

Rapid review: The UK aid response to COVID-19

Annotated bibliography

October 2021



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1. Introduction

1.1 Overview

This annotated bibliography aims to inform the review by the Independent Commission for Aid Impact (ICAI) on the use of UK aid in response to COVID-19. It summarises what is known about the impact of COVID-19 on humanitarian and development needs, explores past learning that could have informed the UK aid response, and looks at how other multilateral and bilateral donors have responded to the pandemic. The annotated bibliography has four areas of focus, as summarised in **Table 1**.

Table 1: Areas of focus

Topic	Sub-topics
Background analysis of the expected impacts of the COVID-19 pandemic in developing countries	<ul style="list-style-type: none">• Overview of the expected development and humanitarian impacts of the COVID-19 pandemic in developing countries.• Analysis of the different causal pathways for these impacts, including public health impacts, socio-economic consequences of lockdown measures, direct and indirect economic impacts etc.• Overview of factors determining levels of risk/harm in different groups of developing countries (such as by continent, income level, level of fragility or other relevant factors).
Overview of global evidence on how to prepare for and respond to global pandemics	<ul style="list-style-type: none">• Brief summary of relevant learning and evidence from the last 20 years (2000-2020), with a focus on Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), polio and Ebola.• Synthesis of headline recommendations from the pre-COVID-19 literature on how to prepare for and respond to global pandemics.• Summary of analysis on the extent to which learning from past epidemics proved relevant to the specific circumstances of COVID-19.
Summary of the main elements of the multilateral response to the COVID-19 pandemic	<ul style="list-style-type: none">• Brief summary of the level of disruption caused by COVID-19 to the delivery of international humanitarian and development aid.• Overview of the multilateral response to the COVID-19 pandemic, with a focus on the decisions made, the nature of the funding and the overall coherence of the international response.• Summary of external commentary on the relevance and efficiency of the multilateral response to COVID-19.
Summary of how other bilateral donors have responded to the COVID-19 pandemic	<ul style="list-style-type: none">• Summary of how the United States, Japan and Germany have directed their official development assistance in response to COVID-19, with a focus on the timing of decisions made, the nature of the funding and the type of funding vehicles selected. This will be based primarily on documents published by the donors themselves.• Summary of external commentary on the relevance and efficiency of bilateral donor responses to COVID-19.

1.2 Approach

The annotated bibliography is based on a rapid review of currently available peer-reviewed and grey material concerning the impacts of COVID-19 on aid recipient settings and international aid flows. As the objective includes identifying what information was available at different stages of the decision-making process, the

publication date and month are included in all relevant references. We have included literature and data from a wide variety of sources:

- academic peer-reviewed publications
- government/intergovernmental bodies
- think tanks
- civil society organisations
- media/public commentary
- aggregated databases (see below).

We identified relevant sources from searches within Google Scholar and Web of Science (refining by development studies) and a broader assessment of available grey and original source materials. Each selected document was then examined using a snowballing technique to identify additional relevant source materials not uncovered through database searches.

This does not aim to be a fully comprehensive or exhaustive review, but to provide an illustrative overview of the most pertinent sources and debates. As such, we employed a thematic saturation approach: examining new source material until no new themes were identified. This methodology is subject to a number of limitations. Refining searches by development studies, for example, may have excluded certain resources, particularly those with a focus on outbreaks such as MERS or SARS which were not considered ‘development’ concerns. However, given the scope of the review, we are confident that the methodology applied will have identified indicative resources for analysis.

Data sources

To augment the review, we also examined primary data on aid flows. The primary source for this data was the Organisation for Economic Co-operation and Development’s OECD-DAC database, which is overseen by the Development Assistance Committee (DAC) and provides an aggregation of donor flows through the Creditor Reporting System up to the end of 2019 (2020 reporting has not yet been published).

We also reviewed more real-time data from the International Aid Transparency Initiative (IATI), which extends through 2020, but is not subject to the same reporting norms as OECD data.

Key terms

Throughout this report, we use the term ‘aid’ broadly, incorporating all humanitarian and development assistance, including official development assistance or ODA (as defined by the OECD DAC), other official flows and other development flows reported by official actors to entities such as IATI. Official actors include multilaterals, bilaterals and any other formally named agency reporting development flows.

This working definition is consistent with output from Development Initiatives and other organisations working to track aid flows throughout the COVID-19 pandemic. In addition, as internationally chartered institutions, in this report we refer to international financial institutions under the broader term ‘multilateral’ despite their disaggregation in a number of the sources that we reviewed.

2. Expected impacts of the pandemic in developing countries

While the COVID-19 outbreak was itself unexpected, the effects of the pandemic across low- and middle-income settings were in many ways predictable. As discussed at length in disaster preparedness literature, shocks are unavoidable, but vulnerability to and impacts of shocks are long-standing. Shock events, such as the COVID-19 pandemic, expose and compound existing inequalities. Coverage of this in the literature in the context of epidemics and pandemics is mixed, as summarised below.

- *Anticipated effects not well documented*
There is limited peer-reviewed literature on broader developmental or humanitarian effects of epidemics. Available sources published before COVID-19 have focused on the health system impacts of epidemics and health impacts in humanitarian settings, rather than broader socio-economic effects. This was reflected in the early months of the pandemic, with new literature focusing on the mitigation of health impacts, including through access to healthcare in humanitarian or crisis settings. However, literature in other areas of emergency response and disaster preparedness could have helped policymakers anticipate many of COVID-19's impacts.
- *Social impacts predictable in early months*
Social impacts were rapidly documented in the early months of the pandemic. The literature assesses the impacts that the pandemic and associated public health interventions would have on access to and continuation of education in low- and middle-income settings, food security, gender inequality and access to basic services.
- *Inequalities dominate literature*
Inequality was a dominant theme across the literature, exploring how the impacts of the pandemic in low- and middle-income settings would not be homogenous and highlighting differential impacts for people in low-income households, women and girls, people with disabilities, people in rural areas or urban slums, and by race or ethnicity.
- *Regional variation*
Given the global nature of the pandemic, there was limited published literature on regional effects or effects by different groupings of countries, and instead a dominant focus on global and/or national trends. Some non-peer-reviewed literature considered the impacts at continent level, such as the economic impact on Latin America given the high participation of the informal sector in the labour force, the role of violence in humanitarian settings in Southeast Asia, and current levels of preparedness in Africa linked to previous shocks.

2.1 Overview of expected impacts and when they became known

This section provides only an indication of the impacts (and potential impacts) of COVID-19 on development and humanitarian settings. It is apparent, however, that in the first four months following the declaration of a Public Health Emergency of International Concern, multiple effects of the pandemic were clearly identified. The majority of these were not peer-reviewed analyses, given the lack of data initially, but formed commentaries and grey material. They covered the impact on humanitarian and camp settings, access to and continuation of education in low- and middle-income settings, food security, economic impacts, gender inequality and stratified access to basic services (non-exhaustive).

There were a variety of established impacts across development and humanitarian settings. These can be categorised into those impacts on existing humanitarian settings: gendered effects, education effects, health system impacts and food security. Importantly, the main cause of such impacts was not the virus per se, but the impact of disruption to routine development efforts on account of non-pharmaceutical interventions, including restrictions on movement, established to mitigate disease transmission. We have sought to indicate when impacts became known by detailing the month and year of publication of relevant articles included in the review.

Considerable research has been undertaken in 2020 and 2021 to assess the different factors determining vulnerability to COVID-19 and to the secondary effects of the non-pharmaceutical interventions established by governments to mitigate the spread and risk of the virus. Overwhelmingly, much of this data is focused on high-income settings (such as Europe and the US), with significantly less consideration given to low-income settings. Key factors identified in the literature include differential effects by income level, gender, race and ethnicity, and regional risk factors.

Existing humanitarian settings

- *Evidence on public health interventions in humanitarian crises*, Blanchet, K. et al. (2017), *The Lancet*, 2017, [link](#).

This paper offers a systematic review of 345 studies on health interventions in humanitarian crises (armed conflict and natural disasters) between 1980 and 2014. Its main focus is on gaps in the evidence and highlighting how poor much of the evidence is due to limitations to research data collection and analysis (as well as research funding) in humanitarian settings (in other words, there is a lot we do not know about how health is impacted by crisis). Importantly, it shows there was no research on public health interventions for acute respiratory infections in humanitarian settings. The review demonstrates that there is a strong evidence base for water, sanitation and hygiene (WASH) interventions (although more focus is needed on behaviour change, for example hand-washing), and limited evidence on sexual and reproductive health (SRH) issues in crisis settings and on economic considerations. It summarises significant evidence on mental health and stress factors. Overall, it shows the need for more research to inform health interventions in humanitarian crises due to a lack of robust evidence to guide interventions. The paper calls for integrated financing for research as part of development assistance programmes.

- *Responding to the COVID-19 pandemic in complex humanitarian crises*, Poole, D. N. et al., *International Journal for Equity in Health*. 2020, [link](#).

In this paper, the authors highlight that populations in humanitarian crises are expected to be particularly susceptible to COVID-19 given issues of displacement, poor housing, malnutrition, limited access to WASH and limited access to healthcare. These factors make enforcing routine procedures for COVID-19 mitigation hard or impossible in crises settings. The article refers to the SPHERE Handbook, the rights-based guidelines for humanitarian response, for information on best practice guidelines for minimum standards for disaster response. It also highlights that the need for an evidence base for interventions will limit the speed of deployment, and therefore principles of humanitarianism and SPHERE guidelines should be the basis for commencing activities in the absence of data.

- *Interim guidance on scaling-up COVID-19 outbreak readiness and response operations in camps and camp-like settings*, Inter-Agency Standing Committee, 2020, [link](#).

This article sets out considerations for the COVID-19 response in camp settings. It prioritises limiting human-to-human transmission, providing care for infected patients early, communicating risk effectively, ensuring protection to all as central to response efforts, minimising social and economic impacts, and ensuring that those working in the camps do not introduce COVID-19. It asks providers to ensure continuity of healthcare, recognising the role of local networks, markets and livelihood opportunities, which are all factors in disease transmission. It also highlights the importance of undertaking context-specific mapping and planning to meet the needs of those in camp locations. The article is clear on the need to ensure risk communication through local influencers on site, given in a clear context and through community-specific messaging and engagement.

- *Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic*, Blanchet, K. et al., *BMJ Global Health*, 2020, [link](#).

