusuf. And now I'm currently working for the Minister of Health as a team lead for health system advisor. And I'm also a director for a well-known public hospital built by Italian government called De Martino Public Hospital, which is one of the oldest hospitals in Somalia, built 100 years ago.

As maybe most of you know, Somalia is now dealing with severe droughts. We are close to have a famine. And this affects more than 3.5 million people in Somalia. That's also multi-season droughts since early in 2020 and continued worsening throughout this moment. And these multi-season droughts leading a further deterioration of food security and nutrition in Somalia. The people in Somalia, they lost their goods. Various people, the people in the rural areas, they lost whatever they have. Before these droughts, they were rich by having camels, goats. And this is – in Somalia it is the people that – who have these animals are very rich. Unfortunately, they

lost goods that – (audio break). And most of them, they come to the urban areas and cities and has become IDPs.

I just want to give you a sample of the region, about one hospital in Mogadishu Somalia, a city of Somalia. (Audio break) – when we see the increase of the malnutrition cases and the need to have – (inaudible) – stabilization center that treating the patient – (audio break) – the malnourished child who was suffering from severe acute malnutrition. The hospital received 721 severe acute malnutrition cases over the last five months, starting from February, compared to the last year when we received the whole of last year less than 300. So you can see the difference. So the cases in malnutrition has doubled.

The cases – (audio break) – they are not from Mogadishu. Most of them, nearly 85 percent of them, they come from far regions, far south Somalia like – (inaudible) – and also from central Somalia like – (inaudible). So they moved from their area and they have these missions. And this also costs the health system – overall health system of Somalia to become a negative impact for them, because the health system was not prepared enough for these droughts.

And our secondary and tertiary health care was not enough prepared to handle such malnutrition cases. Because these people, they were suffering from longstanding lack of macro- and micronutrients. The mothers, they were suffering – they were undernourished. They were not having micronutrients like iron, vitamins. And they were carrying babies, and they delivered malnourished infants. And this also increases the mortality rates – mortality issues.

Alongside these malnutrition issues that makes up the routine, primary health-care, also wasn't occurring in Somalia. The health sector in Somalia is totally, nearly 100 percent, dependent on donors. The hospitals and primary health-care facilities in Somalia, they depend on – (audio break) – and educational programs. Enroute to COVID-19 the revision of essential health-care services was an issue for the last two years. And that issue, alongside with the ethics of drugs deteriorated the situation of primary health care and the situation of health system in Somalia.

Especially this is affecting children, and also affecting the children that have comorbidities. Maybe the children have chronic diseases, the children that have congenital abnormalities, the children that may have another diseases. Also, this malnutrition affects this, increases the morbidity and mortality issues. Focusing in our hospital, the total pediatric – (audio break) – increased enormously. And nearly 10,271 patients come to the hospital. And 1,600 of – sorry, 1,579 patients was admitted to hospital, and provision of all of their needs was also a great challenge.

And the mortality of this, unfortunately, was high. We calculate it as 6 percent, which makes it the worst situation ever happening in the last six or seven years, starting from 2005. So now what we are doing is just ensuring access to the health care, ensuring provision of quality secondary health services for the children who have comorbidities, and also ensuring to provide primary health care – ensuring to provide a therapeutic feeding program, and ensuring also to educate mothers how to feed their children for such situation and habits.

And compared to the other droughts, we now see that this drought is more serious because it was continuing for the last four seasons. And in now the good season, which is the rainy season which started March and April and May, was less than what we would expect. The rainy season also did not come adequately, and it raised the situation. And everybody knows that an adequate – (audio break) – is the bedrock of their survival, the bedrock for the health and development. And I'd say that also well-nourished children are more likely to be healthy, productive, and also be – (inaudible). So those children in Somalia, they are lacking opportunity.

Malnutrition is also persistent in Somalia, not only for the drought. It's also for the ongoing conflicts, this longstanding conflicts; the collapse of the basic provision of social services; collapse of the provision of basic primary and secondary health-care services. UNICEF said in 2018 more than 1.2 million children of Somalia suffered malnutrition, and also saying the more children will suffer up to 2023 in Somalia. So the ongoing conflict and those also are causing malnutrition.

Malnutrition also linked directly to the – (inaudible) – because of the pregnancy. If a pregnant woman is malnourished the child is more likely to be born underweight and also to be undernourished, and also to be susceptible for preventable diseases.

