



NATO PARLIAMENTARY ASSEMBLY

COMMITTEE ON THE CIVIL DIMENSION OF SECURITY (CDS)

THE IMPACT OF THE COVID-19 CRISIS ON THE CIVIL DIMENSION OF SECURITY

Special Report

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I. INTRODUCTION

1. Due to its severity, magnitude, rapid spread, and the widespread disruption that it causes, the COVID-19 pandemic is an exceptional global health crisis. The world has faced pandemics in the past, notably the 1918-1920 flu pandemic that led to the deaths of tens of millions of women and men around the world. More recently, epidemics such as SARS, MERS, H5N1 and Ebola have been recorded in several regions of the globe, but all of them were contained. However, combined with globalisation and the intensification of economic and human exchanges in recent decades, the high infectivity of the new SARS-CoV-2 coronavirus allowed it to spread throughout the world with unprecedented speed. In this, the COVID-19 crisis seems unparalleled in recent human history.

2. In the midst of this crisis, the role of the various aspects of the civil dimension of security and the impact of the pandemic on the latter could appear as secondary. Yet, fundamental freedoms and democratic principles, access to verified and unmanipulated information, migration, women's rights, and participation, as well as the protection and education of children, are all at the core of this crisis. Indeed, some even have a catalytic effect on the pandemic. For example, the restriction of fundamental freedoms and the information control reflex in the People's Republic of China accelerated the initial propagation of COVID-19. Moreover, the widespread dissemination of disinformation and propaganda aggravates the impact of the pandemic, undermining the trust of citizens in public authorities and their response to the crisis. Lastly, movement and migration accelerate the global spread of COVID-19.

3. While certain aspects of the civil dimension have been instrumental in the evolution of the health emergency, in turn the crisis could have long-term repercussions in many areas related to the civil dimension. The COVID-19 pandemic threatens to cause a lasting global challenge to certain liberal principles. Accordingly, countries such as Russia and China have taken, and continue to take, advantage of the measures undertaken in their response to the spread of COVID-19 in order to durably strengthen their arsenal of censorship and repression. The risk that democracies, including within the Alliance, might be drawn into such excesses should not be underestimated.

4. Similarly, the increased diffusion of disinformation and conspiracy theories during the pandemic poses a genuine threat to the Allies and to all democracies. While state actors, such as Russia and China, remain the main promoters of disinformation and propaganda, the crisis has also confirmed a trend towards a growing number of sources of fake news. This proliferation complicates the response of NATO and the Allies to these efforts of destabilisation. The short-term consequences of the resulting information crisis irresponsibly impede the response to the pandemic. In the long-term, it is likely to negatively impact the confidence of citizens in their public authorities, especially in times of crisis.

5. The COVID-19 crisis also has short- and long-term implications on gender issues. The containment measures adopted in several countries in response to the pandemic have led to an increase in domestic violence against women (+44% cases in France). Moreover, the health crisis has led to a worsening of socio-economic inequalities between women and men. To avoid a lasting deterioration in these areas, these elements must be taken into account fully in the short and long-term responses to the crisis and its aftermath. On the other hand, the health crisis has had, and continues to have, dramatic repercussions on the security and future opportunities of children and young people around the globe. The increase in violence against them with, for example, a 30% increase in intra-family violence in France (Moiron-Braud, 2020), and loss of access to education during the same period could have serious long-term implications for society.

6. The COVID-19 crisis and its consequences call into question some of the very foundations of the global liberal order of which the Alliance is a part. Respect for fundamental freedoms, transparency, gender equality, and the right of children to protection and education are all impacted in the short and long term. Due to its size and transversality, the health crisis carries with it the risk of questioning the values and principles that make up the very foundation of our democracies.

7. In the face of this risk, it is imperative that the Allies guarantee that all the measures adopted during and after the crisis to fight the pandemic and its consequences are based on the defence of liberal and democratic principles and respect for fundamental rights and freedoms. Similarly, in due course, lessons should be drawn from the various responses to the crisis to identify best practices. This will allow us to reinforce the resilience of our societies and to efficiently address future emergencies while respecting the principles, freedoms and rights underpinning our democracies. The reflection process, which is currently under way regarding the political dimension of the Alliance, "NATO 2030", will have to include these elements. Moreover, international cooperation, benchmarking and parliamentary commitment will be crucial assets to meet these goals and to respond to today's and tomorrow's challenges posed by the COVID-19 crisis.

II. RESTRICTIONS ON FUNDAMENTAL FREEDOMS AS A CATALYST AND CONSEQUENCE OF THE HEALTH CRISIS

A. THE ROLE PLAYED BY RESTRICTIONS ON FREEDOM OF EXPRESSION AND THE LACK OF TRANSPARENCY OF THE CHINESE AUTHORITIES ON THE ACTUAL INITIAL PROPAGATION OF THE COVID-19

8. The restrictions imposed by the Chinese authorities on freedom of expression and their lack of transparency at the very beginning of the crisis prevented them from responding quickly and efficiently to the appearance of COVID-19. In this sense, these restrictions played a catalytic role in the initial spread of the current pandemic. Authorities responded with a repressive reflex at both local and national levels as they received the first information about the emergence of a new and particularly virulent virus in Hubei Province. In many respects, this reflex results from the authoritarian policies and long-standing restrictions on fundamental freedoms imposed by the authorities on the population. By denying the very existence of the health problem at the beginning of the crisis, the Chinese regime fell several weeks behind in its response to the emergence of COVID-19 (Palmer, 2020). During these critical weeks, the novel coronavirus was able to spread rapidly in the city of Wuhan and Hubei province.

9. The silencing of whistle-blowers in the initial phase of what was to become a pandemic illustrates these failures. At the end of December 2019, Li Wenliang, a 34-year-old Chinese doctor who had unsuccessfully tried to diffuse the first warnings about the dangers presented by the novel coronavirus, was arrested, along with seven other doctors, by the Wuhan police who accused him of spreading lies among the population (Joignot, 2020). His death from COVID-19 in February 2020 sparked a wave of outrage in China and abroad. By silencing and unjustly punishing anyone who tried to raise the alarm, the Chinese authorities missed the opportunity to respond in time to the emergence of COVID-19 (Garrett, 2020).

10. At the same time, the Chinese authorities showed a flagrant lack of transparency about the further development of the crisis in their country. Initially, Beijing refused to share crucial information on the nature of the novel coronavirus with other countries and with the World Health Organization (WHO), particularly on the human-to-human transmission of the virus. This refusal continued until late January when the epidemic began to pose a threat to the rest of the world and started drawing the attention of foreign public authorities (Bollyky and Gupta,

2020). As of March 2020, China was still refusing to report to the WHO the number of infected members among its own health workers (Rauhala, 2020). In addition, between January and the beginning of March, the Chinese authorities changed their definition of a COVID-19 case seven times, making the monitoring of changes in the number of cases and deaths more complex (BBC News, 7 April 2020). The retroactive increase of almost 50% in the number of deaths due to COVID-19 in Wuhan, announced in April 2020, is a further example of the lack of consistency in the information shared by Beijing. In March, while official figures suggested that the country was on the road to recovery, doctors and experts underlined the existence of many uncounted cases of COVID-19 (Yang, Liu, and Yu, 2020). Moreover, as the Chinese regime was officially denying the extent of the crisis at its outset, it was simultaneously trying to do everything in its power to import as many masks as possible from abroad, notably through the Chinese diaspora. By late February, China had already secured 2 billion masks to the detriment of other countries (Prasso, 2020). This deliberate lack of transparency has aggravated the situation and partially prevented an early response to stem the spread of the novel coronavirus in other States.

