

COVID 19

WHY THE WORLD NEEDS A PANDEMIC RESPONSE PLAN

Coronavirus is wreaking havoc on our lives, our economies and societies. While the virus is affecting everyone, it will reserve its worst for the most vulnerable whether they live across the street or across the ocean.

Viruses don't pay attention to borders or geography, so neither can we. People need to keep standing together, supporting each other, and acting on the simple premise that this pandemic is bigger than all of us and we'll defeat it if we stand and act as one.

This is the right thing to do. But it's also the smart thing to do. A response that leaves out the poorest people, refugees, and the vulnerable wherever they are will mean this virus is still a threat to everyone.

We need to mobilize the resources for a humanitarian response on a scale not seen in decades to make sure that new medicines and a vaccine, once available, are distributed equitably. If the virus is alive anywhere it can mutate to come back to threaten us everywhere.

We've already seen the crushing economic impact of the pandemic in the U.S., Europe, and other G20 countries – these stories dominate the headlines. The impact could be even greater in Africa, where resources are urgently needed to tackle the consequences.

We need to prepare for the future in order to defeat coronavirus and future global health threats. That means building the capacity of all countries to prevent, detect and respond to global health threats. None of us is safe unless all of us are safe.

That's why we are calling for a **Pandemic Response Plan** to:

1. **Protect the vulnerable, support essential workers, and make treatment and a vaccine available to everyone**
2. **Support the people worst hit economically**
3. **Strengthen health systems so we're ready if this happens again**
4. **Respond to the imperative to create a more just and equal world**

"Let us remember that we are only as strong as the weakest health system in our interconnected world."

- *UN Secretary-General
António Guterres*

"The G20 is committed to do whatever it takes to overcome the pandemic."

- *G20 Leaders, March 2020*



Key Facts

- Rich countries spend 162 times more on health care than low-income countries.ⁱ
- Mali has only one ventilator per 1 million people. The UK has one ventilator for every 8127 people and even that isn't enough.^{ii iii iv}
- Today, no country is fully compliant with the International Health Regulations agreed by 196 countries in 2005 to ensure countries are prepared for public health emergencies.
- None of the 45 low-income countries that have completed a WHO evaluation to assess capacity to respond to public health risks are "ready to respond."^v
- In March, the U.S. approved a \$2 trillion stimulus package.^{vi} This funding in the U.S. alone is greater than the GDP of all of sub-Saharan Africa.^{vii}
- An emergency economic stimulus of US\$100 billion for African governments would be equivalent to just 2% of the G20's proposed \$5 trillion stimulus package.
- Women are at the frontline of the response: female health workers make up 67% of the health workforce in 104 countries.^{viii}
- During the 2019 Ebola outbreak in DRC, 2.5 x more people died of measles than Ebola due to disruptions in primary health care and routine immunization. Immunisation against other deadly diseases must continue – we cannot have two global outbreaks on our hands.^{ix x}
- 54 governments have imposed restrictions on medical supply exports; Africa imports 70-90% of its total drugs consumed.^{xi xii}
- Half of the world's ventilator exporters are in the EU. Some member states are currently restricting exports.^{xiii}
- Kazakhstan, one of the world's biggest exporters of wheat flour, has banned export, as has Vietnam, the world's third largest rice exporter, which could drive up food prices.^{xiv}
- A team of researchers in Senegal has begun validation trials on an at-home diagnostic test that can produce results in as little as 10 minutes - all for \$1.^{xv}
- Nigeria has put in place conditional cash transfers, food rations for internally displaced persons, and the continuation of school feeding programs despite schools being closed.



The Pandemic Response Plan

The world urgently needs a comprehensive plan to protect the most vulnerable through this crisis, whether they live across the street or across the ocean, and prepare us for future threats. This plan should:

1. **Protect the vulnerable, support essential workers, and make treatment and a vaccine available to everyone**
 - a. Countries, businesses and philanthropists should **provide the \$8 billion needed to fund research, development and supply of treatments and a vaccine for all**, and support public health measures in countries with the weakest health systems.
 - b. Countries should **provide at least \$7.4 billion for Gavi, the Vaccine Alliance** to ensure routine immunization is not interrupted in the world's poorest countries.
 - c. Countries should **enact price controls for vaccines**.
 - d. Countries should **implement social protection measures** such as cash transfer programmes, take-home rations and vouchers, and convert schools into feeding centres to ensure people have the essential supplies they need to survive.
 - e. Governments must **resist protectionist measures** in export bans and reduce tariffs and trade barriers to ensure the global flow of goods, particularly food and medical supplies.
 - f. Governments should provide \$2.01 billion for the **Global Humanitarian Response Plan**.
2. **Support the people worst hit economically**
 - a. The G20 should **deliver an emergency economic stimulus of \$100 billion, as requested by African governments**, to fund the immediate health response in Africa, social safety nets for the most vulnerable, feeding and protecting out of school children, and to protect jobs.
 - b. Creditors should **provide immediate debt relief for the poorest countries**.
 - c. Countries should **implement emergency measures to protect 30 million jobs at risk**.
 - d. The IMF should **create 500bn Special Drawing Rights** for transferring to the poorest countries.
3. **Strengthen health systems so we're ready if this happens again**
 - a. All countries should **ensure full compliance with the International Health Regulations** by 2025 and increase their Global Health Security Index Score inline with this trajectory.
 - b. Donors and governments should **provide \$4.5 billion to enable low-income countries** to implement national action plans on pandemic preparedness.
4. **Respond to the imperative to create a more just and equal world**
 - a. As the world emerges from the crisis, **we need a global conference on the scale of Bretton Woods to re-write the rules of globalisation for the 21st century** so that we have the architecture needed to respond to pandemics, climate change and gender and economic inequality.



Protect the vulnerable, support essential workers, and make treatment and a vaccine available to everyone

- While rich and poor countries are equally vulnerable to COVID-19, the impact in poor countries will be compounded by weak health systems, limited health spending, and few social safety nets like health insurance.
- Only global coordination that transcends borders, politics, and income will stop the global threat of COVID-19.^{xxvi} A response that ignores the poorest countries will fail, because reinfection can occur.
- An equitable emergency response to COVID-19 must prioritize two things: vaccine development and distribution; and social protection measures to ensure people have access to food and basic medical supplies.

To date, the most heavily impacted countries are relatively wealthy. Early data suggest poorer countries in the Global South are just weeks behind Europe and the U.S. in terms of the size and scope of their epidemics. For example, Burkina Faso's trajectory in terms of confirmed cases is faster than that of the UK early in the epidemic.^{xxvii}

A pandemic is the ultimate stress test on health care systems, and high-income countries are already strained for capacity and resources. While rich and poor countries are equally vulnerable to COVID-19, the impact in poor countries is likely to be more pronounced due to weak health systems, limited health spending, and few social safety nets like health insurance. For example, high-income countries spend 162 times more on health care than low-income countries.^{xxviii} Mali has only one ventilator per 1 million people compared to the UK's 123.^{xix xx xxi}

A safe and effective vaccine is the only tool that will curb the pandemic for good. While a viable vaccine is likely 12-18 months away, funding and policies must be put in place now to ensure that development, testing, approval, manufacturing, and delivery of a vaccine is fast-tracked. But vaccines often take much longer to reach developing countries than they do developed countries because of higher demand in developed countries accompanied by the financial backing to purchase medication.^{xxii} When vaccines do reach low-income countries, they are sometimes priced above what most citizens can afford.^{xxiii xxiv}

The pandemic also has spillover effects on food security. Over 300 million children in 117 countries receive meals at school, a critical source of food security.^{xxv} With school closures, over 1.5 billion children globally - nearly 90% of total enrolled learners - are currently out of school, with more countries issuing nationwide closures by the day.^{xxvi} To protect local food supply, some national governments have put in place protectionist measures that ban food exports. Kazakhstan, one of the world's biggest exporters of wheat flour, has banned export, as has Vietnam, the world's third largest rice exporter.^{xxvii} The UN has warned that protectionist measures being put in place by governments could provoke food shortages in the coming weeks.^{xxviii}

There is some hope. Four potential vaccines are already being tested in animals.^{xxix} A team of researchers in Senegal - which previously worked on vaccines for yellow fever and dengue - have begun validation trials on an at-home diagnostic test that can produce results in as little as 10 minutes - all for \$1.^{xxx} Nigeria has put in place social safety nets - such as conditional cash



transfers, food rations for internally displaced persons, and the continuation of school feeding programs despite schools being closed.^{xxxii}

What we need:

Expedite vaccine development and distribute it equitably

- a. \$8 billion to fund research, development and supply of treatments for all, and support for public health measures in countries with the weakest health systems (\$1.2 billion had been promised on 30 March).^{xxxii xxxiii}
- b. At least \$7.4 billion for Gavi, the Vaccine Alliance to ensure routine immunization is not interrupted in the world's poorest countries. This will prevent additional stress on strained health care systems and prevent another epidemic.
- c. Additional funding to deploy innovative financing such as advanced market commitments through Gavi, the Vaccine Alliance to facilitate market shaping needed to enable equitable distribution of a vaccine.
- d. Countries should ensure that essential drugs are reaching the most vulnerable by enforcing the Doha Declaration of 2001 and developed countries should enact price controls for vaccines. This will provide leverage for developing countries to negotiate a lower price without compromising on the incentive for vaccine candidates to invest resources in developing a vaccine given high demand.^{xxxiv xxxv}

Expand and support social protection mechanisms to ensure people have food and medical supplies they need to survive

- a. Governments should expand and improve emergency food assistance and social protection programs, including supplementing cash transfer programmes, take-home rations and vouchers, and converting schools into feeding centres.^{xxxvi}
- b. Governments should commit to keeping open food supply chains so that COVID-19 does not spillover into a hunger epidemic.^{xxxvii} In 2006-08, government restrictions had little impact on domestic prices, but increased prices and volatility abroad.^{xxxviii}
- c. The World Food Programme should monitor food prices and markets and share information to prevent people from panicking.^{xxxix}
- d. Governments should partner with the financial services sector to develop comprehensive loan packages for farmers and entrepreneurs who are critical to filling gaps in the food ecosystem. Poorer countries should apply to the Global Agriculture and Food Security Programme for support to smallholder farmers.^{xl}

Provide \$2.01 billion for the Global Humanitarian Response Plan

- a. All countries should drop import tariffs on essential medical products to fight COVID-19. It would cost less than \$2 billion to compensate developing countries outside the G20 for the revenue losses resulting from cancelling their tariffs on medical supplies and soap.
- b. Donors and private individuals should support this joint effort from a number of UN agencies who collectively aim to fight the virus in the world's poorest countries. Private individuals can contribute to the COVID-19 Solidarity Response Fund.^{xli}
- c. Existing humanitarian aid should be made more flexible to provide additional resourcing for COVID-19. This will allow for rapid response with financial resources that are already in countries following the lead of Gavi and the Global Fund.^{xlii xliii}



Support the people worst hit economically

- The global economic impact from COVID-19 is likely to affect far more people than the virus itself, with social distancing and lockdown measures bringing many businesses to a halt.
- Emerging economies and developing countries will be hit extra hard due to falling commodity prices, fleeing foreign investment, supply chain disruptions, reduced tourism, and currency depreciation. In Africa, 30 million jobs are at risk.^{xliv}
- We need a financial support package of an initial \$100 billion for Africa to fund the emergency health response and social safety nets, including debt relief for the most vulnerable countries, and liquidity lines to keep business afloat.

The economic costs of COVID-19 are proving to be devastating. It is almost certain the world is in a recession, with growth levels possibly below those of the 2008/9 financial crisis.^{xlv} Reductions in global demand for goods and disruptions to global supply chains mean this is a double shock on both supply and demand sides.^{xlvi} Low-income countries face reduced revenues and increased costs.

Revenues down: Declines in commodity prices (oil prices have halved since the beginning of the year)^{xlvii,xlviii} put heavy fiscal strains on government budgets, particularly those that are resource dependent. Foreign direct investment flows could fall between 30% and 40% to their lowest levels since the financial crisis.^{xlix} Investors have removed \$83 billion from emerging markets since the beginning of the crisis, the largest capital outflow ever recorded.^l In Africa, economic growth may slow down to 1.8% this year (from 3.2%).^{li}

Costs up: Supply chain disruptions could worsen food insecurity - only 15 out of 54 African countries are net exporters of food.^{lii} Moreover, the continent could need an additional \$11 billion in health spending to contain the virus.^{liii} More than a third of African countries are at risk of debt distress.^{liiv} The external debts of sub-Saharan African countries have risen steeply, from \$235 billion in 2008 to \$634 billion last year, up from 21% of GDP to 36%.^{liv} The strengthening of the U.S. dollar also exacerbates debt servicing costs.^{lvi} Facing revenue shortfalls, Nigeria, South Africa and other African countries are considering budget cuts or budget rearrangements, which are likely to have serious domino effects later on.^{lvii,lviii}