That's, I think, what I would like to explain the situation in Somalia, especially in south and central Somalia. And we are advocating into to the lesson learned, you know, to mitigate and manage the situations. It needs a coordination – effective coordination. And also it needs strategic planning that government is part – the government partners, civil societies, and the people come together and have a plan that elaborates the key interventions needed, and also elaborates the key preparedness plans that needs. Those should include providing essential health-care services, providing the routine primary health-care service, and also providing the therapeutic feeding program to treat acute malnourished children, and also to provide the micronutrients such as vitamins and irons to prevent long morbidities and mortality. And also, to increase the awareness of such situation, to advocate to the partners, to most needed population, and also to promote

and support this such cooperation. And also, to have such a plan on – (inaudible) – mothers and children and teaching them breastfeeding – (audio break) – also the other feeding – (inaudible).

That was my intervention. And I'm ready to answer if you have a few questions. Thank you so much. (Applause.)

Ms. Eckert:

Dr. Ahmed, I hope you can hear the clapping in the room. We really very much appreciate your insights and also for the incredibly critical work that you're doing under very trying circumstances. Thank you so much. And for staying up so late in order to be able to speak with us. Thank you, again.

So now I realize I failed to introduce myself. My name is Sue Eckert. I am a senior fellow here with the Humanitarian Agenda. And we now have our final speaker. As president and CEO of the International Rescue Committee, David Miliband oversees the agency's humanitarian operations in more than 40 war-affected countries and his refugee – and the refugee resettlement and assistance programs in over 20 United States cities. I think there's a former president who referred to him as one of the "ablest, most creative public servants of our time." And so without further introduction, the right honorable David Miliband. (Applause.)

David Miliband:

Thank you, Sue. And good afternoon, everyone. Thank you so much for staying here. It wouldn't be the same if I was just standing here talking to Sue. It would have been great talking to Sue, but to have some people here is great, and obviously online as well. And Dr. Abdirizak, we are so honored at the International Rescue Committee to be partnering with you. I know that some of my colleagues have come to visit your clinic, which we're supporting in Mogadishu, recently. And were completely inspired by the work that you're doing.

And I thought it was really important before I spoke about our perspective on innovation and the food security crisis to hear from the frontline about what's actually happening on the ground, because all of the experienced humanitarian aid workers that we employ in Somalia, in Kenya, and in Ethiopia are saying that the most fundamental lessons of the last decade, about how innovation should be deployed to prevent and then to respond to crisis, are not being used effectively at the moment.

And so as well as thanking CSIS and obviously USAID as well for sponsoring this event, I want to in a way turn upside down the way in which you've been discussing innovation today. In fact, as I looked at the agenda, I thought you had a very broad agenda – looking at the private sector, looking at how a gender perspective should be brought into innovation, looking at the role of technology, and then thinking about different problems that it could address. What I want to do is take one very acute set of problems around the food

security crisis in East Africa, and ask: How should innovation be applied to address it?

And I think that the starting point has to be to try and take some of the statistics that the doctor has just given you and apply them at a rather larger level. And I just want you to think about this: The three countries – Somalia, Ethiopia, Kenya – they represent 2 percent of the global population. And they represent 70 percent of extreme food insecurity, in other words, IPC level five. Those three countries, or what's happening in those three countries at the moment, also represents a cautionary tale about what happens when we fail to marry innovation in the humanitarian sector with action by policymakers.

And I'm going to race through my remarks in the next 15 minutes or so to leave time for questions. The doctor, it's 11:40, I think, in Mogadishu at the moment. He's still – he's staying up. So maybe we can address questions to him as well. But I think this is a crisis that is a test not just of the humanitarian system, the development system, it's also a test of wider international politics. Look, here's the essence of the problem, as I see it. I mean, food insecurity doesn't really conjure up the depth of the crisis, when 20 million people are in extreme levels of hunger in those three countries – the phrase "food insecurity."

And that's obviously an intolerable burden on the people of Somalia, Kenya, and Ethiopia. But it's also a stain on the international system, because the advances in disaster forecasting – probably everyone here knows about FEWS NET and the WFP, the World Food Program, Hunger Map. They've given us the tools to preempt and prevent famine, not just react to its declaration. And that's why my call today is for all of us – whether you're from a government donor, whether you're from a think tank, a U.N. agency, a U.N. member state, or from an NGO – is to address the threat of famine by looking through the windshield, not through the rearview mirror.