This article offers structured guidance on how to ensure the provision of health services during the pandemic. It states that decisions must be based on humanitarian and universal health coverage principles: non-discrimination, maximising benefits of scarce resources, and giving priority to the worst-off. Concerns are raised about the impact of the pandemic on routine immunisation programmes, from both supply and demand sides. The article sets out a priority list for 120 essential services that are vital in resource-scarce settings, and shows that these are the 'best buys' where finance is limited. It acknowledges that some services may be provided in different ways according to the local context and that domestic resources are likely to be affected in all settings. This list therefore becomes a useful global tool for all policymakers seeking to make trade-offs during the pandemic.

- *Internal displacement and COVID-19: Taking stock and looking forward*, Khouzam, A. & Verma, M., *Refugee Survey Quarterly*, 2020, [link](#).

This paper argues that populations in armed conflict/violent settings are most at risk of the impacts of COVID-19, particularly where public services have been disrupted by violence. Internally displaced persons (IDPs) often have limited access to basic services (health, food etc). Research has previously shown that rates for infectious disease are higher for IDPs than in other populations (as demonstrated during cholera outbreaks in Yemen and the Democratic Republic of Congo (DRC)). IDPs are most likely to live in cramped conditions, including in camps and urban slums that lack access to WASH, health services and economic security. There may be legal or structural barriers to accessing healthcare. In turn, epidemics may create further IDPs if people move out of crowded camps/slums because of fears that they may contract the virus and/or due to COVID-19-related disruption impacting livelihoods. This happened in Yemen and Syria with cholera. Food shortages are also a significant concern in these locations, as well as the important longer-term impacts of stigma and restriction of movement if displaced populations are perceived as vectors of COVID-19. The paper concludes by highlighting the need for a re-evaluation of priorities to look beyond the emergency response and respond to both short-term and long-term needs. These are categorised as supporting IDPs and host communities to recover autonomy and ensure socio-economic integration, keeping internal displacement on the political agenda and ensuring that international human rights law upholds human dignity in the face of a global health emergency.

Gendered effects

- *Gendered implications of the COVID-19 pandemic for policies and programmes in humanitarian settings*, Fuhrman, S. et al., *BMJ Global Health*, 2020, [link](#).

Gendered effects of epidemics are well established (in this paper and beyond). This article considers the secondary effects of the pandemic and how it will impact women in humanitarian contexts, particularly in relation to health needs. It highlights that women are responsible for health-seeking behaviour in households and often provide care for the sick, therefore any increase in the number of people getting sick will directly affect women. Impacts on women will be further exacerbated if women's routine mobility is limited because of lockdown and/or childcare (for example). The paper also acknowledges the associated risks of exacerbating existing gaps in health-seeking behaviour, including increased vulnerability to a range of infections such as HIV, tuberculosis and COVID-19. Drawing on the experience of Ebola in West Africa, the paper highlights increased rates of mental health issues and maternal mortality (70% increase of baseline rates during the West African epidemic). It also highlights the risk of increased gender-based violence, for example linked to water collection (often considered a woman's task), and calls for protections for women and children to be put in place. The paper outlines how women's unpaid labour will increase as a result of the pandemic, affecting school participation and economic security. This can also have a knock-on effect on food security and nutrition. The paper concludes by setting out mitigation measures that can be put in place to minimise such effects, including supporting women's leadership in health programming, ensuring all COVID-19-related data is sex-disaggregated, and bolstering WASH and SRH facilities.

- *Spotlight on gender, COVID-19 and the SDGs: Will the pandemic derail hard-won progress on gender inequality?*, UN Women, 2020, [link](#).

The pandemic will impact a range of Sustainable Development Goal (SDG) targets, but particularly SDG 5, which addresses gender equality and empowerment of women and girls, including maternal mortality and access to sexual and reproductive health (SRH) and HIV services. Learning from previous outbreaks, and from initial findings from COVID-19, the report highlights several areas where gendered gains will be reversed by the pandemic. These include disproportionate infection rates among women healthcare workers, feminised sectors of the economy which are most exposed to infection, and impacts on access to healthcare services, particularly maternity care, SRH services and routine childhood services such as vaccination. Gendered effects of remote learning for schools include the burden on mothers to support home schooling and inequality in children's access to online/other learning mechanisms, highlighting the digital gender divide. Women's economic insecurity is also captured. The report considers disproportionate job losses among women as a result of the sectors they work in and the unpaid domestic burden associated with COVID-19 lockdowns. Domestic violence is highlighted as a key area of concern for all, as is access to water and sanitation, particularly for the poorest communities and women.

The report concludes with a list of policy priorities to mitigate these effects, each in turn linked to achievement of the SDGs.

- *Women are most affected by pandemics – lessons from past outbreaks*, Wenham, C. et al., *Nature*, 2020, [link](#).

This paper considers the evidence of gendered effects of epidemics and what can be learned from previous outbreaks, including Ebola where women remained out of the workforce for longer than men (63% of men had returned to work 13 months after the first case, compared with 17% of women). The analysis considers three key areas: 1) domestic violence, including policy interventions introduced to minimise impacts in different country contexts and limitations of data collection and innovative methods for assessing impacts; 2) sexual and reproductive health, including both supply and demand challenges for contraception, abortion, teen pregnancies and routine maternal care provision, and the importance of minimum initial services provision to be implemented by governments; and 3) livelihoods, including fiscal measures and social protection interventions and how these were made available to, or disproportionately impacted, women. The paper also provides guidance for governments on how to mitigate gendered effects in preparedness, response efforts and post-pandemic periods.

- *COVID-19 vaccines and women's security*, Harman, S. et al., *The Lancet*, 2021, [link](#).

This paper considers the role that women play in delivering and facilitating access to vaccines (and notably the COVID-19 vaccine). First, delivery of vaccines depends on the paid labour of women healthcare workers, which has had repercussions on women's physical security, such as in administering the polio vaccine, and increasingly during COVID-19. Second, accessing vaccines depends on the unpaid labour of women in facilitating family members to take the vaccine, such as booking appointments and taking children and elderly or infirm relatives to appointments. The paper also notes instances of sexual violence against women in the DRC perpetrated by male healthcare workers delivering vaccines.

- *The impact of COVID-19 on South-East Asia: A Policy Brief*, United Nations 2020, [link](#).

This report places emphasis on inequality as a key driver of differential effects of the pandemic in the region. It notes that inequalities will impact access to services and social protection and, in the long term, the ability to weather the storm. Inequalities discussed in the report are not just monetary, but also those existing in the informal economy, among women and girls, people with disabilities, migrants and refugees. The report champions a human rights-based approach to responding to crisis and highlights an opportunity for working towards a new normal as part of the recovery phase of the pandemic, with a focus on inclusivity, sustainability and resilience.

- *The gendered poverty effects of the COVID-19 pandemic in Colombia*, Cuesta, J. & Pico, J., *The European Journal of Development Research*, 2020, [link](#).

This paper seeks to quantify gendered employment disparities in Colombia during the pandemic. Unemployment for women increased 18.4% between February and April 2020, compared with 11.9% for men. The authors develop an ex-ante simulation to predict poverty scenarios and provide a cost-benefit analysis of alternative policy interventions. They find that an additional 1.5 to 4.4 million Colombians will become poor as a result of COVID-19, and that the poverty rate will be higher among women than men after factoring in COVID-19 impacts, for example those that are unable to work at home and those in the informal economy, most of whom will be in urban settings. The intervention that brings the most women out of poverty is payroll subsidy, or universal basic income. The authors call for closing gendered welfare gaps as well as gendered income analysis and policymaking.

Children and educational impacts

- *Is the effect of COVID-19 on children underestimated in low- and middle-income countries?* Simba, J. et al., *Acta Paediatrica*, 2020, [link](#).

This paper highlights that school closures will have a significant effect on children and will worsen educational inequalities, particularly in locations where there has been no government facilitation of alternative learning. School closures also have knock-on effects beyond education, such as social impacts on development and mental

health challenges. These knock-on effects will be worse for those with special needs. Moreover, routine childhood health monitoring will be affected, including immunisation programmes and monitoring of chronic conditions. As a corollary to school closures, financial hardship of parents as a consequence of job loss or reduction will also have a knock-on effect on children. This is particularly a risk for those parents who work in the informal sector.

- *Education during COVID-19 and beyond: Policy brief, United Nations, 2020, [link](#).*

There are more than 1.6 billion learners in over 190 countries affected by COVID-19, 99% of whom are in low- and middle-income settings. This exacerbates pre-established educational disparities between urban and rural areas, boys and girls, and further reduces opportunities for people with disabilities, refugees and poorer socio-economic groups. Importantly, this brief highlights that COVID-19-related closures come on top of other school closures in Sub-Saharan Africa resulting from insecurity. The UN estimates that 23.8 million more children will drop out of school in 2021 than originally forecast. The impact of educational closures is not just on learning, but will have a ripple effect across communities, negatively impacting access to food, facilitation of parents' work and reduction of violence against girls. Policy suggestions highlighted include ringfencing of education budgets, sustainable mechanisms for alternative learning and ensuring that schools reopen as soon as it is safe.

Broader health system impacts in low- and middle-income settings

- *Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study, Hogan, A. B. et al., The Lancet Global Health, 2020, [link](#).*

This modelling study considers a range of scenarios of possible COVID-19 impacts on health systems and the impact that uniform interventions by government might have on non-COVID-19-related healthcare supply and demand. The authors use previous data on burden of disease in different locations to provide a range of estimates that are aggregated for conclusions. In areas with significant COVID-19 burden, deaths from HIV could increase by 10% because of interruption to anti-retroviral therapy resulting from COVID-19-related burdens on health systems. Tuberculosis deaths could increase by 20% due to reduction in early identification and treatment of cases, and malaria deaths could increase by 36% due to the cessation or pausing of mosquito net distribution campaigns. This could amount to the same mortality as that caused directly by COVID-19. The authors call for maintaining routine health services to mitigate indirect health effects.

- *What questions we should be asking about COVID-19 in humanitarian settings: perspectives from the Social Sciences Analysis Cell in the Democratic Republic of the Congo, Carter, S. E. et al., BMJ Global Health, 2020, [link](#).*

During Ebola, significant declines in health service utilisation were noticeable. This paper analyses the introduction of free healthcare policies in the DRC to increase the demand for services and recognises that interventions such as these will be vital for mitigating the broader effects of COVID-19. The authors demonstrate the importance of trust to mitigate underuse of healthcare systems during epidemics, which increases if health centres are thought of as a place of disease transmission (also seen during COVID-19). Epidemics can have a significant impact on healthcare workers, both mentally and physically, as these workers are often targeted as representing a risk of infection in communities, as well as being overworked and under-resourced. Epidemics can also cause tension between healthcare workers and patients if workers are not provided with the necessary personal protective equipment (PPE), as they do not want to treat the sick unprotected, and this can lead to a decline in healthcare utilisation. Community understanding and engagement is vital to successful healthcare interventions and is of utmost importance to understanding the acceptability of different mechanisms for disease management. Understanding social norms is vital to this. Disaggregated data is also vital for understanding transmission and challenges in community acceptance.