11. Although we must also salute the great sacrifices and efforts made by the Chinese people in the subsequent fight against the pandemic, it is clear that the authorities' reflex of censorship and control of information have had dramatic and murderous consequences for all the countries of the world. The authoritarian and repressive policies put in place by the Chinese government aimed at restricting fundamental freedoms and human rights are therefore indissociable from the initial development of this global health crisis. In this sense, contrary to what Beijing claims, it is now necessary and legitimate to denounce the Chinese authorities' breaches of human rights. This will have to remain the case once this crisis is over.

B. THE NEGATIVE IMPACT OF RESTRICTIONS ON THE FREEDOM OF THE PRESS IN AUTHORITARIAN COUNTRIES DURING THE DEVELOPMENT OF THE HEALTH CRISIS

12. Once COVID-19 started spreading beyond China's borders, state control of information and the media in many authoritarian countries posed a risk on their populations and those of other countries. Restrictions on press freedom and lack of transparency have also impeded the development of an international response to the crisis. In Russia, Iran, and China in particular, state control over information and the media has created great uncertainty about the veracity of the figures stated by governments, and thus made it difficult for the scientific community to develop global models offering an effective and informed response to the crisis.

13. Until March, the Russian government denied the seriousness of the health emergency on its territory, largely underestimating the number of cases of COVID-19 (Khurshudyan, 2020). The country's authorities downplayed the extent of the crisis for a long time. Using the vast arsenal of censorship at their disposal and the need to combat disinformation as a pretext, the authorities also sought – often successfully – to silence journalists who tried to reveal the extent of the crisis in the country, both online and in traditional media (*Reporters without Borders*, 2020). It was not until images of ambulances queuing for hours in front of Russian hospitals were published and the mayor of Moscow himself indicated that the number of cases was in fact much higher than official figures that the authorities agreed to communicate more openly about the situation (Roth, 24 March 2020). The rapid spread of the new coronavirus in Russia subsequently forced the authorities to adopt containment measures to protect public health. However, doubts remain as to the reliability of the figures released by Moscow. While Russia is one of the countries most affected by the pandemic, its mortality rate due to COVID-19 remains surprisingly low. A *Financial Times* analysis showed that, in May, the number of deaths due to COVID-19 in Russia was probably 70% higher than the figures given by the Russian health authorities (Burn Murdoch and Foy, 2020). Last July, a survey of Russian doctors revealed that about half of them believed that the number of coronavirus cases and

deaths due to COVID-19 was underestimated by the authorities (*The Moscow Times*, 2020). There are thus fears that the authorities use their control over the public media to manipulate information about COVID-19 in order to present their response as effective and to highlight the shortcomings of foreign governments (Standish, 2020).

14. While Iran is also one of the worst affected countries by the novel coronavirus, the country's authorities responded to the crisis by increasing their already severe censorship of the media. Like their Russian counterparts, they have taken steps to control the media discourse on the extent of the crisis and their response to the health emergency. Journalists who wrote about the authorities' lack of transparency and ineffective response to the crisis were arrested or fined and had their online publications deleted. As a result of this pressure, the media continue to report largely underestimated official figures for confirmed cases. Similarly, journalists are not at liberty to point out the ineffectiveness of the authorities' response to the crisis (CPJ, 2020). By creating a false sense of normalcy among the population, these restrictions have had a negative impact on the spread of COVID-19 in Iran and beyond.

15. After having initially facilitated the onset of the crisis through their inertia and repressive policies, as already mentioned, the Chinese authorities have continued to display a stubborn determination to control the media and information and a dangerous lack of transparency during the subsequent development of the pandemic. During the crisis, Beijing has thus increased its online censorship, particularly on social media. The authorities make sure that any information about the pandemic that does not match the official version (according to which the authorities' response allowed to quickly and effectively tackle the crisis, or even that it represents a model for other countries) is removed (Davidson, 2020). Journalists, trying to expose the failings of the authorities, are intimidated and the mainstream media have to comply with the authorities' demands to refrain from publishing negative articles on their response to the crisis (Hernández, 2020). For example, Chinese journalist Li Zehua, who published videos on the development of the pandemic in Wuhan, was detained and forcibly quarantined for two months by the police (Kuo, 2020). Other citizen journalists and activists were jailed by the authorities for their coverage of the pandemic (Human Rights Watch, 27 April 2020). Likewise, the Chinese authorities prevented foreign media from reporting on their handling of the epidemic and expelled journalists working for US media in March 2020 (Tracy et al., 2020).

16. Turkmenistan is ranked last in the world in the 2019 press freedom index, and living up to their reputation the Turkmen authorities are restricting the release of information on the pandemic in the national media claiming that their country has no cases of COVID-19 (Reporters Without Borders, 2020; Mackinnon, 2020). While many non-governmental organisations report a sharp increase in the number of people suffering from respiratory symptoms in the country, the authorities maintain that they have not recorded any cases of COVID-19 (Human Rights Watch, 27 June 2020). In Belarus, President Alexander Lukashenko dismissed the pandemic as "psychosis" and long chose not to adopt measures to stop the spread of the virus for fear of a collapse of the national economy as the August 2020 presidential election loomed (Shotter and Foy, 2020). During the crisis, the country's authorities tightened their restrictions on press freedom. For example, Sergeï Satsouk, the director and editor of an online news website, was arrested in March after criticising the government's handling of the health emergency (*Reporters Without Borders*, 2020). In response to the accusations of fraud and manipulation during the August presidential elections and its incompetence and negligence in dealing with the pandemic, the regime has increasingly relied on its capacity for censorship and repression in an effort to ensure its survival.

17. Thus, repressive policies limiting press freedom in authoritarian countries have facilitated, and continue to facilitate, the spread of the virus both within and outside their borders. In so doing, these failures have a major negative impact on the response to the health emergency affecting all States and thus pose a threat to the security of the global population.

C. IMPACT OF THE CRISIS ON FUNDAMENTAL FREEDOMS: TEMPORARY RESTRICTIONS OR A PERMANENT CHALLENGE?

18. In response to the current health crisis, national public authorities – including those in democracies – have had to adopt measures restricting some fundamental freedoms. Indeed, international human rights law allows governments to take action in the face of serious public health threats. In this context, it also allows restrictions on certain rights and freedoms, providing they have a legal basis, are strictly necessary, are not arbitrary or discriminatory, and as long as they are proportionate and limited in time (Human Rights Watch, 19 March 2020). Thus, it is clear that the majority of the measures derogating from ordinary law adopted, such as the imposition of quarantine, isolation measures and restrictions on freedom of assembly, as well as the encouragement of denunciation as seen in China, were undoubtedly indispensable to curb the transmission of the novel coronavirus.

19. However, in some countries, the implementation of these measures has led to often counter-productive abuses. The use of violent methods by the authorities to impose containment measures unacceptably infringes the fundamental rights of the individuals concerned. For example, in the port of Mombasa, Kenya, police fired tear gas at hundreds of ferry passengers standing close together, making them to cough. In India, there were broadcasts of migrant workers squatting at the side of a road being sprayed with disinfectants that are hazardous to their health. In the Philippines, police locked people in dog cages for violating curfews (Ratcliffe, 1 April 2020). This kind of behaviour must be denounced on the grounds that it undermines the confidence of citizens in the authorities, often affects the poorest and minorities and has counter-productive effects in the fight against the pandemic.