Because the truth is, once a famine is declared, it's too late for too many people. And as Dr. Abdirizak has made clear, we know enough to take action now. When we suggested this session for this conference, we didn't know that Samantha Power would be at the CSIS yesterday with a very welcome announcement of a \$1.2 billion U.S. funding commitment. But we also know that money needs to get into the field. It doesn't just need to be announced. And we also know that other donors need to follow suite, and that implementors need to use the best practices on the ground to reach those who are hardest to reach.

The announcement of the funds that Samantha Power made yesterday, in other words, is a very important first step, but it can't be the last step. And although I'm based in New York, as the CEO of the IRC, as you can tell from

my accent I'm not from Brooklyn. I'm from the U.K. And when I speak about other donors, the following statistic is chilling. The U.K. contribution to fighting famine in East Africa is one-fifth of what the U.K. did in 2016-17. And that shows the scale of the international problem. Because while U.S. leadership is important, it's not sufficient. You can't expect the U.S. to do everything.

What I want to do is just run through the current situation in East Africa as we see it, what's caused it, and then what needs to be done. We've been working there as the IRC for over 40 years, in those three countries. We know the ebbs and flows of humanitarian challenge. And for the first time ever today, we are putting out a supplement to our annual emergency watchlist. This document comes out in December. For the first time ever, today we're publishing a supplement because of the gravity of the crisis in East Africa. And it's a supplement that focuses on the issues of food insecurity. It's on our website. I hope people will go and visit – read it, at rescue.org.

But just some of the statistics that come out of it. There are long-term structural factors that are causing this crisis – conflict, climate change, most obviously. But these countries have also been disproportionately affected by the Ukraine conflict, because they were reliant on Russia and Ukraine for 90 percent of their wheat imports. Rising prices have made food unaffordable. The reason that the doctor has many more malnourished children coming to his – to his clinic is not just the difficulties of food production in drought-stricken areas. It's also that food that's in the markets is unaffordable. The cost of a food basket has risen by 66 percent in Ethiopia and 36 percent in Somalia since last year.

According to IRC's clients, prices for staples like sugar, cooking oil, and grains have tripled. And it's worth pointing out that while Ukraine represents 5 percent of global humanitarian need, it's receiving 20 percent of global humanitarian aid. As a result, the number of people going hungry in the region is set to surpass the 20 million figure that I mentioned earlier – double compared to 2021 levels. Twelve percent of people in need worldwide 12 percent of the world's malnourished children, live in those three countries. And the worst effects are in Somalia.

We believe that the current famine could be twice as bad as the 2011 famine, which killed 260,000 people. Our teams on the ground report that people have already started dying from starvation and from the associated diseases, the vulnerabilities that go with it. And hunger is worsening week by week. Since April, the number of people facing famine conditions in Somalia has risen 160 percent. And of course, when famine hits it's a children's crisis. Seven-point-one million children in East Africa are acutely malnourished.

Nearly half of all children in Somalia at levels three, four and five on the IPC index.

Now, in 2011, the U.N. declaration of famine came months too late. At least half of all the deaths during the famine had occurred by the time the famine was declared. It was clear that there needed to be earlier action. And that was the innovation that took place. It was meant to ensure that we would not see – that we would see these famines coming and preempt them. Since 2020, the innovation part of the system has actually worked. Early warning systems have accurately identified deteriorating conditions across East Africa. Improvements in climate tracking and drought prediction have helped us see this crisis coming miles away.

But the innovation we've seen in climate data and predictive analysis has not prevented the crisis, because the alarm bells that should have been ringing have not catalyzed action. There are three aspects to the failure. And I think it's really important to be clear about them. The first is a failure of prevention, because social safety nets weren't scaled up, disaster preparedness and resilience building initiatives have not been at scale, and anticipatory action has been limited. Second, there's been a failure of mitigation and response. The international systems that are meant to respond to crises like these have failed to mobilize at the speed and size required.

And part of this is about funding. I mean, the World Food Program has been forced to suspend malnutrition programs in Somalia and cut in half food rations for refugees in Ethiopia and Kenya. That's a funding question that's forced those impossible decisions. But it's also been a failure of political will. While the U.S. has made significant funding commitments, including almost half of the \$4.4 billion that was pledged by the G-7 in June, we haven't seen the sort of coordinated global response that's necessary.