Food security

- *Resilience of local food systems and links to food security – A review of some important concepts in the context of COVID-19 and other shocks, Béné, C., Food Security, 2020, [link](#).*

COVID-19 has revealed the fragility of food systems, including structural issues (infrastructure, few business opportunities, lack of access to credit) and shocks. This paper reports limited initial impact on the food system as

a result of COVID-19, reminding us that the agri-food industry is one of the few sectors that has been protected from most government interventions and restrictions during the pandemic. However, the paper uses a food system resilience conceptual framework to understand the complexity of the situation. This unpacks how the sector has nevertheless been significantly impacted by restricted mobility and lockdowns, noting how this has limited sales opportunities for food, and consequently income and purchasing power for producers. This in turn has impacted the availability, access, quality and stability of food production and distribution, which has affected poverty levels. Importantly, the paper finds that on average food prices have not gone up, but that farmers and those working in the supply chain are not able to buy as much, as their income has decreased. The knock-on effects of this might be using pesticide to increase the longevity of food, or engaging in overfishing/deforestation to make up for a drop in revenues. COVID-19 initially also led to hoarding and panic buying by consumers, although this has stabilised. Little is known about the resilience of food chain workers and how they have coped with reduced income and the waste of foodstuffs not being sold. The paper concludes that the impact of COVID-19 will not just be the shock itself on food system resilience, but the effects of the policies introduced to mitigate the virus.

- *COVID-19 and small enterprises in the food supply chain: Early impacts and implications for longer-term food system resilience in low- and middle-income countries*, Nordhagen, S. et al. World Development, 2021, [link](#).

This paper reports that an additional 6.7 million children could face wasting (defined as having weight too low for their age) in 2020 compared to projections for 2020 made pre-pandemic. This is linked, in part, to changing employment circumstances and lower incomes impacting on purchasing power. The authors use a survey design (six weeks after the start of pandemic) of medium-sized food producing enterprises. They find that 94% of operations have been impacted by the pandemic, notably in decreased sales, but further on in terms of accessing financing, raw materials and staff. They also find that 80% of firms state that reduced production volume and decreased sales are linked to closures of retail outlets. This further emphasises the impact of consumer actions on the food supply chain. Policy responses to COVID-19 in turn are shown to both facilitate and limit food retail (for example credit programmes for food retailers in India on the one hand versus banning street vendors in Ethiopia on the other). A challenge highlighted by the paper is that we are simultaneously seeing increased food waste, as much of the food is not purchased. The paper highlights that an increased prevalence of wasting, combined with decreased access to health and nutrition services, could result in an additional 120,000 child deaths in 2020.

- *COVID-19 outbreak in Africa: Lessons and insights from the West African Ebola virus disease epidemics*, Adesanya, O. A., International Journal of Travel Medicine and Global Health, 2020, [link](#).

This paper highlights the importance of ensuring that food supply and access is maintained during epidemics. It reports that during the West African Ebola outbreak, disease epicentres reported higher food insecurity than those without high disease burden, linked predominantly to market closures. Based on this learning, the Food and Agriculture Organisation warns of a looming food crisis and the risk of rising food prices as supply is limited as a result of the COVID-19 pandemic. The article also warns of further challenges, such as disruption to aid delivery as a result of border closures, with a knock-on effect on vaccine supply, pesticides, food security etc. Community engagement, particularly for tackling misinformation as seen during Ebola (and COVID-19), is also highlighted as being vital for enabling meaningful community work and response to epidemics.

Economic impacts

- *Report on the economic impact of coronavirus disease (COVID-19) on Latin America and the Caribbean*, Economic Commission for Latin America and the Caribbean, 2020, [link](#).

COVID-19 hit the Latin America and Caribbean region when it was already recording low economic growth, with many countries in the region suffering from a high debt burden. The report highlights that risks are particularly acute in the region due to high rates of employment in the informal sector and self-employment, which means very few social protection mechanisms are in place for the majority of citizens, including limited access to unemployment benefits and to contributory social protection systems. The report highlights the need to extend tax-funded non-contributory social protection programmes for the poorest to other low-income families at risk of falling into poverty. Economies in the region are expected to shrink by 5.2% in 2021, particularly those economies based on merchandise exports. This will impact households, with increased unemployment and

poverty rates expected to jump 4.4% (a further 28.7 million people in poverty across Latin America). The report discusses broader impacts on the ageing population, the care economy, access to medicines, and tourism. It recognises that national solutions will most likely not be sufficient for managing the response, which needs global and regional support.

- *COVID-19 lockdowns, income distribution, and food security: An analysis for South Africa*, Arndt, C. et al., *Global Food Security*, 2020, [link](#).

This paper highlights that the economic impact of non-pharmaceutical interventions, including restrictions on movement and physical distancing, introduced by the government to respond to COVID-19, is not borne equally across South African society. The lockdown has had a direct impact on the industries most affected by it, including restaurants, tourism and entertainment. This in turn spills over into the macro-economy and global investments. This paper uses input and output tables and a Social Accounting Matrix to map the income effects across industries and society. The authors demonstrate that people with lower education levels and lower incomes are more significantly affected than those with secondary or tertiary education and higher incomes. Some of this shock is mitigated by transfer payments by the government. In countries that do not offer this kind of social protection, the authors presume that lack of food or economic security will mean that those on the lowest wages will face a choice between avoiding starvation and the risks of infection.

- *Pandemic, informality, and vulnerability: impact of COVID-19 on livelihoods in India*, Kesar, S. et al., *CSE Working Paper*, 2021, [link](#).

This paper focuses on the impact of COVID-19 on informal workers in India. Around 52% of workers are self-employed and a further 35% depend on casual daily wage work. Both groups are subject to COVID-19-related risks due to the impact of the virus on the informal sector. The pandemic has exposed pre-existing vulnerabilities to economic shocks, including for certain racial, gender, caste, religious, social, demographic and economic groups. The paper uses a survey design, conducted in April and May 2020. It finds that two-thirds of the workforce lost employment during lockdown, with the impact being exacerbated in urban areas. This survey is consistent with other samples in the literature. Those of lower caste reported working more than others, probably because higher levels of poverty forced lower caste groups to keep working. Earnings fell by 40 to 50% across respondents and resulted in reduced food intake during lockdown. Cash transfers fell short of reaching those in need and half of the most vulnerable had not received them. There was therefore an increase in people taking out loans during lockdown to cover daily expenses.

- *Economic impacts of the COVID-19 lockdown in a remittance-dependent region*, Gupta, A. et al., 2020, [link](#).

This study uses household-level financial transaction data to estimate the economic impacts of COVID-19 lockdowns on the rural poor in the Sundarbans region of West Bengal in India. It includes data from a number of households dependent on migrant remittances to sustain their livelihoods. The study finds that during India's first month of lockdown, weekly household income fell by \$13.5 (an 88% drop compared to the long-term average). As a result, households were forced to reduce meal sizes and to consume less, although this was mitigated to some extent by government food aid. A number of household members that had migrated for work had also become stranded in their destination locations and had lost their access to work. The study found a higher demand for in-kind loans and an increase in the effective interest rate on cash borrowing, noting that this was likely to have an adverse impact on households reliant on these services. The study concludes that, in the long run, households may have to find other 'income smoothing' mechanisms to deal with the impacts of COVID-19 on income levels, including selling off productive assets and livestock.

- *Potential economic impacts of the COVID-19 pandemic on South Asian economies: A review*, Islam, M. et al., 2020, [link](#).

This review of the potential impacts of the COVID-19 pandemic on South Asian economies finds that the pandemic slowed gross domestic product (GDP) growth and had an impact on other economic indicators. Both short- and long-term scenarios show that the service and manufacturing sectors would be more affected than the agriculture sector across all of South Asia. The review recommends that the import and export of essential items

be supported to maintain the balance of international trade and also that support be provided to expand micro, small and medium-sized enterprises in order to sustain and revive economic activity in the region.

3. Global evidence on how to prepare for and respond to global pandemics

There has been considerable learning from the last 30 years on how to best prevent, detect and respond to emerging pathogens and mitigate the risks of an outbreak turning into an epidemic or pandemic. This has included both peer-reviewed considerations of lessons learned from previous epidemics, and reports/consultations on the global governance of pandemic preparedness and response, each of which could provide useful blueprints for the COVID-19 response. Overall, the evidence suggests that the world is not prepared to respond to a major global health emergency.

- *Health system strengthening is vital*
Robust health systems are vital for countries to build the capacity to prepare for, identify and respond to pathogens. Lessons from SARS, Ebola and H1N1 have shown that effective surveillance mechanisms, a trained and well-equipped healthcare workforce, and effective public health interventions for contact tracing and quarantine and surge capacity within systems – ie, beds, equipment, laboratories – are essential.
- *Weak global governance for pandemic preparedness and response*
Global governance mechanisms are also vital to respond to a pandemic and are severely lacking. Reviews of H1N1, Ebola and other epidemics have shown fundamental gaps in the International Health Regulations (IHR), global compliance with norms of infectious disease control, data sharing and reporting. Cosmopolitan ideals of a reliance on shared vulnerability and shared obligations to mitigate potential risks of an epidemic have proven to be elusive. The roles of different actors within the global response to pandemics, including the World Health Organisation (WHO), World Bank, nation states and non-governmental organisations (NGOs), has not been clearly articulated.
- *Role of communities*
Engagement with communities and civil society is vital to successful interventions to mitigate outbreaks. Such activities seek to foster trust in public health interventions and in the health system to lead to a successful response.
- *Lessons from previous epidemics not fully applied*
Lessons learned from previous epidemics were well evidenced during the early months of COVID-19, and indeed before. This did not, however, lead to meaningful change in the global preparedness and response matrix or to building more resilient health systems and global infrastructure to respond to epidemics. Furthermore, no early efforts had been made to build on lessons from previous epidemics, such as mitigation measures to limit the distortion of health systems.