20. Moreover, some governments have taken advantage of the crisis, and in some cases continue to do so, with the aim of restricting individual rights and extending their powers, sometimes beyond what appears necessary in the fight against the pandemic. Mirroring China's repressive measures, the Thai prime minister used laws punishing the dissemination of fake news to prosecute and intimidate health professionals and journalists who criticised the government's response to the epidemic (*Human Rights Watch*, 25 March 2020). In the Philippines and Cambodia, laws imposing a state of emergency and giving the executive branch the power to drastically limit citizens' fundamental rights have been passed by Parliament (Brown et al., 2020). After facing a wave of protests last year, the Algerian authorities banned all demonstrations as part of their response to the pandemic. Similarly, the Chilean authorities deployed the army to ensure curfew compliance in public spaces that were until recently occupied by demonstrators (Gebrekidan, 2020). The adoption of emergency measures could lead to abuses within the Alliance itself. The generation of telephone apps to identify people who have been in contact with contaminated individuals raises privacy concerns. Similarly, the various states of emergency put in place have sometimes resulted temporarily in the exclusion of parliaments and a long-term reinforcement of the powers of the executive.

21. These examples show that there is a real risk that the health crisis will lead to a long-term decline in fundamental freedoms around the world. Authoritarian countries, particularly China, communicate aggressively about the supposed superiority of their repressive model in the fight against the pandemic. Faced with the threat to public health posed by COVID-19, democratic states have had to adapt and take necessary and exceptional restrictive measures. In this regard, some crucial lessons are already surfacing and will have to be taken into

account if such restrictions become necessary again, in the context of this pandemic or any other similar crisis. Infringements of common law, particularly with regard to access to information, freedom of expression, movement, and assembly, could only be proportionate and clearly limited in time (Funk and Linzer, 2020). The liberal values and principles that underpin our democracies must always continue to form the framework for these restrictions. Moreover, the public authorities in charge of their execution must increase transparency by communicating publicly on the purpose, usefulness, and duration of these restrictions in order to encourage public support. Finally, in times of crisis, democratic control mechanisms must be valued, not questioned. Governments must continue to include civil society in their decision-making, including (and particularly) when civil society casts a critical eye at the public authorities' response to the crisis. If, unwittingly in the face of the urgency to act or out of opportunism, public authorities do not respect these principles in their response to this pandemic or any other crisis, its negative effects on fundamental freedoms could persist long after it is brought under control.

D. THE NEED TO PLACE PARLIAMENTARY WORK AT THE HEART OF THE RESPONSE TO THE CRISIS

22. As representatives of the people, it is imperative that parliamentarians be involved in the definition, implementation and termination of measures taken by governments to deal with the spread of COVID-19 and its consequences. Despite the difficulties and disruptions caused by the emergency, facing parliaments in their work, many were able to adapt their working methods and procedures to the situation. These efforts should be commended and replicated throughout the Alliance and in the rest of the world. Indeed, the current health crisis makes parliamentary work more essential than ever before. In times of crisis, the temptation is great for governments to sacrifice the rigour of democratic processes on the altar of urgency. However, in the face of a crisis, the parliamentarians' roles of representation, legislation and oversight of government work are crucial to ensure the effectiveness of the response and to ensure that it adequately respects the fundamental rights of citizens. Thus, the states of emergency put in place by many countries in response to the crisis cannot justify calling into question the central role of parliaments in our democracies, even temporarily.

23. Once the COVID-19 crisis is under control, in consultation with scientific experts, parliaments will need to ensure that governments do not unduly – if not indefinitely – extend the temporary restrictive measures, most of which are legitimate, and have been adopted in response to the emergency. Without parliamentary supervision, there is a high risk that some of these measures – particularly those for monitoring and controlling the population – will be kept in place long after the end of the pandemic. In all the countries of the world, including the Alliance, it is crucial that measures that bypass fundamental freedoms and democratic principles should be aimed exclusively at defeating COVID-19 and therefore become obsolete as soon as that aim is achieved.

24. Furthermore, in due course, lessons will have to be learned from the different national responses to the spread of COVID-19 and its consequences. Comparative studies are indispensable. They must go beyond NATO's borders in this instance. Around the globe, some countries, particularly in Asia, were more effective in controlling the spread of the new coronavirus and its socio-economic and security consequences. Useful lessons can be drawn from these experiences. Parliaments will have to play a crucial role in this process to ensure that their societies, countries, and the Alliance itself are more resilient, better prepared, and able to deal more effectively with similar threats in the future.

III. THE THREAT POSED BY THE INCREASED SPREAD OF DISINFORMATION AND PROPAGANDA RELATED TO COVID-19

A. THE GROWING PREVALENCE OF DISINFORMATION AND PROPAGANDA DURING THE CRISIS

25. In this report, the term "disinformation" refers to the deliberate creation, presentation, and dissemination of fallacious or false information with the objective of intentionally misleading the public and manipulating its opinion or actions. The term "propaganda" is defined as a systematic action exerted on public opinion in an attempt to make the public accept certain ideas or doctrines. The term "fake news" refers to "false or deliberately biased information, disseminated for instance with the aim of supporting one political party to the detriment of another, of tarnishing the reputation of a personality or company, or of contradicting an established scientific truth" (*Journal officiel de la République Française*, 2018).

26. The propagation of COVID-19 throughout the world came hand-in-hand with a wide circulation of rumours and fake news. Indeed, the global health crisis has created a need among our citizens for information on this health threat, many aspects of which are still unknown today. The promoters of disinformation and propaganda were quick to jump into this breach. In the absence of proven and widely accepted scientific explanations, they exploit popular fear of the unknown to promote fake news and other conspiracy theories (Wanless, 2020).

27. Many of these misleading or false allegations are promoted by governments. The leaders of Russia and China in particular, but also Iran and Venezuela, try to take advantage of this dual health and information crisis. These governments use disinformation and propaganda as a strategy for delegitimising our democracies, fighting the criticism of their crisis management, and promoting their authoritarian model of governance (Fisher, 2020).

28. Nevertheless, some fake news are spread by non-state actors and sometimes even by citizens residing within our borders. A recent study conducted by the Reuters Institute for the Study of Journalism (University of Oxford) concluded that celebrities, politicians and other public figures were responsible for producing or disseminating 20% of fake news on the novel coronavirus, and that their publications accounted for 69% of the total engagement of the public vis-à-vis fake news on this topic across the various social networks (Brennen et al., 2020). This misleading information has already had visible negative consequences. For example, the hypothetical link between the spread of COVID-19 and the installation of the 5G communication network, which prompted ill-intentioned individuals to destroy several mobile phone towers, including those in the vicinity of hospitals for which this infrastructure is vital (Adams, 2020). Moreover, a recent study on disinformation and propaganda in the United Kingdom, the United States and the European Union (EU) showed that far-right groups also spread disinformation about the current health crisis, blaming migrants and ethnic minorities for COVID-19 (Doward, 2020). Some terrorist groups also spread fake news regarding the health crisis to their advantage. This is especially true for Daesh, which has recently become stronger, most notably in Iraq after the withdrawal of French and American forces from the country. The terrorist activities of the organisation have also intensified in the Middle East and Africa, further endangering civilian populations. For example, the terrorist group issued "travel warnings" for certain countries in order to give weight to its claims to be a sovereign state (Wanless, 2020). In one such communication, it also claimed that perpetrating a terrorist act would make its sympathisers immune to COVID-19 (NATO, 2020d). The multiplicity of sources of disinformation complicates the fight against this scourge.

