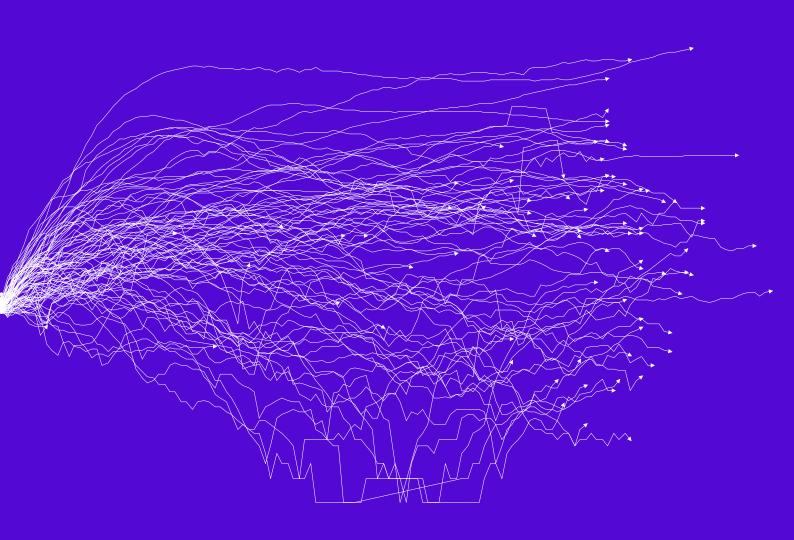
# LEADERSHIP THINK TANKS COV/D-19 Scenarios

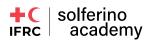




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The **Solferino Academy** is a team of experts in the process of innovation and collaborative, creative problem solving. It works as part of the IFRC network to bring together the right people to unlock their capacity to solve their most complex challenges, to explore ideas, develop solutions and capitalise on opportunities in unique and powerful ways. The Academy helps the network to gain fresh insights, fast track idea-generation and decision making and inspire better outcomes. Lastly, the Academy works in partnerships with the private sector and academic institutions, entrepreneurs, start-ups, and others who share similar values.



## Overview

Two leadership think tanks were held on July 1st and 2nd attended by approximately 105 leaders from some 70 National Societies (NS), including 60 Secretaries General, Presidents and IFRC Commission members. The majority of other participants were either advisors or direct reports to SGs/Presidents or senior level IFRC. The think tanks were designed to explore 3 potential scenarios in the coming year in relation to COVID-19 and associated impacts;

- 1. A global resurgence/expansion and/or a mutation of the virus
- 2. Containment but not elimination of the virus, resulting in a 'new normal' of life
- 3. A slow return to normal for some countries; but prolonged and multiple crises in countries where the Government hasn't been able to respond well and in fragile settings

The purpose was to help leaders learn and develop recommendations for the future considering the implications of the three scenarios. Specifically, leaders were asked to consider; what we have been doing well that we should continue to invest in and accelerate and; what aren't we doing well that needs to be improved. Below is a summary of their recommendations. Note: The recommendations are not meant to be comprehensive nor exhaustive, they are solely those that emerged from within the Leadership Think Tanks.

These recommendations will also be presented to the IFRC Governing Board in their discussions on COVID-19 and in Strategy 2030.

### Recommendations On Key Areas To Expand Or Improve

#### **1.** AGILITY, RAPID SCALING AND ADAPTATION

The ability to adapt quickly in the face of rapidly transforming contexts, changing expert advice and new or emerging needs was seen as critical for the response. We have done well at this and there is tremendous opportunity for further transformation and systems change across the network.

- 1. A senior leadership capable of making decisions quickly in the face of new evidence and having the ability to transform multiple systems and internal processes as needed.
- 2. Reduced bureaucracy in processes, systems and decision making, (while maintaining accountability) more capacity to adapt, develop localised tools (with communities) and make decisions closer to the ground rather than an over-reliance on centralised decision making.
- 3. Create positive spaces for experimentation and innovation and if they prove to be successful move them quickly to mainstream practice



4. Ensure access to as much real-time data and up-todate scientific information to ensure evidence-based changes and pivots can be done quickly

#### 2. A CLOSE RELATIONSHIP TO GOVERNMENTS AT ALL LEVELS

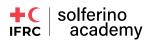
Viewed as essential to form an effective response, being able to coordinate closely with Governments and to have access to intelligence that can inform responses. Many NSs were able to significantly enhance or even transform their auxiliary relationship during the response;

- 1. Ensure if possible pre-established frameworks, relationships and legislation that enables the NSs a seat at the table of the response
- 2. Establish or try to join dedicated taskforces or other groups to support Government response
- 3. Be ready to take on vastly different roles than the NS may have previously performed as the Government finds itself stretched or overwhelmed eg.testing centres, triage for hospitals, sourcing ambulances and other medical equipment etc.