3.1 Learning from past epidemics

- *Learning from SARS: Preparing for the next disease outbreak: Workshop summary, Oberholtzer, K. et al. (Eds.), National Academies Press, 2004, [link](#).*

This workshop reports from leading individuals involved in the SARS response. It considers how the disease emerged and developed, its impacts, and how it can be prevented from happening again. The report argues that the success in combatting SARS was a result of changes to governance of infectious disease, WHO leadership, and coordinated surveillance and response efforts with multiple governments cooperating through WHO processes.

SARS emerged from a convergence of biological, environmental, ecological and socio-political factors. Vital to the success of all country responses was effective surveillance, containment through contact tracing with quarantine/isolation, and rapid action in all areas. Healthcare workers were disproportionately infected, and thus a greater focus in the future must be on minimising transmission to this group. The report highlights that the flow of information, particularly from China, was problematic. It also states that the economic impact of SARS was substantial, with an estimated \$80 billion short-term global cost due to lost activity predominantly in Hong Kong but extending across Asia, as well as significant long-term consequences affecting all parts of the world.

The report calls for more multidisciplinary work to tackle the complex interactions between biological factors, the environment, health systems and social conditions. Continued efforts to prevent re-emergence must include monitoring animal markets, local and seasonal surveillance, improvements to diagnostic capacity etc. Efforts for preventing future outbreaks should include co-production for managing naturally occurring epidemics and bioterrorist incidents, early detection, effective public communication, promotion of research and development including vaccines, stockpiling antivirals, strategies for containment and multinational cooperation.

- *A retrospective and prospective analysis of the west African Ebola virus disease epidemic: robust national health systems at the foundation and an empowered WHO at the apex*, Gostin, L. O. & Friedman, E. A., *The Lancet*, 2015, [link](#).

This analysis demonstrates that Ebola revealed a fragmented global health system and ad hoc institutions with laws and strategies that do not function comprehensively. National health systems need to be strengthened to mitigate the effects of epidemics. The WHO also needs to be strengthened to manage the shortcomings of Ebola: by focusing on the technical, normative role of the organisation and strengthening its operational role (in the form of the Health Emergencies Programme). Funding for the WHO must increase, as must coordination between regional and global levels of response and community involvement in decision-making and in wider response efforts. The paper also considers the role of international actors. The UN Mission for Ebola Emergency Response was a new institution created to lead the operational ground-level response with commitment from the UN Security Council. The World Bank funded \$1.6 billion of response efforts across a range of areas, including health, agriculture and social protection. NGOs were vital to the response to plug gaps left by governments with weak health systems. The private sector had a limited role, but should be considered for future pandemics for medical countermeasures. Before Ebola, states had failed to build capacity to prevent, detect and respond to epidemics, as prescribed in the IHR. To mitigate negative effects in the future, the report recommends a local health workforce reserve, emergency contingency funds and broader health system funding and development.

- *Global health security: the wider lessons from the west African Ebola virus disease epidemic*, Heymann, D. L. et al., *The Lancet*, 2015, [link](#).

This paper reports that substandard health systems or access to healthcare has an impact on individual susceptibility to infectious disease control, and this also has a direct impact on the global response to an epidemic. Ebola revealed a lack of commitment to preventing epidemics, despite the IHR being in place. Gaps in health security can pose a global risk, so it is important that capacity is built globally to minimise collective risk. This paper documents a range of broader threats to health exacerbated by Ebola, which in turn become determinants of emerging infections, including non-communicable diseases, substandard drugs, migration, financial protection etc.

- *Polio infrastructure strengthened disease outbreak preparedness and response in the WHO African Region*, Kouadio, K. et al., *Vaccine*, 2016, [link](#).

This paper provides a review of polio best practices in outbreak response in Nigeria, Angola and Ethiopia. It demonstrates that fully resourced efforts (such as from the Global Polio Eradication Initiative) have facilitated mobilising and training healthcare workers, social mobilisation, data management and coordination of efforts. Staff hired and trained to manage polio have also been able to repurpose their skills to support response efforts for Ebola and Marburg, thus ensuring a return beyond the initial investment. Assets purchased, such as vehicles and medical tools, have also been used for other diseases, including for routine disease surveillance, delivery of measles, yellow fever and tetanus vaccines and care, as well as for monitoring and contact tracing. Polio investments more broadly have contributed to health system strengthening in contexts where there is weak access to healthcare. The polio infrastructure was able to support the Ebola response in West Africa with

operation centres, response mechanisms and communication chains, alongside trained human resources, skills in case identification and contact tracing (all routinely undertaken during polio, and which could be easily transferred), and integrated disease surveillance and response mechanisms can help with all. The paper recommends expanding polio capacity so that health teams can provide surge capacity at times of crisis.

- *Pandemic preparedness and response – lessons from the H1N1 influenza of 2009*, Fineberg, H. V., *New England Journal of Medicine*, 2014, [link](#).

This analysis shows that rapid detection of H1N1, information sharing of clinical and epidemiological data, and effectiveness of disease intervention efforts were critical. The IHR had not been upheld as required by states in these areas and many capacity gaps remain: notably virus sharing¹ and vaccine sharing, and compliance/enforcement of the IHR. The WHO provided prompt field assistance to affected countries, distributed antiviral drugs, and declared a Public Health Emergency of International Concern (PHEIC) within 32 days of notification – and therefore appeared to be delivering as a coordinator in the global response to epidemics, although it was constrained by budget limitations. There was public confusion as to ‘tiers’ of pandemic and severity – the so-called WHO pandemic phases – and lack of consistent criteria between different phases. The overall opinion is that the WHO requested too much from some states – such as data collection from locations with poor laboratory capacity – which in turn led to syndromic surveillance as this is easier than laboratory-confirmed surveillance. The analysis also shows that there were delays in the distribution of influenza vaccine at the global level.

- *Strengthening the international health regulations: lessons from the H1N1 pandemic*, Wilson, K., Brownstein, J. S. & Fidler, D. P., *Health Policy and Planning*, 2010, [link](#).

This article argues that H1N1 highlighted the importance of real-time surveillance: delays in the ability to respond to an outbreak are all linked to effective surveillance (in other words, you need to know where the disease is to be able to contain it). Many high-income and low-income countries were unable to comply with the core competencies of the IHR, but in a lot of countries there seems to be a discrepancy between focusing on health system strengthening efforts for PHEIC awareness (to minimise the impact on high-income settings) and best buys for low- and middle-income countries. Tension of this kind will need to be addressed in the future. Travel restrictions were put in place, and import bans placed on pork, which were not recommended by the IHR or justified, but “put in place the possibility of more widespread [IHR] violations”.

- *Report of the Ebola interim assessment panel*, WHO, 2015, [link](#).

This review of the WHO’s activities during Ebola and how the system can be improved for future outbreaks focuses on the IHR, WHO health emergency capacity, and the WHO’s role and cooperation within broader global health governance systems. It highlights the untenable situation of governments not taking the IHR seriously. It calls for the WHO to have a costed plan with the World Bank as to how to implement core capacities found within the IHR in all countries. The report considers the role of incentives for outbreak reporting and mitigation measures for disincentives. It suggests the development of an intermediate PHEIC warning. It also affirms that the WHO should remain at the centre of all pandemic preparedness and response areas – but needs funding, capacity and organisational culture to do so. The article concludes that governments must increase funding to the WHO for routine and emergency activities, and an operational arm of work for the WHO to become the authoritative body in emergencies.

- *Ebola and the need for restructuring pharmaceutical incentives*, *Journal of Global Health*, Karan, A. & Pogge T., 2015, [link](#).

The article argues that Ebola highlights the flawed system of vaccine production and distribution. The drug patenting paradigm means a 20-year delay in affordable access, with producers setting global vaccine prices, alongside minimal market incentives for developing new products for those in low- and middle-income settings.

¹ Virus sharing seeks to ensure that influenza viruses with human pandemic potential are shared through a network of public health laboratories called the Global Influenza Surveillance and Response System. This is part of the Pandemic Influenza Preparedness framework, adopted in May 2011 by the 63rd World Health Assembly. The framework brings together member states, industry and civil society to work with the WHO to ensure better global preparedness for responding to pandemic influenza (World Health Assembly resolution 64.5). It calls on member states to encourage vaccine manufacturers to set aside a fraction of their pandemic vaccine production for donation and discounted pricing in developing countries.

The article highlights the risks of stockpiling, mimicking the Tamiflu situation during H1N1 – and describes how there is no financial or political mechanism to ensure that vaccines are available and affordable to those in greatest need. The article promotes the role of a health impact fund to overcome the inefficiencies and inequities of the patent system, whereby pharmaceutical firms agree to cost price provision and are rewarded in return based on the product's actual health impact (that is, reduction in mortality/morbidity).

- *Securing circulation pharmaceutically: antiviral stockpiling and pandemic preparedness in the European Union*, Elbe, S., Roemer-Mahler, A. & Long, C., *Security Dialogue*, 2014, [link](#).

This paper considers the role of stockpiling Tamiflu in anticipation of a major flu pandemic in the early 2000s, compounded by the activities of states during H1N1 (2009). It demonstrates how European governments rushed to buy Tamiflu with a mere sighting of bird flu, making it inaccessible elsewhere. Using Foucauldian analysis of 'circulatory' threats, the paper considers the role that this drug (and pharmaceutical firms) plays in ensuring that life can continue amid an influenza pandemic for those governments who are willing to pay for the privilege of a stockpile. This was seen as a preferable policy option as it is storable, immediately deployable, and may reduce economic impacts if individuals in populations feel secure knowing that it exists and that they are able to continue economic production. The authors refer to this as the "pharmaceutical securing of circulation".

- *The Pandemic Influenza Preparedness Framework: A viable procurement option for developing states?* Eccleston-Turner, M., *Medical Law International*, 2017, [link](#).

This paper, based on rigorous policy and legal analysis, highlights the flaws in international agreements for the distribution of vaccines during a pandemic. It focuses on the development of the Pandemic Influenza Preparedness (PIP) Framework, designed to mitigate the viral sovereignty experienced during H5N1, to ensure sharing of pathogens and equitable distribution of newly developed products. The challenge is that the current production model rests on 75% production to serve the needs of high-income countries, and therefore developing states will most likely continue to rely on donation models for accessing influenza vaccines. While the PIP framework has sought to 'reserve' vaccines for developing countries, and to do so at the same time as developed countries, it highlights the limitations of this given the procurement channels bilaterally between states and pharmaceutical firms and the limited incentives within this, and the outcome that developing countries are unlikely to obtain sufficient vaccine supplies during a pandemic.