29. While fake news is sometimes spread through traditional media, the role played by the internet and social networks in this area is key. The aforementioned Reuters Institute study

reveals that 88% of all fake news shows up on social media platforms, compared to only 9% on television and 8% in newspapers (Brennen et al., 2020). In reaction to this phenomenon, major social networking platforms have taken steps to combat disinformation surrounding COVID-19. They are removing numerous publications identified as conveying fake news on the subject and promote the messages disseminated by national government agencies and the WHO, including through the allocation of free online advertising slots (Carrie, 2020). It is also worth mentioning – as the G7 has done – the crucial role of the international public service media (France Médias Monde, Deutsche Welle, BBC World Service, CBC Radio-Canada, USAGM, NHK World, etc.) that, with a combined audience of more than a billion persons per week, have joined forces and recorded very strong audience increases, demonstrating the confidence of the world's audiences in independent information issued in all languages on all continents. In collaboration with experts and educators, international radio and television channels (including the French France 24, RFI, TV5) launched anti-fake news programmes to expose the lies being told and now co-operate with the other channels mentioned (Garriaud-Maylam and Vall, 2020). Depending on the media, these programmes are labelled "fact-checking", "decoder", or "check news". However, in spite of these efforts, fake news still successfully spreads among the public. Due to its proliferation, such news tends to saturate the media space. In February 2020, the WHO declared that the world is facing an "infodemic" within the framework of the fight against the novel coronavirus (Richtel, 2020).

30. This information crisis runs parallel to the health crisis, and one reinforces the other. In this, the truth has become one of the many victims of COVID-19. Proven facts and institutional messages essential to ensure the safety and good health of citizens in the face of the pandemic are drowned in the mass of fake news. Official policies and messages are intermingled with theories about the origin and supposed objective of the novel coronavirus and publications praising the merits of purported treatments for COVID-19 symptoms. This informational cacophony makes it difficult for citizens to gain access to objective and verified information. It also creates and reinforces a lack of confidence in official data and recommendations. The increased use of disinformation during the current health crisis is undermining the credibility of government institutions and health authorities in the eyes of citizens and hence their ability to respond efficiently to the pandemic (Fisher, 2020).

B. RUSSIAN AND CHINESE PROPAGANDA AND DISINFORMATION STRATEGIES DURING THE COVID-19 CRISIS

31. Russia and China are trying to turn the current health crisis to their advantage through aggressive disinformation campaigns. Russia has long been developing its capacity for manipulating information. China – which itself was a victim of fake news campaigns¹ – also seems to have increased its capacity to spread disinformation on a global scale during this crisis. By intensifying their disinformation and propaganda campaigns, Moscow and Beijing hope to undermine the trust that citizens of the Euro-Atlantic area have in their countries' authorities to respond to the crisis (The Washington Post, 2020). These efforts pose a threat to the security and stability of NATO member countries, as well as to the liberal foundations of our democracies and the Alliance.

32. Russia primarily implements its propaganda and disinformation strategy through a large mosaic of social media accounts and websites aligned with the ideas and concepts defended by the Kremlin, but also through its television channel RT. These websites primarily target Western audiences and promote or invent conspiracy theories and other fake news to sow doubt and create tensions among citizens of the allied nations (Barnes et al., 28 March 2020).

¹ For example, fake news claiming that COVID-19 had been intentionally created by scientists at the Wuhan Biosafety Laboratory was viewed millions of times on social networks.

33. The Russian disinformation and propaganda strategy in the current health crisis primarily entails propagating various conspiracy theories on the origins of COVID-19 and challenging the usefulness and effectiveness of the actions taken by Euro-Atlantic public authorities (Glenza, 2020). NATO and the Allies are some of the preferred targets of such Russian disinformation attacks. In April 2020 for instance, a forged letter supposedly in the name of the NATO Secretary General was sent to the Lithuanian Defence Minister, stating that the Alliance was going to withdraw its troops from the country because of an outbreak of COVID-19 within its battle group. Subsequently, a fake article reporting this fake news item was posted on various websites and in a YouTube video. Finally, the forged letter was sent to NATO headquarters via a false e-mail address belonging to the organisation. During that same month, similar disinformation campaigns involving comparable techniques also took place in Poland and Latvia (NATO, 2020d). Moreover, in Lithuania, in March 2020, the website of a national newspaper was hacked and a fake news item claiming that a US soldier based in the country had tested positive for COVID-19 was posted online (Tucker, 2020). Internet sites close to the Kremlin also spread a rumour in the beginning of the pandemic that the Slovakian Prime Minister at the time, Peter Pellegrini, had tested positive for COVID-19 and infected other heads of state during a European Summit (Rankin, 2020). Partner countries and prospective NATO members were not spared either. As of March 2020 for instance, Russian media falsely accused the Richard Lugar Center for Public Health Research of the Georgian National Center of Disease Control of being a secret US biological laboratory allegedly trying to spread the new coronavirus in the now-occupied Georgian regions of Abkhazia and South Ossetia (Makszimov, 2020). In April, a spokeswoman for the Russian Foreign Ministry even officially accused Georgia of developing and modifying pathogens for military purposes. Similar fake news about laboratories located in Kazakhstan, Ukraine, and the Republic of Moldova were reported in the Russian media (NATO, 2020d).

34. While Russia has been developing its capacity to manipulate information and promote propaganda for many years, China is emerging as a new actor in global disinformation in the context of the current health emergency. Until now, Beijing has limited its global propaganda efforts to geopolitical issues that directly concerned it, such as Tibet, Taiwan, and Hong Kong. However, the scope of China's strategy in this area has expanded during the current health crisis. The Chinese government has launched a major disinformation campaign concerning COVID-19. This campaign was first driven by Chinese diplomats and official accounts both publicly and openly (Barnes et al., 22 April 2020). In March 2020 for example, a spokesman for the Chinese Ministry of Foreign Affairs posted a link on twitter to an article falsely claiming that the novel coronavirus originated in the United States. Subsequently, China moved closer to the Russian model by primarily acting unofficially through internet sites and social networks in seeking not only to promote and defend its ideas and principles but also to create more uncertainty, tension and a lack of trust in the authorities among the populations of Western democracies (Rosenberger, 2020). The Chinese Ambassador in Paris was summoned by Foreign Minister Jean-Yves Le Drian for his attitude and defamatory remarks about France.

35. China's campaign of disinformation and propaganda in the context of the current health crisis is aimed at rejecting any responsibility for the emergence and initial development of the pandemic, weakening Western countries (especially the United States) and defending the Communist Party's management of the COVID-19 crisis. The aim of these efforts is to bolster China's authoritarian model of governance to the detriment of the liberal values that form the bedrock of the Alliance and our democracies.

36. Moreover, the Chinese and Russian authorities have developed an intense propaganda activity around the supply of medical equipment and the dispatch of doctors to countries hard hit by COVID-19. China, as the country where much of this material is produced, has tried to distract attention from the initial disastrous response of its authorities to a pandemic that originated within its territory. Through this new medical diplomacy, China wants to present itself as a great benevolent power. The country thus directly or indirectly shipped masks and

respirators – amongst other things – via private companies over which the regime has a growing influence (Gill, 2020), to many countries facing the pandemic, including all African countries, but also the United States, Canada, and the Netherlands. At the same time, China implemented an aggressive propaganda strategy extolling its solidarity with the affected countries and the merits of its repressive model. This propaganda has been deployed through Chinese officials and traditional media, but also on social networks, where experts estimate that thousands of ghost accounts were created to relay Beijing's message (*The Economist*, 2020; Frachon, 2020). Similarly, Russian authorities also intensified their propaganda around the shipment of medical equipment (much of which proved to be defective) to the United States and Italy in March (Roth, 1 April 2020). It is to be deplored that these Russian and Chinese donations and the propaganda surrounding them cast a shadow in the media and on the internet over the much more substantial solidarity that was and that is still being shown by the Allies throughout this health emergency.