Existing inequalities will likely be amplified: The toll on women health workers is expected to be pronounced as they make up 67% of the health workforce in 104 countries.^{lix} Increased caregiving burdens put women and girls at a higher risk of infection and a loss of livelihood as they stay home to attend to domestic needs. Moreover, the hardest to reach populations - including those living in extreme poverty and conflict-affected regions, refugees and internally-displaced persons - will be significantly affected. These groups are often in remote areas, congested urban dwellings or overcrowded camps with minimal health services and weak infrastructure, diminishing the efficacy of surveillance and containment measures.^{lx}

Support measures so far will help: The World Bank Group has announced an initial \$14 billion fast track facility.^{lxi} The IMF is making \$50 billion available via rapid-disbursing emergency facilities and is supporting the poorest countries on request with the debt repayments. Both the IMF and World Bank have called on all official bilateral creditors to suspend debt payments from



IDA countries that request forbearance to help with immediate liquidity needs and allow time for an assessment of the crisis impact and financing needs for each country.^{lxii} The G20 has agreed to suspend bilateral debt payments by the poorest countries for 2020. Philanthropic foundations are stepping-up to provide support and supplies to impacted countries.^{lxiii}

What we need:

Deliver an emergency economic stimulus of \$100 billion, as requested by African governments to respond to the COVID-19 pandemic

- a. This would provide governments with the fiscal space to support the immediate health response in Africa, social safety nets for the most vulnerable, feeding and protecting out of school children, and to protect jobs.
- b. The financing could come from a range of measures, including a moratorium on debt and interest payments in 2020; frontloading International Development Association and African Development Fund grants and loans; greater lending from the IMF and World Bank; and increasing aid grants.
- c. IMF shareholders should support the creation of \$500bn Special Drawing Rights alongside a trust fund for richer countries to transfer their SDRs to poorer countries.
- d. African governments should use the additional financing and fiscal space to ensure support and provide basic needs for the poorest and most vulnerable, including scaling up social protection measures and unconditional cash transfers.
- e. Governments and IFIs should endorse enhanced predictability, transparency and accountability of flows so finance ministers can plan effectively, and civil society stakeholders can help track flows to ensure those most in need are reached.

Provide immediate debt relief for the poorest countries

- a. All official creditors, bilateral and multilateral (including non-Paris club lenders), provide a moratorium debt and interest payments from IDA countries for at least the remainder of 2020 and 2021. This will help with IDA countries' immediate liquidity needs to tackle challenges posed by the pandemic. They should waive interest payments for all African countries (outside of IDA), for the remainder of 2020.
- b. Donor countries should provide \$1bn to top up the IMF's Catastrophe Containment and Relief Trust, which grants debt relief for public health disasters. The World Bank needs a similar mechanism to cancel its debt payments.

Implement emergency measures to protect 30 million jobs immediately at risk across Africa

- a. G20 leaders should take measures to support agricultural imports and exports, and the pharmaceutical and banking sectors. All interest and principal payments on corporate debt, leases, extended credit facilities, refinancing schemes and guarantee facilities should be used to waive, restructure and provide additional liquidity in 2020.



- b. G20 leaders should support a liquidity line to the private sector operating in Africa to ensure essential purchases can continue and all SMEs dependent on trade can continue to function.
- c. G20 leaders should ensure that national and regional stimulus packages covering private and financial systems include measures to support African businesses through allowing for the suspension of leasing, debt and other repayments to global businesses.

Strengthen health systems so we're ready if this happens again

- No country is fully prepared to handle a major pandemic. All countries need to increase compliance with the International Health Regulations and ensure the world is prepared to detect, assess, report and respond to public health events in the future.
- All countries are vulnerable to a health crisis no matter where it originates; health security is only as strong as the weakest link in our interconnected world. Low-income countries cannot be overlooked in this equation and must be supported with the \$4.5 billion additional funding needed to ensure health security for all.

No one knows what will happen next, but if the past is an indicator it may look something like this: funding is made available during the crisis, additional commitments are made in the immediate aftermath, and then funding and attention wane, until the cycle repeats. It happened with SARS 2003; H1N1 2009; MERS 2012; Zika 2015; and Ebola 2014-2016.