3.2 Recommendations from pre-COVID-19 literature on how to prepare for and respond to global pandemics

- *Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola*, Moon, S. et al., *The Lancet*, 2015, [link](#).

This paper is a review of governance mechanisms to prevent and respond to future epidemics, following learnings from Ebola. The paper highlights a lack of domestic capacity to prevent, detect and respond to outbreaks, and demonstrates that governments must invest in low-income settings to fill gaps. The authors call for a greater understanding of the role of incentives for increased reporting of outbreaks. The WHO is criticised for the lack of technical capacity in country and its inability to mobilise international actors, and the paper states that the institution must be empowered, with greater responsibility and commensurate budget. The WHO's inability to fundraise or operationalise a response, coupled with failures of political leadership in the affected countries, led to the creation of the UN Mission for Emergency Ebola Response, a new institution which, the paper argues, further blurs the lines of responsibility for international coordination. The paper states that efforts should be made in the crisis period to establish norms, responsibilities and practice for response and research activity. It suggests the creation of a Global Health Committee within the UN Security Council to elevate political attention on health issues, as well as scaling back WHO functions to core activities to allow for greater success during health emergencies.

- *A World at risk: Annual report on global preparedness for health emergencies*, Global Preparedness Monitoring Board, 2019, [link](#).

This report suggests that seven urgent actions are required to prepare for health emergencies. These include committing to the IHR, investing in the capacity building required to meet its core competencies, and ensuring that dialogues about health security are part of broader discussions about development financing, including of the SDGs. This is not just for low- and middle-income settings. All states should do this, and these efforts should be supported by international organisations. The paper states that this should not just be for health systems, but it should be a multi-sectoral approach across the whole of government and society, to ensure that broad impacts and determinants of epidemics are identified. The development of diagnostics, vaccines and treatments must be prioritised and funding for rapid deployment should be available from international institutions to manage this process when needed. Financial risk planning from the International Monetary Fund (IMF) and the World Bank is central to pandemic readiness and there must be incentives for complying with reporting and data transparency (and to enhance IHR implementation), ensuring the ability to launch a response, but also to incorporate pandemic preparedness into financial risk management. The report also calls on the UN Secretary-General, the WHO and the UN Office for the Coordination of Humanitarian Affairs to define clear roles and responsibilities in coordinating health emergencies and response efforts.

- *Health system preparedness for emerging infectious diseases: A synthesis of the literature*, Palagyi, A. et al., *Global Public Health*, 2019, [link](#).

Strong and resilient health systems are vital for preparing for emerging infectious disease outbreaks. This systematic review examines the functionality of health systems and the elements required for outbreak response. It outlines the vital system needs for pandemic preparedness and response: surveillance (indicator- and event-based) including of zoonoses and health; infrastructure and medical supplies (beds, PPE, lab facilities etc); workforce (volume, with adequate training; financing/incentivisation and equipment); communication mechanisms (role of the media and trusted sources of information in the community); governance (structures which facilitate information sharing, decision making, autonomous response and good leadership); and trust (of the population and healthcare workers in the system, to use, to value). The paper calls for these areas to be addressed as a priority for meeting IHR requirements and to prepare governments for potential emerging pathogens and outbreaks.

- *COVID-19 in humanitarian settings and lessons learned from past epidemics*, San Lau, L. et al., *Nature Medicine*, 2020, [link](#).

In this peer-reviewed paper, the authors find that refugees are often stigmatised and neglected in emergency response. They are frequently at greater risk of disease given substandard living conditions, overcrowding, access to WASH and access to health services. Ebola and H1N1 demonstrate that the indirect health effects can easily exceed the deaths caused by the pathogen per se. Those particularly at risk are people who are unable to access healthcare in routine settings, and people with chronic conditions, for example Ebola, or reduced access to treatment for malaria. HIV and tuberculosis caused the same number of deaths as Ebola. A similar finding was noted for maternal health services. The paper suggests that alternative treatment delivery and extended medication supplies could be considered to target at-risk communities in humanitarian settings. Healthcare workers must also be protected, and their access to PPE facilitated so that they do not introduce infection and their ability to deliver care is not impacted. Community engagement is vital to transparency and trust for the success of any intervention. Interventions (such as restrictions) must be non-discriminatory.

- *How the lessons of previous epidemics helped successful countries fight COVID-19*, Chua, A. Q. et al., *BMJ*, 2021, [link](#).

This peer-reviewed paper highlights lessons learned from a range of previous outbreaks and epidemics. These centre on adherence to social distancing being vital to the success of any intervention. The paper emphasises the need for structures for governance, investment in preparedness and state of the art surveillance mechanisms, stringent border controls and strict quarantine, and the role of technology in processes – including for genome sequencing – and the importance of simulations and preparedness during ‘peacetime’. The role of community

health workers during Ebola was vital to communication in rural locations, ensuring access to healthcare facilities for all (in other words, health system strengthening as lessons learned). The need for community buy-in and community engagement was also highlighted as fundamental for all interventions. Equally important is adequate physical and emotional protection for healthcare workers to continue their work. MERS taught the importance of separate triage facilities to avoid hospital-acquired infection and the need to focus on clinical diagnostics within health systems.

- *The SARS, MERS and novel coronavirus (COVID-19) epidemics, the newest and biggest global health threats: what lessons have we learned?*, Peeri, N. C. et al., *International Journal of Epidemiology*, 2020, [link](#).

This peer-reviewed paper seeks to identify lessons learned from SARS, MERS and COVID-19 for future pandemic preparedness. The analysis is taken from the US Center for Disease Control website and a review of PubMed literature.² There is a descriptive discussion of the diagnosis and treatment of each mode of transmission, the epidemiological and demographic profile of infected patients, and the origin in zoonoses (the article recommends the closure of animal/wet markets). Challenges to responding to each disease are identified, and include a lack of coordination among stakeholders, inadequate medical supplies and lab capacity. Healthcare worker infections were higher in SARS and MERS per case data. A key finding is that sharing timely information is vital, collaboration between governments is key and strong institutions are paramount for success.

- *COVID-19 vs. Ebola: Impact on households and small businesses in North Kivu, Democratic Republic of Congo*, Stoop, N. et al., *World Development*, 2021, [link](#).

This paper is based on phone interviews between May and June 2020, when Ebola and COVID-19 were circulating simultaneously in North Kivu province in the DRC. This comparison allows us to understand the various socio-economic effects of intersecting health crises. Importantly, given the differences in transmissibility of the pathogens, different interventions were introduced. For Ebola, surveillance, testing, tracing, ring vaccination, and screening of travellers at entry points were the priority. COVID-19 health interventions included border closures and widespread lockdowns. 84% of respondents reported suffering from the economic impact of COVID-19, compared with only 15% for Ebola, which in turn impacted on household revenue, food security and crime rates. COVID-19 also caused greater behavioural change than Ebola (individuals were less likely to visit family, or have contact with others). Note: this was a non-representative sample of the poorest and least educated individuals in communities, based on a pre-established cohort.

- *Health systems and services during COVID-19: Lessons and evidence from previous crises: A rapid scoping review to inform the United Nations research roadmap for the COVID-19 recovery*, Baral, P., *International Journal of Health Services*, 2021, [link](#).

This scoping review highlights key lessons from Ebola, which included the importance of a strong healthcare system and a focus on surveillance, governance (political will and trust) and the protection of healthcare workers. The review seeks to establish immediate socio-economic responses, focused on health services and systems. It highlights that COVID-19 will affect the most marginalised first – and efforts need to be made to target the most disadvantaged in response efforts, according to their economic status, gender, race, and environmental stability. The impact on healthcare services will be widespread, but will be particularly notable for childhood vaccination programmes, healthcare worker safety (and consequent ability to work and impact on the broader health system), maternal care and SRH, HIV/AIDS, malaria and tuberculosis support services, non-communicable disease, and mental health – all of which were affected by Ebola. Implementation plans and recommendations highlighted to prevent secondary effects include telemedicine and the relocation of some services. The review also highlights the importance of community buy-in to response efforts, risk communication and clear lines of accountability and leadership.

- *Health systems' "surge capacity": state of the art and priorities for future research*, Watson, S., Rudge, J. & Coker, R., *The Millbank Quarterly*, 2013, [link](#).

This systematic review (186 articles plus policy analysis of transposed concepts and knowledge) seeks to assess contemporary understanding of surge capacity to be able to coordinate pandemic and disaster planning to

² PubMed is a free search engine accessing databases of references and abstracts on life sciences and biomedical topics.

respond to a range of events. The findings highlight the interaction between routine surge needs (fluctuation of patients) and extraordinary events, and that surges can appear at different times in emergency settings, and may not be caused by the initial event, but by broader vulnerabilities created by the shock. It also considers the impact of the health system, not in terms of sufficiency of available resources, but the capacity to rapidly expand to meet demand. The literature summarises the components of surge capacity as staff, stuff, structures/space and systems.

- *Assessing the hospital surge capacity of the Kenyan health system in the face of the COVID-19 pandemic*, Barasa. E., Ouma, P. & Okiro, E., PLOS ONE, 2020, [link](#).

This analysis, combining data sets from the Kenyan master health facility list, a harmonised health facility assessment and a survey from the Kenyan health federation, triangulates national data about Kenya's capacity to steer through the pandemic. It quantifies the gaps in hospital beds, ICU beds and ventilator capacity, and shows that there is minimal surge capacity in these three areas, despite different disease transmission scenarios. The paper highlights that this is an inadequate proxy for health system capacity as it focuses solely on hospital capacity. The paper highlights the need for a slower spread of disease (such as through non-pharmaceutical interventions) to reduce pressure on healthcare demand, alongside adaptive measures, for instance expanding hospital bed capacity or using non-hospital space as isolation centres.

4. The multilateral aid response to the pandemic

COVID-19 has had a profound impact on the need for multilateral support. It is reversing progress made with regard to the number of countries graduating from low-income to middle-income status. At a time when a coherent and effective multilateral response is most needed, the COVID-19 pandemic has revealed a shifting multilateral landscape that struggles with coordination. While reviewing literature on this topic, we identified changes in the basic make-up of this field, such as the volume of aid provided, changes to what has been funded, and which funding mechanisms have been utilised. The situation has also highlighted the need for 'global public goods' such as vaccine development, further stretching disbursement practices. When looking at all existing challenges, there is significant potential to disrupt the achievement of shared development goals, such as the 2030 Sustainable Development Goals (SDGs).