37. Subsequently, the Russian authorities reoriented their propaganda, claiming to be first to develop a vaccine against the new coronavirus. The latter was allegedly approved without having been tested in final clinical trials. Yet the WHO warned Russian authorities that using a vaccine that had been only partially tested for safety and effectiveness poses a serious potential risk to the populations concerned. However, it would seem that Russian leaders immediately published propaganda-driven results rather than awaiting conclusive final results on the effects of this vaccine. Moreover, this announcement by the Russian government came as the American, Canadian, and British governments were all accusing Russian hackers of trying to steal intelligence related to vaccine research (Kramer, 2020).

38. Thus, Russia and China are two of the main sources of disinformation and propaganda in the current health crisis. Their nuisance capacity in this area is amplified by their complementary nature. The fake news and propaganda published on the websites, social media accounts, and traditional media of one country are often picked up by the other. Through this mutual reinforcement, Beijing and Moscow find a form of legitimisation that amplifies their messages (Barnes et al., 28 March 2020).

C. NATO'S RESPONSE TO THE THREAT OF DISINFORMATION AND PROPAGANDA IN THE HEALTH CRISIS

39. Due to the increasing spread of disinformation and propaganda by state and non-state actors, essential recommendations in the fight against the pandemic do not always reach citizens. In addition, the confidence of citizens in their authorities and the response of the latter to the health crisis is being eroded. Thus, disinformation and propaganda may have played a role in the spreading of COVID-19 and could undermine the democratic foundations of our societies and of NATO itself. Consequently, they pose a threat to the security of the Alliance and its Member States. The Allies agree on the need to fight these two scourges and their intensification during this health crisis.

40. However, the increased spread of disinformation in the context of the pandemic – particularly from Russia and China – overshadowed NATO's attempts to communicate with the public, especially in the early stages of the crisis. This was particularly true for information regarding Allied solidarity and assistance, which often took a back seat in the media at the onset of the crisis, while Russian and Chinese donations drew disproportionate attention considering their limited scope. Moreover, NATO, which initially focused on defining its operational response to the crisis, took several weeks to build up its capacity to monitor and analyse the new information environment stemming from the initial spread of the COVID-19 pandemic. However, the Alliance was able to react swiftly to the above-mentioned fake news that directly affected it.

41. In addition, as the crisis escalated, NATO managed to reframe and strengthen its approach to disinformation in the context of the COVID-19 pandemic. The Alliance adopted an action plan based on a twin-track model. In the first instance, NATO tries to *understand* the information environment by analysing internally any disinformation and propaganda activities by hostile actors. In the second instance, this strategic analysis enables the Alliance to *communicate* externally to the relevant audience in a targeted approach. For instance, NATO reinforced its communication on its role and that of Member and Partner states in responding to the crisis, particularly regarding the exchange of knowledge and resources, logistical support, coordination of medical equipment supply and airlift, and the recent creation of a medical equipment reserve and of a fund enabling the rapid and joint acquisition of medical supplies. To this end, NATO stepped up its production of information content for online distribution on numerous platforms and created a dedicated single web page to provide information on its response to the pandemic (www.nato.int/covid19/). NATO also increased its on-line events and reinforced its Russian language communication to reach a wider audience. In addition, the *coordination* of these efforts with other actors facing the same threat greatly simplifies and strengthens the work done in the areas of understanding and communication. Specifically, NATO closely cooperates with the Allies and Partner countries as well as with the EU, the G7 and the UN to identify, monitor, and denounce false rumours and information (NATO, 2020c).

42. NATO and the Allies thus responded effectively to disinformation about the pandemic, the Member States' response to it and the Alliance's role. Nonetheless, NATO should continue building its response capacity to the pernicious threat of disinformation in the context of the pandemic and thereafter. This will certainly necessitate an important increase in the financial and human resources allocated to these efforts; strengthening and sustaining partnerships with State and multilateral actors facing the same threat; and a thorough analysis of the lessons to be learned from our response to disinformation in the context of this pandemic to ensure that we are able to respond more quickly, effectively, and resiliently to this scourge in the context of potential future emergencies.

IV. COROLLARY CHALLENGES OF THE HEALTH CRISIS

A. THE LINK BETWEEN POPULATION DISPLACEMENT, CONFLICT SITUATIONS AND THE SPREAD OF COVID-19

43. Globalisation has made our societies increasingly interconnected. As such, migration has become a major component of today's world. The number of international migrants worldwide reached 272 million in 2019 (representing 3.5% of the world's population, up from 2.8% in 2000), an increase of 51 million from 2010 (UN, 2019). In addition, there are now 70.8 million displaced persons in the world - including 41.3 million internally displaced persons (IDP), 25.9 million refugees, and 3.5 million asylum seekers (UNHCR, 2019). These forced displacements also continue to increase.

44. Migration is a catalyst in the current crisis. Its intensification is therefore called into question by States wanting to defend the health security of their populations. This is particularly the case within the Alliance. Indeed, in 2019, Europe was the continent welcoming the largest number of international migrants (82 million), followed by North America (59 million) (UN, 2019). In response to the threat posed by the spread of COVID-19, many States have closed their borders and prohibited entry into their national territory. In late March 2020, at least 93% of the world's population lived in countries with COVID-19-related travel restrictions, and 3 billion people resided in countries that had completely closed their borders to foreigners (Connor, 2020).



45. During the initial phase of the crisis, the often haphazard and sudden nature of the implementation of these measures may at times have had counter-productive effects. Consequently, thousands of people who were abroad at the time of the announcement of the forthcoming implementation of such measures rushed home, possibly contributing to the spread of COVID-19 (Ratcliffe, 18 March 2020). For example, thousands of Ukrainians working in Poland massed at the eastern borders to return to Ukraine after Kiev adopted similar measures (Reuters, 2020). Similarly, thousands of holidaymakers urgently made their way back home to the UK just before the introduction of quarantine restrictions for travellers returning from certain countries (including France, the Netherlands and Malta) as from 15 August (BBC News, 15 August 2020). Additionally, the WHO expressed concerns about closing borders as a solution for the spread of COVID-19. The organisation recognises that such measures can delay the arrival of a virus in a country whilst the national health response is being prepared. Nevertheless, it insists that stopping legal international travel encourages the development of clandestine migration without health controls and can thereby lead to an even greater spread of COVID-19. Indeed, migrants who find themselves stranded abroad are likely to seek to return home illegally (Bernard, 2020). This is, for instance, the case of thousands of Nepalis stranded in India, unable to return to Nepal as the country has closed its borders (Shrestha, 2020).

46. Moreover, the closure of borders directly affects couples and families whose members live in different countries. Following an online campaign ("*Love is not tourism*") asking for permission to reunite partners separated by the pandemic, the EU called on its Member States to ease entry restrictions for members of unmarried couples from some third countries. A number of Member States complied with the European Commission's recommendations, although others are reluctant to do so. The French Ministry of Foreign Affairs announced that as of August, permits would be issued to partners of nationals who could prove an existing relationship. However, only a limited number of permits have been distributed, and obtaining them remains difficult for citizens of certain countries. Yet, it is important to enable transnational couples and families to reunite, while keeping some essential measures in force to prevent the spread of the new coronavirus.