And that's why today I want to put on the table four essential and urgent actions that are needed, and I think pick up some of the themes of this conference – although, obviously, you can't do justice to all of them. The first is that we need to see an activation of the humanitarian system. I mean, it seems ridiculous to say that that hasn't happened, but there hasn't been that full-scale activation yet. What does that require? It requires the declaration of a system-wide scaleup to mobilize resources and capacity for an emergency response.

It requires a humanitarian contact group to assess progress and allocate resources so that we act as a proper system, not just a sector of disparate organizations working in their own way. We need donor coordination mechanisms with NGOs, not separate from them, clarification of leadership and lines of accountability for response delivery, and the adoption and

scaleup of proven solutions, such as cash assistance and expanded safety net mechanisms.

What's the innovation part of it? I think the innovation part of that is that accountability needs to flow downwards to clients, not just upwards to donors. Partnering – I think you've discussed this earlier today – partnering with women-led civil society organizations is critical to this, particularly because a food security crisis one where women and girls are disproportionately affected by them and yet are uniquely placed, also, to respond to them. In all of our programs, we say, it's very important to take account of the inequalities that face women and girls, and then to design programs in ways that seek to mitigate them. So we need to activate the humanitarian response system.

Second, we need a no-regrets approach to funding. This doesn't just mean funding – fully funding the \$4.4 billion of appeal. It means rapidly dispersing funding to national, international, and local responders and, critically, ensuring funding is flexible and not bureaucratic, including by providing top-ups to current implementing partners doing other projects that they could pivot towards the food crisis. I was really pleased yesterday to see – or to hear – or to read, in fact – Samantha Power emphasizing that while food aid is vital, it must be matched with urgent support for lifesaving health, water and sanitation and related activities. Because, of course, it's not just malnutrition that kills you. It's the associated diseases that go with it.

And what's the innovation in this area? Well, last week the funding caucus that was put together to support the grand bargain that was supposed to come out of the 2016 World Humanitarian Summit. Committed a range of players in the humanitarian system – donors, U.N. agencies and implementers – to scale up multi-year funding. Why is that important and how does that relate to this? We're proud at the IRC to be the largest impact evaluation agency in the humanitarian sector. And one of the things that we've studied is how much greater is the effectiveness in a multiyear funding program than in a short-term funding program?

Listen to this: An analysis of two IRC cash programs in Somalia found that the longer-term programming, one that was more than two years compared to one that was six months, cost 44 percent less in delivery for every dollar transferred. In other words, that's 44 percent more money to reach more people. Multiyear financing is ensuring that – can ensure that more money ends up in the hands of more Somalis, or more Kenyans, or more Ethiopians. And that difference might be – and that gain might be the difference between being able to feed your family or not.

Third, the doctor explained that he works for the government. But we also know that there are people who are – who live outside the remit of

governments. That's why the very difficult issue of access negotiations with opposition and armed groups needs to be taken on by our community. Because we are not political. We are independent. We are neutral. We are nonpartisan. And that means that wherever you live, if you're in humanitarian need you have a right to have your needs met. Last year there was agreement to set up a U.N. special advisor on humanitarian access. But the post hasn't been funded because member states blocked it during the U.N. budget committee negotiations.

These kind of roles to work for access are absolutely critical at times like this in countries like those that I am discussing. It's also important the Security Council and member states, including the U.S., carefully weigh the humanitarian fallout of any new counterterrorism designations. We know that the U.S. designation of Al-Shabaab in 2011 created serious obstacles to the famine response in that year. We can avoid repeating those mistakes with clearer humanitarian exemptions.

Fourth and finally, we need to address the global trade challenges stemming from the war in Ukraine. And there is active diplomacy on this to try to address the consequences of the Russian blockade of the ports of Odessa – the port of Odessa in southern Ukraine. But we also need to look at other avenues as well, which will never be as large as the impact of opening up the waterways. But frankly, train and overland exports via Poland, or restoring river ports on the Danube, could also play an important role in getting grain out of silos, where they're currently trapped.

I just want to finish off in the last few minutes by just saying – drawing attention to two things which are not an immediate answer. They're not going to make a difference overnight, although actually the first one really I feel passionately could make more of a difference. But they're two things that at the International Rescue Committee we're working on, and which begin to address the structural issues the structural issues that I referenced at the beginning and didn't have time to talk about.