- *Aid from multilaterals has increased, driven by IFIs*
Commitments from international financial institutions (IFIs) appear to have increased significantly in 2020. Limited data from other multilateral organisations shows a modest 1.9% increase in commitments from 2019 to 2020, the vast majority of which was concessional ODA. Notably, the increase in International Development Association (IDA) lending specifically has caused IDA 20 to be brought forward by 12 months in an effort to help the poorest countries recover from the COVID-19 crisis.
- *Shift in mechanism: loans*
In line with the increase in IFI commitments, there has been a corresponding shift in financing vehicles – with a higher share of ODA awarded in the form of loans. While these loans have been largely provided to lower- and upper-middle-income countries (as opposed to the poorest countries), this trend appears to be driven by an expansion in commitments from IDA. While this does raise concerns regarding debt sustainability, these commitments have a higher degree of concessionality than lending from hard windows.
- *Disruption and shift in focus*
Multilaterals have worked to pivot their funding mechanisms to meet needs arising from COVID-19. This has corresponded with a shift in the type of aid funded, with an increase in health and social sector commitments. Even within social sector commitments, however, there has been some reallocation. For example, early data and organisational accounts suggest a move away from maternal and child health to more acute COVID-19 clinical services. Displacement is hypothesised to have a significant impact on development spending generally, and raises particular concern for humanitarian aid to populations

already in crisis. However, while reports from international non-governmental organisations (INGOs) and early excess mortality estimates suggest the costs have been significant in terms of human health, we currently lack comprehensive information on the extent and nature of aid displacement.

- *Challenges to coherence*

COVID-19 has posed new challenges to ensuring coherence within an already fragmented space, with criticism of the multilateral response focused on a lack of coordination or clear leadership. This is particularly relevant for achieving shared goals for the aid sector, such as the SDGs, but is also relevant to the rising need for global public goods highlighted by the pandemic, such as vaccine development and deployment.

4.1 Disruption to the delivery of humanitarian and development aid

- *Developing countries and development co-operation: What is at stake? OECD Policy Responses to Coronavirus, OECD, 2020, [link](#).*

In this report, the OECD outlines the costs to low- and middle-income countries (LMICs) posed by COVID-19 by using case studies and historical data to better clarify and understand the potential disruption. The report examines data on global trade, commodity prices etc before examining ODA and development financing specifically. The report concludes with a call to action, outlining the following areas of need and suggesting both short- and long-term actions: support the healthcare sector and its workers in developing countries, support the social and economic recovery in developing countries, and uphold a supportive multilateral system.

- *The impact of the coronavirus (COVID-19) crisis on development finance. OECD Policy Responses to Coronavirus, OECD, 2020, [link](#).*

This data-driven research note from the OECD reviews development finance before COVID-19 and discusses the hypothesised impact that the crisis will have on financing for sustainable development, focusing specifically on LMICs. The report looks beyond ODA to examine external private financial flows and their impact on LMIC economies. It estimates that external private finance inflows to developing economies could have dropped by as much as \$700 billion in 2020 compared with 2019. In addition, tax revenue was already stagnating before COVID-19 in LMICs. The report discusses the implications for domestic resource mobilisation during this time of crisis, concluding that: “Building back better will require action from all financing sources with the common goal to aid national sustainable development strategies. Beyond development finance, there is, for instance, a need to revitalise trade and, in the case of small island developing states, promote a sustainable ocean economy.”

- *Humanitarian crises in a global pandemic. The Lancet, 2020, [link](#).*

This editorial provides an overview of the disruption caused by the COVID-19 pandemic. It was published ahead of the UN’s World Humanitarian Day. The editorial team outlines the role that trade and travel restrictions have had in hampering development assistance and the ability of organisations to provide services, and also to deliver key goods (such as soap, water, and PPE). They further review the impact of the pandemic on migration flows and the heightened vulnerability of migrants due to targeted exclusionary practices. They cite UNHCR estimates for the cost of COVID-19-related disruption to humanitarian aid (\$10.3 billion) and contrast this amount with national governments’ spending on domestic economic stimuli (\$10 trillion). The piece ends with a call to action and suggests that tackling inequality requires a long-term response.

- *Global trends in 2021: How COVID-19 is transforming international development, Gavas, M. & Pleeck, S., Center for Global Development, 2021, [link](#).*

In this report, the authors outline trends in development agency responses to the crisis and reflect on the extent and the ways in which COVID-19 is transforming international development. The report was prepared for the Norwegian Ministry for Foreign Affairs and reads as a narrative overview of key data, reflections and suggestions. The authors state that COVID-19, overlaid on existing global challenges, has been the biggest stress test that official bilateral development agencies have ever faced. Global human development is on course to decline for the first time since 1990. The authors also outline how the pandemic has pushed Africa into its first recession in 25 years. By the end of 2021, real GDP in Africa is likely to have declined to its 2008 level. As a consequence, COVID-

19 could push as many as 34 million people into extreme poverty in Africa alone. The authors also point to the indirect effects of the pandemic, which they hypothesise will dominate in many developing countries and particularly the poorest communities over the long term.

- *The impact of COVID-19 on remittances for development in Africa, ECDPM, Bisong, A. et al., 2020, [link](#).*

In this discussion paper, the authors outline the projected disruption to remittances for development in Africa and the impact this has on the need for development aid. The paper lays out costs to society associated with lost remittances. For example, in 2020 the World Bank estimated a historical decline in global remittances of \$110 billion, with sub-Saharan Africa expected to experience a decline of approximately 23.1%. The authors make a series of recommendations, stressing the importance of filling the development financing gaps that have been widened by shrinking remittances, and suggest adaptations and increases in ODA as an immediate solution to “cushion some of the short-run effects of the COVID-19 pandemic”.

- *Resilience, adaptation and action: MSI’s response to COVID-19, Marie Stopes International, 2020, [link](#).*

A number of aid organisations have released reports and estimates on the impact of COVID-19, and these reports have been followed by a small but growing body of peer-reviewed literature. Marie Stopes International (MSI) was one of the first agencies to release early estimates of the pandemic’s spillover effect on reproductive health services, in August 2020. The numbers provided in this report are based on service delivery experiences throughout 2020, and aid reallocation. The data shows that, despite significant resilience from aid organisations, due to COVID-19-related disruptions, 1.9 million fewer women have been served by MSI’s programmes between January and June 2020. In turn, MSI estimate that this will lead to 1.5 million additional unsafe abortions, 900,000 additional unintended pregnancies, and 3,100 additional maternal deaths.

- *Coronavirus and aid: What we’re watching, The New Humanitarian, 2020, [link](#).*

In this article, New Humanitarian staff writers outline a series of areas impacted by aid reallocation during COVID-19. Synthesising information from diverse sources, they outline 12 issues to ‘watch’ in the global aid sphere based on emerging data related to the impacts of aid disruptions due to COVID-19, such as key aid organisations being forced to close operations altogether in high-need countries due to COVID-19 (for example Oxfam closures in Afghanistan, Haiti, Sudan and Burundi). Resource reallocation, such as fund diversion from sexual and reproductive health, routine vaccination campaigns and food programming, appears to be fuelling a rise in pregnancy complications, maternal deaths, unsafe abortions, starvation, and so on. The report cites a WHO survey published in June 2020, which polled countries on health service disruptions. The poll did not directly examine issues of aid reallocation, but did find that the lowest-income countries were hardest hit in terms of the spillover effects of COVID-19 on routine care delivery, which may be the result of aid reallocation. They note that aid groups are reporting a rise in domestic violence – for example in Bangladesh’s Rohingya camps amid a lockdown and pared-back services. The “massive and rapid reduction” in aid staff and volunteers in the camps has caused confusion among some refugees who worry that they are being “abandoned” or that services might end. In addition, casework for severe acute malnutrition has been constrained by limits on aid workers entering the camps, while groups working on sanitation and hygiene say that they are using regular budgets to respond to COVID-19. Overall, the piece provides a comprehensive synthesis of how changes within the aid sector due to the pandemic, particularly aid cuts and reallocations, are impacting the routine delivery of humanitarian aid in high-need areas.

- *Adapting humanitarian aid during COVID-19: 3 country directors explain, Mednick, S., Devex, 2020, [link](#).*

The author of this report interviews three country directors of humanitarian aid organisations working in Burkina Faso during the COVID-19 pandemic. She outlines many ‘on the ground’ realities faced by these organisations and sets out the different approaches taken. She notes that many organisations sent non-essential employees home but that they took a differentiated approach. The article states that the International Rescue Committee’s global policy, for example, was to identify and pull out high-risk people, including those with underlying health conditions or aged over 50, while almost all other staff remained in post. Organisations also adjusted internal and external mandates for staff and populations expected to benefit, including reducing the number of civilians helped at a time. Some programmes were delayed for weeks or forced to stop completely. Border closures compounded these issues, curtailing the delivery of essential goods that the organisations were still able to pay

for. The piece does not directly address issues of financial displacement, but in exploring the experiences of INGOs delivering emergency aid during COVID-19, it sheds light on the nature of disruption faced by the organisations that have remained operational.

4.2 Overview of the multilateral response

- *Aid data 2019-2020: Analysis of trends before and during COVID*, Dodd, A. et al., Development Initiatives, 2021, [link](#).

In this briefing document, Development Initiatives provides a review of data from the OECD DAC through 2019, alongside aid data from the International Aid Transparency Initiative to deliver a more current analysis of what happened in 2020. The authors find that aid commitments from IFIs have increased significantly, by 38% – driven by a more than doubling (189% growth) in ODA. In contrast to bilateral and other multilateral agencies, IFI commitments are almost exclusively delivered through loan-based vehicles, which has led to an increase in the overall share of ODA distributed via loan. The report finds that this shift was largely driven by the World Bank and the Asian Development Bank increasing their ODA commitments by \$18.7 billion and \$17.6 billion respectively. The report also finds that IFI ODA commitments as a share of total commitments to the lowest-income countries declined (with an actual increase of over \$11 billion). Increases were largely composed of commitments to upper- and lower-middle-income countries.

- *Prospects for aid at times of crisis, Working paper 606*, Carson, L. et al., ODI, 2021, [link](#).

In this working paper, the authors find that the volume of project approvals rose by 35% across the World Bank Group, the African Development Bank, the Asian Development Bank, the European Bank for Reconstruction and Development and the Inter-American Development Bank between 2019 and 2020. They hypothesise that the response from multilaterals and bilaterals has not been as bad as often portrayed. See the bilateral response section below for additional content from the authors.