47. In the Middle East and Africa, amongst others, but also within the Alliance such as in Greece and Turkey, millions of civilians have found refuge after being forced to flee violence and war in their own countries. These refugees, asylum seekers, and IDPs are particularly vulnerable to the spread of COVID-19 (Molnar and Naranjo, 2020). For many of these

individuals who are confined in sometimes severely overcrowded camps and with limited access to health and medical facilities, the measures recommended to prevent the further spread of the novel coronavirus – such as frequent hand-washing and social distancing – are proving difficult to follow (DeYoung, 2020). Therefore, the risk of the spread of COVID-19 among the occupants of these camps is particularly high and represents a health issue for the countries concerned, including the Allies. For example, in April, a Palestinian refugee was the first positive case detected in the al-Jalil camp in Lebanon, raising fears of a rapid spread of the novel coronavirus among its inhabitants (Chulov, 2020). Since then, COVID-19 cases were recorded in asylum-seeker camps in a number of other countries. In Greece for instance, the authorities were forced to impose a strict lockdown in the camps. Although such measures are obviously unavoidable, they have made the already-difficult living conditions of asylum seekers all the more painful. This has also generated tensions, both inside and outside the camps, between the occupants and local communities (Kitsantonis and Kingsley, 2020).

48. In the short term, border closures resulting from the pandemic have led to a sharp drop in asylum applications. Indeed, in May 2020, 97 of the 161 states that had partially or completely closed their borders were not making exceptions for asylum seekers (UNHCR, 2020). However, in the longer term, the direct and indirect effects of the crisis could lead to an upsurge in the number of asylum applications, particularly into the EU (EASO, 2020). Indeed, the health, security, social and economic threats facing the countries of origin of asylum seekers were exacerbated by the pandemic, while their response capacities in such areas remain very limited.

49. The pandemic had also had dramatic consequences for some economic migrants and their countries of origin. For example, in the Gulf States – which were hard hit by the pandemic and where foreign workers represent between 33% and 90% of the population – thousands of migrants lost their jobs. Some of them do not have sufficient financial resources to go back home while others are unable to do so as borders are closed and there are no flights. As a result, they are forced to stay in the country without any means of subsistence and often under difficult conditions (*The Economist*, 2020). The increasing scarcity of jobs for migrant workers has also had an economic impact on their countries of origin. According to the World Bank, the remittances sent by migrant workers, which are often crucial for the economies of their home countries, are expected to drop by 20 percent in 2020, before picking up slightly by 5.6 percent in 2021 (World Bank, 2020).

50. Moreover, the conflict zones from which some of these migrants flee also prove an additional source of concern. Territories *de facto* uncontrolled by their legitimate governments, such as those where Russian-backed separatist forces operate in eastern Ukraine, or at war, such as Syria, risk becoming hotbeds for the uncontrolled spread of COVID-19. After six years of conflict in eastern Ukraine, Russian-backed separatist forces recognised the outbreak of COVID-19 cases in April, but only responded with limited health measures. By March, the UN Office for the Coordination of Humanitarian Affairs (OCHA) was already expressing concerns about the risk posed by the pandemic in the region, particularly given the high median age of the population living there and the deterioration of the medical infrastructure since the onset of the conflict (Miller, 2020). In Syria, Bashar al-Assad's regime officially recorded a limited number of cases (less than 3,000 in September). However, in July, the Idlib Governorate, which is near the Turkish border and under the control of the regime's opponents, registered its first case of COVID-19. This raises fears of a rapid spread of the coronavirus in this area of Syria, particularly in the internal refugee camps there (McKernan, 2020).

51. Faced with these multiple risks, in April the EU announced €15.6 billion in additional funds to help the most fragile countries fight the pandemic (European Commission, 2020). For its part, the United Nations has appealed for 2 billion dollars to fund the fight against COVID-19 in the most impoverished and vulnerable countries (United Nations General Secretariat,

2020). Finally, over the next 15 months, the World Bank will also allocate a financial aid of up to \$160 billion in financial assistance for governments to protect their most vulnerable populations, support businesses, and facilitate economic recovery (World Bank, 2020).

B. IMPLICATIONS OF THE CRISIS ON THE GENDER DIMENSION

52. The COVID-19 crisis is exacerbating some of the woes faced by women around the world: domestic violence and socio-economic inequalities between women and men. The recent health emergencies, such as the 2014 Ebola and 2015-2016 Zika virus epidemics, have had a disproportionate impact on women and reinforced gender inequalities. (Filipová et al., 2020; Human Rights Watch, 19 March 2020). The COVID-19 pandemic is unfortunately no exception.

53. The measures adopted in response to the spread of COVID-19 have led to an increase in violence against women. From the onset of the health crisis, alerts were issued on the surge in domestic violence in China as well as in Europe and North America (Du, 2020; Le Monde, 2020, 27 March 2020). According to estimates by the United Nations Population Fund, domestic violence is estimated to have increased by almost 20% globally during an average confinement period of three months (Ford, 2020). The upheaval and deferral of domestic violence programmes due to the effects of the pandemic have further exacerbated the problem.

54. Moreover, the socio-economic consequences of the pandemic affect women more than men. They are in the majority in some of the economic sectors that have most suffered from the current crisis, particularly within the scope of lockdown measures, and have thus been more widely affected by job losses than men (Schmidt, 2020). Moreover, many women, particularly in low-income countries, are in informal employment and thus have no social protection, including access to unemployment benefits (Grown and Sánchez-Páramo, 2020). In addition, the containment measures and school closures around the world have amplified the need for childcare and unpaid work in the home, much of which has traditionally been the responsibility of women. Therefore, the current health crisis and its consequences have further widened the socio-economic gap between women and men.

55. For those on the front line fighting the threat posed by the current health crisis, gender inequalities are just as pronounced. According to medical studies, the mortality rate is significantly higher among men who have contracted COVID-19 than among women (OECD, 2020). However, because of the type of jobs they hold, women are often more exposed to the risks posed by COVID-19 and its consequences. Indeed, women make up the majority of front-line workers. For example, they account for nearly 70% of the world's health workforce (OECD, 2020). Yet they remain under-represented in positions of responsibility in these sectors (Boniol et al., 2019). Thus, despite their high exposure to the risks of COVID-19 and their central role in the fight against the pandemic and its consequences, women continue to face gender inequalities in the current health crisis.

56. However, this crisis represents an opportunity to reinforce women's roles in our societies, particularly in response to health and security crises. Women leaders around the world are to be commended for their effective national response to the health crisis (Henley and Roy, 2020). Hopefully, they will serve as examples and inspiration to others and will thus increase women's participation in politics and inclusion at the highest levels of institutions responding to health and security crises.

57. Furthermore, it is crucial that the gender dimension should be integrated into the design and implementation of short- and long-term measures adopted in response to the current health crisis and its consequences. Therefore, these responses must take into account the

specific needs of women during the pandemic, in the aftermath of the crisis and in the management of future threats. The funding of programmes to protect women from the violence against them and to bolster their socio-economic inclusion while reducing gender inequalities must remain a priority during and after the COVID-19 emergency. Failing this, the crisis may exacerbate the risks and inequalities that women face, which are already far too pronounced.

C. IMPACT OF THE COVID-19 CRISIS ON CHILDREN AND YOUNG PEOPLE

58. All around the globe, the COVID-19 crisis has had dramatic repercussions on the security and future opportunities of children and young people. By late April, 185 governments had temporarily closed their schools and universities to contain the spread of COVID-19 (UNESCO, 2020). In many countries, children confined at home faced a sharp increase in domestic violence. In addition, in the majority of states, child protection services operated at reduced capacity during containment (Kippenberg, 2020).