The first is about climate – actually, it's the second that I think is shorter term. The first is longer term. And that's to do with climate- resilient agriculture. We need more investment and innovation to support the resilience of agro-pastoralist livelihoods. I mean, it's one of the cruelest – it's not an irony, it's almost a crime. The people in the world who've contributed the least to the climate crisis are most exposed to its consequences and least supported in adapting to its – to its impact. At the IRC, we're pioneering some new innovations in seed security, information access, and disaster risk reduction.

Our aim in these shifts is to reduce poverty and food insecurity by enabling people and institutions to absorb, adapt, and respond to shocks. One dollar

spent on early response and resilience saves, according to our studies, \$3 in income and livestock losses. You discussed the private sector earlier today, and that has an important role to play in some of these marginalized and vulnerable communities.

For example, in Côte d'Ivoire, we're partnering with a cotton-sourcing company to work with young farmers to integrate them into the company's cotton supply chain and meaningfully invest in their skills and in their businesses. The project has allowed us to negotiate improved access for them to productive land. Critically, the private sector supports the youth participants with technical training and access to quality inputs on a credit basis, followed by ongoing support through farmers' groups and markets. That is climate resilience programming. And we need more of it.

The second, and the doctor referred to severe acute malnutrition. But we've piloted and pioneered an approach that combines the assessment and the protocols for severe acute malnutrition with those for moderate acute malnutrition. It's the same disease. Moderate acute malnutrition and severe acute malnutrition are the same disease, but different degrees of severity. And we've also shown how empowering carers, parents and carers, in their communities are a way of diagnosis and treating acute malnutrition, because you don't need to get to a health center to do the diagnosis of a malnourished child.

I would say that no innovation is more essential now than our call for a combined, simplified protocol for malnutrition treatment. And why? Because in the system that is split between severe acute malnutrition and moderate acute malnutrition, 80 percent – 80 percent – of acutely malnourished kids under the age of five get no help at all from the mainstream system. A growing body of evidence led by our research shows that a simplified, combined protocol, alongside family diagnosis and treatment delivery by community health workers, are as effective as the intensive health care center or hospital-based approaches in diagnosing and treating both moderate and severe acute malnutrition. And obviously because they're in the community, they're much more efficient and effective at reaching people. Those are structural solutions that will take time. And I think it's important to put them on the table. For now, we need action not planning. Given the system failure that we've seen, that would in itself be an innovation. Because at the moment we're wasting the innovations that have taken place. Thank you very much indeed. (Applause.)

Ms. Eckert:

I think we are running over time, but we've – gracious to have questions for our two panelists. So we do have – where are the mics? Great. Right over here, please. And I think we can have one more and then we'll have to bring it to a close.

Jasmin Higo: OK. Thank you very much, Dr. Abdirizak and Mr. Miliband, for the introduction. My name is Jasmin Higo. I'm German Ethiopian and I work at the World Bank, a couple of blocks away, on food and nutrition security.

And my question is, so you talked about the reliance of many African countries on, for example, Ukrainian wheat. One could make the case that there needs to be an increase in intra-African trade so that these reliances do not occur again. So you talked a bit about structural or, like, long-term interventions, such as investing in agri-food innovations. But my question is, do you – like, would you also agree that increase in intra-African trade is a way out to prevent this? And how would – how – like, how would NGOs or, like, how would you approach it from an NGO perspective to also support in that? Thank you.

Mr. Miliband: First of all, it's a very important point. And I completely agree with you. Obviously, we're treating the victims or the symptoms of a failed system. And you're trying to build a stronger and more sustainable system. And it must be right that dependence for 90 percent of Somalia or Ethiopia or Kenya's grain on Ukraine makes no sense at all, given the potential across the African continent to be a source of its own – of its own crops.

Now, on the macroeconomics, you've got a much bigger role to play than the NGOs, I would respectfully say. But on the – at the micro level, I do think trusted NGOs – an NGO like ours. We may be headquartered in New York, but 99 percent of the people we employ are local people. They're trusted in the communities in which they work. And some of the partnering we've done, for example, with the EBRD, the European Bank for Reconstruction and Development – although we're now rolling out actually in Jordan – is about making sure that NGOs play their role in building community trust, making sure that community consultation means something.

But, obviously, that doesn't substitute for the macroeconomics. And when it comes to intra-African trade, that's going to have to be negotiated between the governments. But I think it's a structural point and a very good point. I'm keen to get a question for the doctor, because he stayed up and it's now past midnight. So I hope the next question can be for the doctor.