- *Who leads the response against COVID-19 in aid organizations?*, Ravelo, J. L., Devex, 2020, [link](#).

In this article the author lays out key multilateral aid organisations and actors in the COVID-19 response. She provides a brief overview of the disruption caused by COVID-19 and focuses on how each donor/aid organisation is finding ways to effectively respond to the crisis. She concludes that aid organisations have adopted different structures and set-ups in response to the pandemic. In some organisations, a task force has been set up to focus on the pandemic, often including leaders already involved in the organisation's strategy, coordination and response. In others, one senior official has been given the task. In outlining the diversity of approaches taken, the piece sheds light on the lack of coherence or uniform approach between these key bodies.

- *Global trends in 2021: How COVID-19 is transforming international development*, Gavas, M. & Pleeck, S., Center for Global Development, 2021, [link](#).

As explained above, this policy note was prepared at the request of the Norwegian Ministry for Foreign Affairs in support of its Global Trends Initiative. In addition to a discussion of the disruption caused by COVID-19, the authors explore the implications of the corresponding growth in the role of IFIs in 2020. They find that between January and November 2020, four of the IFIs that they review in their analysis committed \$103 billion, compared to \$74 billion for the same period in 2019. As a result, ODA made up over half of IFI commitments in the first seven months of 2020, up from 28% in 2019. Consistent with findings from Dodd et al., it appears that commitments from other multilateral organisations remained relatively stable between 2019 and 2020, at around \$15 billion. See the bilateral response section below for additional content from the authors.

- *Global development cooperation in a COVID-19 world, Working paper 150*, Kharas, H., Brookings Institution, 2021, [link](#).

In this working paper, produced as part of the Korea Development Institute project on a changing world order, the author discusses how COVID-19 and the economic response have amplified and changed the nature of development challenges in fundamental ways. He suggests that global development cooperation should adapt accordingly and stresses the urgency for new methods of development cooperation that can deliver resource transfers at scale, laying out the specific challenges of issues falling within the “global commons” (with

corresponding output often referred to as “global public goods”) such as vaccine development. The author also outlines issues with lack of investment in sustainable infrastructure and debt overhang. He concludes with a call for new multilateral cooperation mechanisms that actively address these issues.

4.3 External commentary on the multilateral response

- *Global justice and the COVID-19 vaccine: Limitations of the public goods framework*, Saksena, N., *Global Public Health*, 2021, [link](#).

In this peer-reviewed article, the author discusses the COVID-19 vaccine and the novel challenge of redistribution, one that he argues cannot be effectively undertaken using current mechanisms for the dispensation of aid. He examines the origins and implicit logic of global public goods theory, showing that it is not an effective framework in this context. In addition to the phrase being ill-defined, he notes that it encodes a neoliberal logic – one that prioritises the protection of private capital over democratic claims of redistribution and social justice. To ensure global access, he concludes that the multilateral response must explicitly focus on accounting for inequities, securing access for countries in the Global South and addressing the norm-setting powers of pharmaceutical companies.

- *‘It’s far too complicated’: why fragmentation persists in global health*, Spicer, N. et al., *Global Health*, 2020, [link](#).

In this peer-reviewed article (part of the Lancet Commission on Synergies between Universal Health Coverage, Health Security and Health Promotion), the authors note that despite many efforts to achieve better coordination, fragmentation is an enduring feature of the global health landscape that undermines the effectiveness of health-related aid programming. They discuss how fragmentation, in turn, threatens the attainment of the health-related SDGs. This paper identifies and describes the multiple causes of fragmentation in development assistance for health at the global level. While not specifically focused on COVID-19, the study draws on broader reflections related to fragmentation and their relevance given the emergence of COVID-19 which, they argue, heightens the need for global health actors to work in coordinated ways.

- *The multilateral system still cannot get its act together on COVID-19*, Patrick, S. M., *Council on Foreign Relations*, 2020, [link](#).

In this blog post for the Council on Foreign Relations, the author outlines multiple failures in global coordination. He lays out early efforts by the G7 that were swiftly undercut by President Trump of the US. In addition, the G20 failed to address an early request by the IMF that G20 nations double their resources to \$2 trillion. The author also discusses the Global Humanitarian Response Plan – a \$2 billion appeal launched by UN Secretary-General António Guterres – which he describes as weak due to its modest budget compared to the immense current need, especially among those living in fragile states.

- *COVID-19, the WHO, and the failures of global governance*, Sharma, D. & De Vriese, K., 2020, [link](#).

In this blog post for the Graduate Institute, the authors discuss the rising obstacles to global governance in the context of the reactions to the coronavirus pandemic by the WHO, the international community, and particularly the US, and identify potential ways forward. The post reviews the WHO’s actions, concluding that the institution under-reacted to the pandemic and was largely passive at its onset. The piece then covers the challenges posed by the US, specifically focusing on the decision to cut the WHO’s funding by \$400 million (almost one-quarter of the WHO’s budget), and the subsequent “termination” of their relationship with the multilateral. (This piece was published before the Biden administration reinstated the relationship, but highlights the disruption caused at a time of acute need.) The post ends with a reflection on the COVID-19 pandemic’s impact on internationalism – particularly at a time of increasing protectionism and nationalism.

5. The bilateral aid response to the pandemic

Unlike aid in the multilateral space, overall bilateral aid has decreased from 2019 to 2020. In data compiled by the International Aid Transparency Initiative, bilateral donor commitments fell in both absolute and relative terms in

2020. In a review of the literature on this topic, we find that bilateral agencies have largely shifted the focus of their existing commitments in order to respond to COVID-19, rather than increasing the size of their commitments. In addition, it is not yet clear how the bilateral response will be impacted if COVID-19 persists in LMICs but slows in most high-income donor countries.

- *Top 10 DAC trends (UK in context)*
While overall commitments from bilateral donors have fallen, almost all of the top 10 DAC members (in terms of size of aid disbursement) have committed new aid funding for the COVID-19 response while largely maintaining their existing budgets. The UK is an exception to this as it reduced its aid budget against reduced gross national income (GNI) in 2020. The US, Germany and Japan have all increased ODA from 2019 to 2020. However, we currently lack comprehensive data on disbursement of these commitments.
- *Earmarking*
Before COVID-19, Gavas and Pleeck³ (note that bilateral agencies were vying for greater control over multilateral aid spending through earmarked funds for specific development purposes, including for regions, countries, themes or sectors. This appears to have been reinforced by COVID-19. The continued rise of earmarking has fuelled concerns of further fragmentation of the multilateral system, diverting the focus away from core mandates (such as the SDGs) and towards more narrowly defined donor-specific priorities.
- *Global public goods*
For bilateral development agencies, financing global public goods is a significant challenge, which has been heightened by COVID-19. In real terms, the volume of global ODA has remained largely unchanged over the past 15 years, but existing funds have been charged with additional objectives (for example climate mitigation and adaptation, hosting refugees, research and development). Now, with COVID-19 vaccine development and distribution, there is interest in spending and action in emerging economies which, as Gavas and Pleeck note, may in turn reduce resources for spending on poverty alleviation in the lowest income settings.

5.1 United States, Japan and Germany

United States, Japan and Germany in context

- *Prospects for aid at times of crisis. Working paper 606, Carson, L. et al., ODI, 2021, [link](#).*

In this working paper, the authors argue that the response of the largest bilateral donors has (to date) not been as stark as often portrayed. Almost all of the top 10 DAC members have committed new aid funding for the COVID-19 response and largely maintained their existing budgets. However, the authors warn that this will only be the case if donors maintain their 2019 ODA:GNI ratio until 2021 (in other words, they do not cut their aid budgets more than the fall in their GNI). If this happens, the projected decline in aid over the coming period will be reasonably contained. Under this scenario, the authors estimate that bilateral aid will decline between 2.5% and 2.9% depending on growth forecasts. They note that the UK is the only major (top 10) donor to date that has announced sharp cuts in its development aid in 2020 and 2021.

Table 2: Bilateral recipients, sector focus and geographic focus

Country	Main recipients	Sector focus	Geographic focus
United States	UN agencies, international organisations, NGOs, civil society organisations (small extent),	Four interrelated pillars focusing on: prevention, preparation and response; bolstering health	Africa, Asia, Latin America and the Caribbean, MENA. Agreed that Australia is

³ *Global trends in 2021: How COVID-19 is transforming international development*, Center for Global Development, March 2021, [link](#)

	Red Cross/Red Crescent	institutions; addressing humanitarian consequences; and second-order economics, security, stabilisation and governance	responsible for Timor-Leste, South Pacific and Indonesia
Japan	WHO, UNICEF and other UN agencies US\$440m in bilateral grants US\$880m for UN agencies, CEPI, bilateral trust funds at MDBs (WB, IMF, ADB) US\$2.45bn for IMF PGRT Bilateral emergency loans for general budget support	Health (vaccines, tests and treatments), humanitarian assistance and big effort in revitalising the economy through loans	Asia, Pacific and other regions for emergency loans
Germany	Existing partners, UN agencies, NGOs, Red Cross/Red Crescent, partner countries	Seven thematic areas for development assistance: health, food, stabilisation, social protection, economic support, government liquidity, international cooperation	N/A

Source: Table adapted from Carson et al. (2021) A5.2

- [COVID-19 spending helped to lift foreign aid to an all-time high in 2020 but more effort needed, OECD, April 2021, link.](#)

This data brief from the OECD reports initial estimates indicating that DAC countries spent \$ 12 billion on COVID-19-related activities. Some of this was new spending and some was redirected from existing development programmes, according to an OECD survey carried out in April and May 2020. Most DAC provider countries said they would not discontinue programmes already in place. To put this in context, total ODA from countries equated to around 1% of the amount those countries have mobilised over the past year in economic stimulus measures to help their own societies recover from the COVID-19 crisis. The briefing celebrates the volume of aid provided, but notes significant challenges such as global vaccine distribution, which remains severely underfunded.