59. Moreover, the closure of schools and universities has negatively affected the education of nearly 1.5 billion children, or 9 out of 10 children (Golinkoff, et al., 2020). Since then, many countries have reopened their schools and universities. According to UNICEF, in August, online tools were either introduced or developed in about 90% of countries to partially bridge this gap. Nevertheless, the United Nations agency estimates that at least 463 million children worldwide – particularly in low- and middle-income countries – have been denied access to education for some time, owing chiefly to the absence of distance learning policies and lack of the necessary computer equipment required for online education at home (UNICEF, 2020). If the pandemic and resulting lack of access to education were to continue or recommence without technological and financial support for the people and countries most in need, the long-term societal consequences could be severe. Although it is still too early to determine the exact consequences, the crisis will have had an impact on children's education and may lead to some of them dropping out of school. This could thus affect the socio-economic opportunities of young people, especially those about to enter the labour market, and ultimately aggravate socio-economic inequalities. Education and socio-economic integration are essential elements in preventing the radicalisation of young people and reducing the attractiveness of violent extremist organisations and movements (European Commission, 6 May 2020). Thus, the long-term consequences of the COVID-19 crisis for children and young people could be an additional factor of instability.

V. INCREASING THE RESILIENCE OF OUR SOCIETIES BY PREPARING THE CIVIL SECTOR FOR THE PANDEMIC AND FUTURE CRISES

60. The current crisis revealed that our countries were not ready to face this pandemic. Although this risk was known, it was considered hypothetical. In the majority of countries, preparations were only superficial. Until now, health had not been regarded as an area directly affecting security. Although the current priority should be in addressing the seriousness of the health crisis, the COVID-19 pandemic demonstrates the need to work today to make sure that our societies are more resilient tomorrow, so that our citizens are ready to face future crises, whatever they may be.

61. NATO defines resilience as a society's ability to resist and recover easily and quickly from a major shock such as a natural disaster, failure of critical infrastructure, or a hybrid or armed attack. Resilience implies that public authorities must be prepared to continue operating in the event of a crisis. Resilience also requires that the civilian sector – including populations and businesses – be prepared to cope with many different potential crises. Finally, it also requires the civilian sector to be able to cooperate harmoniously and effectively with the military sector.

62. Long before the COVID-19 pandemic, the Alliance had already recognised the crucial role of the resilience of Allied societies. Article 3 of the North Atlantic Treaty explicitly refers to this and states that "the Parties, separately and jointly, by means of continuous and effective self-help and mutual aid, will maintain and develop their individual and collective capacity to resist armed attack".

63. Building resilience is a national prerogative. However, NATO provides support and coordination to the Allies in this area. In 2016, during the Warsaw Summit, the Member States adopted seven baseline requirements for national resilience.² The requirements are designed to enable Allies to assess their readiness to deal with a potential crisis. By meeting these requirements, Member States should be able to fulfil three essential functions in the event of a crisis: continuity of government, continuity of essential services to the population, and civilian support to the military.

64. Since 2016, NATO has been issuing recommendations to assist Member States and their competent authorities in meeting the seven baseline requirements. Recommendations have been adopted regarding the planning for events which might result in a high number of casualties (2018) and regarding the implementation of arrangements for procurement (including vaccines, antiviral or antimicrobial drugs, diagnostic tests and PPE) allowing for the adoption of medical countermeasures in the event of a public health crisis (2019).

65. Consequently, there are still some shortcomings although the resilience of allied countries has increased. In 2019, one of the baseline requirements regarding the resilience of civilian communication systems was revised to encompass the value of developing reliable and secure communication systems in the event of a crisis, including in the area of 5G. Additionally, NATO is now reassessing the baseline requirements identified in Warsaw. If necessary, in 2021 this will result in proposals for amendments or supplements. While this reassessment process was originally initiated out of concerns over cyber security and foreign direct investment in strategic sectors among the Allies, there is no doubt that it now also presents an opportunity to revise the baseline requirements following the lessons learned from the COVID-19 pandemic.

66. But building resilience does not only require preparation at national level or NATO level. While States are responsible for the security of their citizens, they also rely heavily on the latter to achieve it. It is thus imperative that policies implemented at Alliance level and its Member States should then translate into improvements in the state of preparedness of our populations and our private sector, so that they can respond collectively and effectively to the emergence of a variety of potential crises. This is one of the first lessons to be drawn from the COVID-19 crisis.

67. Some Allies and Partner countries already have valuable experience in this area. For example, in 2019, our Committee visited Sweden and learned valuable lessons about the Swedish authorities' activities in preparing their people for any possible crisis. In 2018 for instance, each household received a leaflet detailing the survival measures to apply in the event that the authorities were temporarily unable to provide assistance in various scenarios, ranging from a natural disaster to an armed assault or terrorist attack. In 2020 and 2021, the authorities are running the "Total Defence 2020" exercise, which is the first of its kind since the end of the Cold War. Involving more than 60 public institutions and numerous other

² The seven baseline requirements concern: the assured continuity of government and critical government services; resilient energy supplies; ability to deal effectively with uncontrolled movement of people, and to ensure that these movements do not interfere with NATO's military deployments; resilient food and water resources; ability to deal with mass casualties; resilient civil communications systems; and resilient transport systems.

stakeholders, the exercise is designed to ensure that the basic services and vital functions of society can be sustained in the event of a crisis or a war. These efforts fall within a strategy of involving every sector of society around the concepts of "total defence" and "societal resilience" with the aim of providing a more coordinated response to a potential future crisis. Other partner countries, such as Finland, Austria, and Japan, have developed a similar set of skills in this area. Reinforcing cooperation with these countries is key as it would help to draw from the lessons learned from the national responses to the pandemic, thus being better prepared to face future crises and strengthen our societies' resilience. Moreover, it would be useful to cooperate with countries that are not traditional partners of the Alliance but with particular expertise in resilience in various types of crises. Finally, these experiences and good practices should be more broadly shared among the Allies and their partners to ensure that they become more generalised.

68. The "NATO 2030" reflection process represents an opportunity for Member States and NATO to reassess the approach of the Alliance vis-à-vis the issue of our societies' resilience and the role that NATO will have to play in its future strengthening.

VI. CONCLUSION

69. The COVID-19 health crisis has a direct impact on many aspects of the civil dimension of security. Indeed, the health crisis is characterised by a confrontation between democratic principles and the authoritarian model, an escalation of disinformation and propaganda, and a threat to the values of inclusiveness and solidarity. For now, these elements have overshadowed and continue to overshadow the emergence of a comprehensive and coordinated global response to the pandemic, which knows no state boundaries and affects – albeit to varying degrees – every country in the world.

70. First of all, the COVID-19 pandemic does not discriminate between national and international divisions or between respect for fundamental freedoms and authoritarian temptations. The repressive policies adopted by China even before the current health crisis played a catalytic role in the initial spread of COVID-19. Subsequently, the restrictions adopted by States to ensure public health in response to the crisis have curtailed certain fundamental freedoms. Once the pandemic is under control worldwide, it will be crucial to ensure that these measures come to an end and do not steer some countries towards a lasting challenge to democratic principles and liberal values. There are also fears that the scale of the economic crisis triggered by COVID-19 (with its string of bankruptcies and mass redundancies) will eventually lead to insurrection-type demonstrations that could weaken our democratic systems and create the danger of serious repressions.