Mvemba Phezo
Dizolele: So thank you very much, Mr. Miliband, for joining us today.

The question is about the famine. Famine has become a political case. In other words, it's like a genocide. It takes so much to declare it that by the time we declare it, we think it's so obvious. Is that part of the problems that we're facing? And if so, how do we mitigate that?

Mr. Miliband: Well, you probably know that Amartya Sen wrote the book about famine, I think, in – 50 years ago. And he made the point that famines are political.

Famines are not natural. They are man-made. And obviously famine is IPC level 5. Food insecurity, that rather inadequate word, applies to levels three, four and five. And I thought when Samantha Power spoke here yesterday, she spoke about crisis being level three, emergency being level four, and catastrophe being level five.

And I think that the rhetoric around famine has been politicized. But I do think that there is a – there is a way out of this, which is that your point that there's politics sits alongside the point that famine is restricted to IPC level five. But my point was, we shouldn't wait for IPC level 5 to be declared before taking the action that was necessary. And that's why triggering the humanitarian response at level three and four is so essential. By the time level five is declared, it's too late.

And the doctor may want to speak to the human misery that he's seeing, because he pointed out people are traveling into Mogadishu from outside. I mean, there's displacement associated with it. But certainly, from our perspective, waiting for famine before you take action makes no sense at all. And that's, I think, the job of politics, really, to blow the whistle earlier and call for responsibility to be fulfilled. Doctor, do you want to comment on that?

Dr. Ahmed: Thank you so much. I just want to say one thing.

You know, I'm coming from the medical perspective. Now we are hearing the consequence of – hearing the consequence of what's already happening because of the people, the children, they are not getting enough food. (Inaudible) – that we are dealing with. But we realize that there should be actions done before we come to this situation in terms of security, in terms of enhancing economic. This situation is more or less linked to the government or enhancing the SDGs dealing with poverty and enhancement of the economics. The trade is – may be – may come to the portion of the – (inaudible).

But I really agree that when we declare the famine, the situation and the crisis, it's not – it's uncontrolled, as we are now facing. And the mortality cases of the affected, imagine the beginning of this center that's supporting IRC, and we are so much grateful to be partnering with IRC. They are supporting us not only in – (inaudible) – in Somalia. Before that, the mortality rate was – reached more than 15 percent. You know, such interventions is lifesaving. Suppose what, if we do some actions before the famine come, before the drought starts? We could maybe save more lives. That was my – (audio break).

Ms. Eckert: Dr. Abdirizak, thank you so much for joining us. I wanted to say a special thank you for David Miliband for being here. And I want you all to join me in

thanking them for their leadership, both of them, and passionate advocacy on behalf of the world's uprooted and poor people in need. (Applause.)

It is time to close the conference today. And so I just wanted to make a few thank-yous to, first of all, the panelists who gave so much of their time, the moderators, but particularly the participants and the great questions that we've had from the floor today. It was a really interesting and informative event. And I hope that it is the beginning of the dialogue which we can continue. We also want to thank the Bureau of Humanitarian Assistance at AID for their support.

But I also just want to take a moment and acknowledge that our leader, and the person who conceived of this idea and put it into effect, is Jake Kurtzer, the director of the Humanitarian Agenda here at CSIS. And while he is not going to be physically here in Washington much longer, he is, as you heard, going to Dar es Salaam very shortly. Some of us think it's just going to be CSIS Dar es Salaam. But I think that we deserve just a special thanks to Jake for his leadership on these issues over the years. And, Jake, if you want to say a few words, please come up. But thank you to Jake. (Applause.)

Jacob Kurtzer: Thanks, Sue, for your comments. And thank you all for being here. I don't want to say a few words. I think we've heard a lot from a lot of people today. And I just want to say, I say this at the end of every single event we have, private or public: We want to hear from you. We at CSIS I think have a great privilege that we have a reputation and a capacity as a convening space. And we take that seriously.

And I think that for the Humanitarian Agenda, as Sue said, we want to hear from you about the ideas of things that came up today, how we can work together, what we can do better to help move the needle on this conversation, on financial access, which we work on quite extensively, on U.S. policy, on global humanitarian policy. So please be in touch with us. And let's give another round for Mr. Miliband and for all of our panelists today. (Applause.)