#### 3. AN OPEN AND COLLABORATIVE NETWORK

Greater collaboration is critical; within a NS, between NSs, with and by the IFRC, and with the ICRC and, with external partners. We have done very well at supporting each other rapidly and with true Movement spirit but international coordination must remain strong;

- Connect quickly and directly to other NSs who have managed similar conditions or who have expertise in specific responses that your NS is being asked to do
- IFRC to ensure continued investment in efforts that can showcase learning, activities, data etc in real time, either through digital tools/platforms or virtual meetings and think tanks; NSs to ensure they contribute to these.
- Be prepared to need extra partnership resources to ensure that you can effectively engage with a wide range of private, government and academic sectors in joint problem solving and collaborative mobilisation.
- Encourage multi-functional and diverse teams that can form and work together quickly, brining a diversity of experiences and skills to multi-layered and complex problems.
- Together develop joint messaging advocacy and speak with one collective voice, to stay strong and stay together.
- Maintain a strong emphasis on localisation and the development of the NS, as well as their auxiliary role. Reducing duplication and, reorganising with a focus on a collective capacity. Finally, knowing that each region is faced with specific needs and focuses on different areas, there is a need to work together to complement efforts.



#### 4. SAFER, MORE OPEN, DIGITALISED AND SCALED VOLUNTEERING

Services need to be rapidly designed and/or scaled up beyond current capacity. We did best where we had a localised and engaged volunteer base in place across most areas of the country that could be rapidly activated. Invest upfront in building this. If the Pandemic grows, we will rapidly need many more volunteers and we will receive increased offers of support;

- ensure induction/on-boarding processes that can be radically simplified for basic volunteer roles. Shift as much of this process as possible to digital.
- Digital services need to be designed to ensure support for communities can be achieved remotely, these can be developed with volunteers and external partners, experts and community
- Ensure where possible additional resources for managing volunteer effort.
- Ensure high quality safety training for staff/volunteers on the front line, insurance schemes and adequate provision of essential PPE (and training in how to use them). Ensure also adequate PSS for volunteers particularly as fatigue sets in.

#### 5. DIGITAL TOOLS

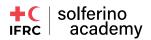
Digital innovation and Transformation has been central to the COVID-19 response;

- Enable a wide range of experimentation, innovation and learning and be prepared to adopt and scale new tools/approaches where there is clear success
- Ensure support and training for staff, volunteers and leaders in digital tools, virtual meeting design, privacy/ data protection and the development of digital services.
- Find additional resourcing, support and creative solutions for NSs experiencing a digital divide
- Invest in a massive social media communications effort through volunteers that can ensure reliable and trustworthy messaging for the public and that are consistent with our fundamental principles.
- Consider how digital tools and communications can increase transparency and build trust/accountability with the public, partners and donors

#### 6. OUR SUPPLY CHAIN.

The immediate outbreak showed inconsistencies, uncertainties and pain points around both logistics and procurement procedures.

- Ensure better global and regional storage of essential PPE and other health equipment



- Facilitate greater cooperation between NSs to share PPE and other resources
- Reduce bureaucracy and streamline emergency procurement processes
- Build stocks on futures-informed risks.

#### 7. FINANCING

While the first wave was generally successful in raising public support, this could be a challenge for future initiatives and phases and particularly in ensuring support for non-health related interventions, existing essential services and social supports. Government finances are projected to be stretched and ODA is already declining;

- 1. Explore new or innovative means to mobilise alternate sources of capital including leveraging progress made with private sector to explore new partnerships/RM
- 2. Develop specific think tanks, taskforces or other initiatives to explore financing solutions and share learning or success
- 3. Consider and prepare for risks of under-performance on existing grants, fraud and corruption.

#### 8. TRUST AND TRANSPARENCY

Addressing COVID-19 relies on populations trusting their 'authoritative' sources and the information and services they provide;

- Consider how greater transparency can be built in how donations are being spent and on what they are spent and whether there are digital platform approaches that could help with this. Ensure measures to promote accountability to donors and the public
- 2. Ensure consistent health/social messaging that is informed as best as possible by experts

#### 9. INEQUALITY AND HIDDEN VULNERABILITIES

Recognise that shifts to digital will create new pockets of hidden vulnerabilities that will have to be addressed through other strategies

- 1. While the focus is on COVID many other social, economic and health issues are de-prioritised, how can we maintain and develop other services to support secondary impacts or ongoing needs, including a convergence of multiple and complex disasters.
- 2. Particular attention to elderly, women and girls, people living with disabilities and migrants or other newly arrived communities will be essential
- 3. The evolution of COVID-19 from a rapidly spreading pandemic and into a long term and more permanent threat has given us the unique opportunity to look at how to solve problems and work differently as an organization



#### **10.** 10. ESTABLISH OUR LEADERSHIP IN TESTING AND VACCINES.

While a vaccine could be widely produced and distributed in the future, it's clear that it will not be available to everyone at the same time and could result in conflict. Therefore;

- Consider a priority plan which includes variables such as determining the IFRC's role in distributing these vaccines, how to address priority within conflict regions, managing potential side effects, and overall priority of vaccinations.

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