71. In the face of these challenges, parliamentarians, together with civil society, must make sure that governments do not indefinitely increase their power and control over citizens through their response to the health emergency during and after the crisis. The Alliance should also reaffirm its democratic character and its commitment to liberal values in the context of this crisis. A system of co-ordination and collegial evaluation of the measures adopted by the different Member States, including their impact on fundamental freedoms, could be set up at NATO level. After the crisis, the NATO Parliamentary Assembly will offer parliamentarians a unique forum to share best practices in this field. Lastly, in the light of their role in the early unfolding of the current pandemic, it is both necessary and legitimate for NATO, the Allies, the NATO Parliamentary Assembly and parliamentarians to join together in condemning the human rights violations of the Chinese authorities, as well as those of other authoritarian countries.

72. Second, some of these countries, such as China and Russia in particular, are now seeking to exploit the health crisis and its consequences to promote their authoritarian model of governance. To this end, they have reinforced their destabilising strategies for disseminating propaganda and fake news in the context of the pandemic. Moreover, the increased circulation of fake news is also attributable to non-state actors such as public personalities, far-right organisations, and terrorist groups. The growing number of sources makes the fight against disinformation and propaganda complex for public authorities. This information crisis exacerbates social tensions, generates fear among citizens, and affects their support for public authorities and their response to the crisis.

73. Facts and actions are the best response in the face of this informational threat that feeds on and reinforces the current health crisis. While being careful not to engage in propaganda, NATO must be able to strengthen its strategic communications efforts in the area of strategic communication. The Alliance must be proactive and seize information before it is distorted and misused. In addition, when information is already flawed in public opinion, the organisation must respond effectively after the fact by rectifying it. To achieve this, NATO needs additional financial and human resources to increase its response capability. In addition, there is a need for Allied governments to communicate more widely on the assistance provided among the Member States as well as by some Allies to non-NATO countries in response to the health crisis. This would allow national public opinion to gain a better understanding of NATO's central role and the solidarity among Allies in the response to the pandemic. Through their local presence and influence, parliamentarians can convey a similar message to their fellow citizens. Finally, NATO could consider creating a platform for cooperation with the WHO, the EU, and other multilateral organisations whose response to the pandemic is hampered by disinformation and propaganda. The aim of such a platform would be to establish common strategies and identify best practices to address these threats in the current crisis and beyond.

74. Third, the current health crisis complicates and accentuates pre-existing societal challenges. On the one hand, it questions the trend towards increasingly open borders and the intensification of displacement and migration. To slow the spread of the pandemic, many States around the world have restricted or banned domestic and international travel. While the effectiveness of such measures is a matter of debate, the fact remains that uncontrolled displacement and migration are emerging as a catalyst for the global spread of COVID-19. Faced with this risk, during the crisis and once it has been brought under control within the Allied nations, it is advisable to limit the possibilities of spreading COVID-19 through travel and migration, while not calling into question the positive effects of those on our societies. To this end, the Allies need to increase their cooperation with other States, especially those most vulnerable to COVID-19, and relevant international organisations to put in place coordinated procedures to ensure safe travel once the crisis is under control, including through improved health screening (e.g. temperature monitoring before and immediately after travel and testing at railway stations and airports). In addition, they must now strengthen their efforts to finance health assistance programmes for migrants' countries of origin and among forcibly displaced populations, both nationally and multilaterally.

75. While the novel coronavirus does not discriminate between genders, its consequences severely affect women. The response of the authorities to the pandemic must reduce the negative impacts of the crisis on women. To do so, first, it is necessary to increase their participation at the highest levels of political, economic, health, and security institutions involved in the fight against the pandemic. This would enable better recognition of their particular needs (as well as those of men) in the context of the responses to the crisis and its aftermath. Second, the gender dimension must be fully integrated into the short and long-term responses to the emergency. The risks of increased violence against women in particular must be taken into account in any decision. Standardised tools for assessing the gender impact of the crisis and the measures adopted to tackle it should be put in place immediately with a view of recalibrating the latter if necessary. This would also provide the authorities with essential

information to better respond to similar emergencies in the future. Third, the current pandemic and the disruption it is causing cannot be used as an excuse to cut funding for humanitarian and development programmes benefiting women and girls, especially in the areas of education and socio-economic empowerment. Indeed, it is essential for governments to redouble their efforts in this area in order to ensure worldwide respect for the fundamental right to gender equality.

76. Finally, the COVID-19 crisis also has a negative impact on children and young people. Indeed, it has jeopardised the right to education for many, and came with an increase in violence against them, and threatens their future economic and social integration. In the face of these dramatic consequences and the risks they pose indirectly, such as exclusion and radicalisation, the voice of children needs to be given more space in the evolution of the post-pandemic society. This includes greater inclusion of civil society organisations dedicated to young people in policy-making and enhanced dialogue between decision-makers and children. The organisation of press conferences during which the Norwegian and Danish prime ministers answered questions from children about COVID-19 is a successful example of addressing children's concerns (Milne, 2020). Such initiatives should be replicated beyond the current health crisis. Indeed, the inclusion of the interests and protection of children in all short- and long-term measures adopted in response to the crisis and its consequences is essential to their success. Finally, it is crucial that programmes promoting children's right to protection and education, both nationally and internationally, be maintained and even strengthened.

77. The difficulty in meeting these many challenges that have all been amplified by the COVID-19 crisis is largely due to the fact that the current health emergency took place at a time when the multilateral system created at the end of the Second World War was already partially challenged by the rise of nationalism, authoritarianism, and protectionism. Faced with the health emergency caused by COVID-19, States have adopted a heterogeneous medley of more or less drastic measures, without prior coordination or coherence. However, in the face of today's global health threat, it is essential that all governments act in concert rather than in competition.

78. Fighting effectively against a virus that affects the whole of humanity requires greater international cooperation and increased solidarity, both among the Allied States and with all the other countries of the world. Indeed, in the response to the global health crisis, each State is dependent on the others. Governments need to increase their contribution to multilateral funding, both in the short term to respond to the health emergency of the current pandemic and in the long term through official development assistance to stem its long-lasting effects. Such reinforcement of international solidarity would make it possible to better act together to guarantee the security of the populations of all countries of the world, including those of the Member States of the Alliance. Furthermore, in order to ensure that this aid reaches the countries that are most in need, closer cooperation between NATO and the EU, on the one hand, and with the United Nations, on the other, appears necessary. This would allow us to make the best use of the capacities and resources of each organisation.

79. A frank and open dialogue should take place once the crisis is over to draw lessons and enable our societies and the world at large to face similar threats in the future. The COVID-19 pandemic has shown the necessity for our authorities to take greater responsibility in addressing possible future natural and man-made disasters. The pandemic has also highlighted the need to proactively prepare populations and businesses to respond collectively and effectively to any future crisis. As parliamentarians, we have a pivotal role to play in building up the resilience of our societies in the face of future crises. Through our work at local, national and international levels, we must communicate the importance of resilience to our collective security, promote adequate funding for resilience-building efforts, and champion a better alignment of our national capacities with NATO's baseline requirements in this area.

80. Finally, the "NATO 2030" reflection process presents an opportunity to reassess and reinforce our approach to resilience as a pivotal element of our collective defence. Within this framework, it would be advisable that the Alliance makes sure that the experience of some Member States in reinforcing societal resilience is properly shared among Allies and replicated more widely. Moreover, NATO and its Member States should further engage in a dialogue with non-member countries that possess knowledge and capabilities in dealing with different types of potential crises. This globalisation of our perspectives in this field should not only include the Alliance's traditional partners but also other countries, inter alia in Asia and Oceania. The NATO Parliamentary Assembly and parliamentarians from individual Member and Partner countries would need to participate wholeheartedly in this process.

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