If this happens, countries will remain vulnerable to the next novel virus and the world will still lack a truly effective pandemic preparedness system. This is myopic: experts warn us that pandemic threats of this magnitude may become more frequent.^{lxiv} It also makes no economic sense: the cost of pandemic preparedness is around \$10 billion globally a year. The commitments made to respond to COVID-19 have so far totalled 4.6 *trillion*.^{lxv}

In 2005, 196 countries signed on to the International Health Regulations (IHRs) -- a set of goals that entered into force after the SARS epidemic to ensure that countries are prepared to detect, assess, report and respond to public health events. Today, no country is fully compliant with the IHRs and few have met core capacity requirements like immediately reporting urgent events to the WHO and implementing control measures to prevent the spread of disease domestically and internationally.^{lxvi lxvii lxviii lxix}

The Global Health Security Index, which provides a measure of health security and related capabilities across countries signed on to the IHR, shows that even high-income countries only score on average 50 out of 100.^{lxx} But on average, low-income countries score lowest in their capacity to prevent, detect, and respond to outbreaks [Table 1].

Income Level	Low	Lower Middle	Upper Middle	High
Average Overall Score	30.0	35.4	37.1	51.3



Table 1. Average Global Health Security Index Score by Income Group (2019)^{lxxi}

Of the 45 low-income countries that have completed a WHO Joint External Evaluation to assess capacities to prevent, detect, and rapidly respond to public health risks, none have qualified as “ready to respond”.^{lxxii} And while it is promising that 31 of these countries have developed National Health Security Action Plans to address existing gaps in capacity, none of these action plans have been adequately financed.^{lxxiii} The gap in preparedness financing for low- and lower-middle income countries is estimated to be \$4.5 billion per year.^{lxxiv}

What we need

All countries should ensure full compliance with the International Health Regulations by 2025 and increase their Global Health Security Index Score inline with this trajectory.

- a. Countries must dedicate high-level political leadership and allocate full funding to country action plans, increase domestic investments in health systems strengthening. Compliance should be measured by a country’s completion of a WHO-Joint External Evaluation at least every two years to increase transparency around their global health security capacities and capabilities.
- b. A time-bound target should be established on the Global Health Security Index to encourage a “race to the top” among countries working toward greater compliance with the IHRs.

Donors and governments should prioritize additional funding to help low-income countries complete WHO evaluations and implement national action plans.

- a. Additional funding should be made available for countries with the greatest need and who have undertaken a rigorous assessment of their preparedness gaps.^{lxxv}
- b. A Global Health Security Challenge Fund should be set up to channel additional funding for urgent COVID-19 preparation and detection needs, as well as addressing critical preparedness gaps for the next pandemic.

Respond to the imperative to create a more equal world

- COVID-19 has hit us when the world’s immune system is severely compromised. Existing institutions and rules have proven inadequate in preventing and responding to a pandemic.
- The response to this crisis will determine whether citizen disenchantment, fueled in part by high levels of inequality, improves or gets worse.
- As the world emerges from the crisis, we need a global conference on the scale of Bretton Woods to re-write the rules of globalisation for the 21st Century so that we have the architecture needed to respond to pandemics, climate change, and gender and economic inequality.

This virus is a global phenomenon virtually unprecedented in modern human history in terms of scope and impact, perhaps on par with the World Wars or the 1918 influenza pandemic. It



has shown us that international cooperation is needed at a time when it is weak, trust in government is low, and a dearth of leadership exists in the places where it's traditionally been found (e.g. U.S., UK, G7, G20).^{lxxvi}

The Great Depression yielded the New Deal (in the U.S.). World War II led to the creation of the Bretton Woods institutions and the Marshall Plan, and ushered two decades of rapid economic growth and financial prosperity for an expanded middle class in Europe and North America, and helped fuel independence movements across Africa and other parts of the world.

The rules written after World War II no longer work, even for those that wrote them. We need a new set of rules that help us manage global threats.

- Global warming is likely to reach 1.5°C between 2030 and 2052 at current rates of warming, which could have potentially irreversible effects on global ice-sheet melt, rising sea levels, and species and ecological loss, with corresponding negative impacts on health, livelihoods, food and human security, and economic growth.^{lxxvii}
- Global inequality is at historically high levels, which has fuelled populism and nativism.
- Financial deregulation and technological advancements have facilitated tax evasion on a scale estimated to be around \$200 billion annually, siphoning off government revenues that might otherwise be used to fund public goods.^{lxxviii}

COVID-19 creates an imperative to push for global and national reforms to help us prepare for future threats and risks. When we emerge from this crisis, we need a global conference that rewrites the rules for the 21st Century.

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