Country-level summaries⁴

United States

The US remains the largest donor country, with ODA at \$34.6 billion in 2019. On 5 March and 27 March 2020, the US Congress approved two emergency spending packages – the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid, Relief and Economic Security Act (for financial year (FY) 2020, 1 October 2019 to 30 September 2020) – both of which included additional funding for COVID-19 international assistance totalling \$2.56 billion.⁵ In July 2020, the House of Representatives passed its US foreign assistance bill totalling \$65.9 billion, including \$10 billion for emergency global health COVID-19 funding.⁶ In mid-November, the Senate Appropriations Committee released a \$55.2 billion FY2021 development assistance bill, providing approximately the same level of funding as FY2020, but leaving out any emergency COVID-19 funding.⁷ Recent commitments/disbursements:

- April 2021: US sends \$100 million in COVID-19 assistance to India (vehicle: Tbc).⁸

⁴ Core content for country-level summaries adapted, in part, from “At a glance” profiles by Donor Tracker, SEEK Development (Berlin, Germany).

⁵ *Prospects for aid at times of crisis*, Carson, L. et al., March 2021, [link](#)

⁶ *United States profile*, Donor Tracker, 2021, [link](#).

⁷ *United States profile*, Donor Tracker, 2021, [link](#).

⁸ *FACT SHEET: Biden-Harris administration delivers emergency COVID-19 assistance for India*, The White House, 28 April 2021, [link](#).

- April 2021: US to share up to 60 million AstraZeneca vaccines globally, raw vaccine supplies to India (vehicle: bilateral donations).⁹
- February 2021: USAID to provide initial \$2 billion to propel global access to COVID-19 vaccines.¹⁰

Japan

Japan's ODA stood at \$15.5 billion in 2019 (current prices). Japan's total ODA in FY2020 was estimated to increase by 3% compared to FY2019.¹¹ On 30 April 2020, Japan passed its first supplementary budget for FY2020 (April 2020 to March 2021) with an increase of approximately \$1.2 billion for ODA. Japan is structuring its international response to COVID-19 under two main themes: first, promoting health and 'human security' through multilateral health initiatives and health system strengthening with a focus on Africa and Asia, and second, addressing the economic impacts of the pandemic through financial assistance to partner countries and support for sustainable and long-term economic growth initiatives (loans).¹² Recent commitments/disbursements:

- May 7, 2021: Japan provides \$50 million, 300 oxygen concentrators, 300 respirators for COVID-19 response in India (vehicle: bilateral grant).¹³
- April 2021: Japan provides \$300 million for micro and small enterprises in Turkey (vehicle: bilateral loan).¹⁴
- April 2021: Japan provides over \$200 million to strengthen vaccine cold chains in six Latin American countries and 25 African countries (vehicle: centralised grants via COVAX).¹⁵

Germany

Germany is the second-largest donor country, spending \$28.4 billion on ODA in 2020.¹⁶ Total ODA is expected to rise due to Germany's global COVID-19 response. In June 2020, the German coalition government announced additional ODA funds worth €1.55 billion (\$1.8 billion) for 2020 and another €1.55 billion (\$1.8 billion) for 2021, to be spent on global health measures, humanitarian assistance and overall development cooperation.¹⁷ The second supplementary budget also includes €560 million (\$473 million) for 'Humanitarian Assistance and Crisis Prevention' in 2020, implemented by the Federal Foreign Office. Recent commitments/disbursements:

- May 5, 2021: Germany commits \$36 million to new WHO Global Hub for Pandemic and Epidemic Intelligence to be launched in Berlin (vehicle: N/A).¹⁸
- May 1, 2021: As a COVID-19 outbreak hits India, Germany flies in medical experts, \$60 million in supplies (vehicle: grants).¹⁹
- April 2021: Commitments to German financial development cooperation at record high in 2020 (vehicle: bilateral grants).²⁰

5.2 External commentary on the bilateral aid response

- *Strategic reset: How bilateral development agencies are changing in the COVID-19 Era*, Gavas, M. Center for Global Development, 2020, [link](#).

The Center for Global Development (CGD) co-hosted a two-day conference to bring together the heads of development agencies and discuss the most pressing challenges at hand for bilateral development. This blog post

⁹ US to share AstraZeneca shots with world after safety check, Miller, Z., AP News, 26 April 2021, [link](#).

¹⁰ USAID to provide initial \$2 billion to propel global access to COVID-19 vaccines, USAID, 19 February 2021, [link](#).

¹¹ Japan profile, Donor Tracker, 2021, [link](#).

¹² Japan profile, Donor Tracker, 2021, [link](#).

¹³ Emergency assistance to India in response to the current surge of COVID-19 infections (commencement of transportation), Ministry of Foreign Affairs of Japan, 7 May 2021, [link](#).

¹⁴ Signing of dollar-denominated Japanese ODA loan agreement with Turkey: Delivering rapid and direct support for micro and small enterprises affected by COVID-19, JICA, 21 April 2021, [link](#).

¹⁵ Emergency grant aid in improving cold chain in Latin America and the Caribbean and African countries, Ministry of Foreign Affairs of Japan, 27 April 2021, [link](#).

¹⁶ Germany profile, Donor Tracker, 2021, [link](#).

¹⁷ Germany profile, Donor Tracker, 2021, [link](#).

¹⁸ WHO to set up pandemic early warning center in Germany, Deutsche Welle, 5 May 2021, [link](#).

¹⁹ Coronavirus: German military plane reaches India with medical aid, Deutsche Welle, 1 May 2021, [link](#).

²⁰ Commitments for developing countries and emerging economies hit record high once again in 2020. KfW, 29 April 2021, [link](#).

summarises the main messages of an analysis presented at the Development Leaders Conference, outlining some of the changes in development agency strategic direction brought about by the pandemic. The post reviews and overlays some of the features of the COVID-19 crisis on earlier observed trends and dynamics. The post ends with three fundamental challenges that bilateral development agencies will need to address, and which will define their development cooperation and international partnerships for the foreseeable future:

1. The increasingly blurred boundary between development assistance and spending to tackle global challenges.
 2. The fundamental trade-offs between the rules and norms of what constitutes effective development/development impact with national interest.
 3. While resilience is the most prized characteristic of governments and public services, it is increasingly clear that development agencies have not always cultivated it.
- *China's humanitarian aid: Cooperation amidst competition*, Kurtzer, J. & Gonzales, G., Center for Strategic and International Studies, 2020, [link](#).

In this commentary from the Center for Strategic and International Studies, the authors outline China's commitments to "humanitarian assistance", contrasting these efforts with early responses to the virus. They hypothesise that China has used medical humanitarian aid as a tool with which to counter the prevailing narrative of responsibility for COVID-19's spread, a tactic experts on China say is consistent with past efforts to obfuscate the state's real intentions. These efforts have provided needed capital and resources to many countries struggling to combat the pandemic but have largely been conducted in isolation. The authors therefore conclude the piece with a call for greater transparency from China with regard to aid donations, and for coordination and more intentional engagement (on China's part) with the existing humanitarian system.

- *How COVID-19 has affected Japan's official development assistance*, East Asia Forum, Yoshikawa, Y., 2020, [link](#).

In this article, Yoshikawa discusses the impact that COVID-19 has had on the structure and nature of Japan's ODA projects. In March 2020 – like many other countries – Japan mandated the return of Japan International Cooperation Agency (JICA) staff to Japan. Yoshikawa notes that "Although JICA proudly claimed in its 2019 annual report that assistance went to 148 countries and regions in the 2018 fiscal year, the national budget for ODA has been almost halved over the past 20 years since the 1990s." This trend seems to be reversing in 2020, but the flexibility of Japanese ODA is being tested – projects that have adapted best to such changes have taken advantage of partnerships that were well developed before the outbreak. JICA is more reliant on local project implementation and has had to extend contracts and implement other strategies to improve flexibility.

- *The impact of COVID-19 on development assistance*, Brown, S., *International Journal: Canada's Journal of Global Policy Analysis*, 2021, [link](#).

In this article, the author analyses the impact of the COVID-19 pandemic on foreign aid. Using examples from Canadian foreign aid, he argues that despite the toll the pandemic is exacting, the crisis has accelerated some significant positive pre-existing trends, both by destabilising the perception of aid as flowing essentially from the Global North to Global South and by reinforcing awareness of the importance of joint efforts for global public goods and humanitarian assistance, as well as debt relief. The article highlights how quickly COVID-19 moved from a health crisis to a development crisis, with the poorest unable to avoid infection, unable to access PPE, facing limited access to water, unable to socially distance in high-density areas and with many unable to access healthcare and/or medicine. This particularly affects those with underlying health conditions, such as people living with HIV/AIDS or tuberculosis. The article notes that lockdown measures disproportionately impact those already marginalised, and those living in poverty/working in the informal economy. It highlights that up to 115 million people could be pushed into extreme poverty in 2020, and by 2030 this number is likely to increase to 1.6 billion. Importantly, COVID-19 creates the need for an emergency response – but for many donor funds, it is not clear if money being allocated to the COVID-19 response is a reallocation of already committed funds or new additional funds. This could have even more significant effects on development in the longer term. The author hypothesises that COVID-19 has also reinforced potentially harmful self-interested justifications for aid, which could serve to align assistance more with donors' priorities than with the needs of the poor (for example in line

with pre-COVID-19 earmarking trends). An important trend reversal, however, is the renewed emphasis on well-being.

- *Does the COVID-19 pandemic threaten global solidarity? Evidence from Germany*, Schneider, S. H. et al., *World Development*, 2021, [link](#).

In this peer-reviewed article, the author examines how the public in ODA donor countries perceive trade-offs between spending resources domestically or abroad. He hypothesises how these perceptions may undermine public support for development assistance and, more generally, efforts towards global sustainable development. Against this backdrop, the paper investigates (a) whether pandemic-induced health-related and economic worries correspond more or less to support for development assistance, and (b) whether effects are moderated by moral obligations and trust in government. The author finds a positive association between trust in government and support for development assistance. Those worried about the health of others close to them are more willing to support development assistance to curb the pandemic elsewhere as long as they trust their government. The author argues that the perception that developing countries are most affected by the pandemic is also associated with higher levels of support for development assistance.

- *China and Russia want to vaccinate the developing world before the West. It's brought them closer than ever*, Westcott, B., *CNN*, 2021, [link](#).

In this commentary, the author outlines early progress made by both China and Russia to supply countries with COVID-19 vaccines. Citing former diplomat Bobo Lo, the piece outlines geopolitical gain via “vaccine diplomacy” as a potential motivation for such a move (although both countries have publicly denied this hypothesis). Regardless of motivation, both countries are filling a clear gap that is not being addressed by DAC countries – such as Indonesia and Argentina’s struggle to procure the AstraZeneca vaccine from the US in a timely manner. The piece also discusses the nature and implications of the “unlikely partnership” between China and Russia, as China helps manufacture Russia’s vaccines.

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