



WHATEVER IT TAKES

A rapid and massive increase in aid is needed to save millions of lives and bring our divided world together amid the coronavirus pandemic

The coronavirus pandemic will have devastating health, social and economic impacts in the world's poorest countries.

To measure up to this once-in-a-century crisis, save lives and build a better future, donors must urgently and massively increase international aid funds. Oxfam estimates rich countries' fair share of aid in response to the crisis would be nearly \$300bn, which represents just 6% of the total domestic economic stimulus pledged by the world's richest nations.

In order to limit the outbreak and save lives, this aid must prioritize supporting prevention measures, health systems, social protection and food security, while respecting principles for quality aid. It is also vital to reshape the future of aid to help build more equal and resilient societies, so that humanity is better prepared for future crises.

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For further information on the issues raised in this paper please email advocacy@oxfaminternational.org

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Cover photo: Sameeha Shibani, a Public Health Promotion Officer, at a hygiene kit distribution in Alkoba Internally Displaced Persons Camp in Taiz, Yemen in March 2020. Credit: Wael Algadi/Oxfam.

SUMMARY

Forty million people dead if unmitigated.¹ Half a billion people pushed into poverty.² Coronavirus could have a disastrous toll worldwide unless immediate and dramatic action is taken. No one is immune to the impacts of the outbreak, but the crisis will undeniably hit people living in poverty the hardest, further entrenching extreme levels of inequality. Its impacts are exacerbated for women and girls in all aspects of their lives, from health to the economy and from security to social protection.³

The worst-case scenarios may be preventable if we act now. Rich nations must make available the resources needed by low- and middle-income nations and their citizens to stop the epidemics in their countries, avert humanitarian disaster and prevent economic collapse. This is the right thing to do. It is also in the interest of powerful economies to help, because no one is safe until we are all safe. Governments and international organizations should take four actions to pay for this: (1) immediate debt cancellation, (2) the creation of new international reserves by the International Monetary Fund, (3) the adoption of emergency progressive taxes and (4) a massive injection of aid funds – a powerful tool of global solidarity that has proven time and time again to save lives.

This paper lays out are three things Oxfam believes donors should do immediately so that the international aid response measures up to this once-in-a-century crisis:

- 1. Urgently and massively increase international aid funds to help poor countries face the crisis.** The UN is calling for \$500bn in aid to help low- and middle-income countries face the pandemic.⁴ Oxfam has calculated that OECD DAC donor countries' fair share of this response would amount to nearly \$300bn.⁵ This is well within the realms of possibility, as many governments are pumping trillions into their own domestic responses. According to Oxfam's calculations, this fair share is just 6% of what the world's richest countries have pledged for domestically focused economic packages.⁶ This \$300bn share is also less than the combined wealth of the world's three richest men.⁷ Importantly, donors' financial assistance in response to the coronavirus must be additional, so as not to divert existing aid budgets away from other pressing humanitarian and development needs. With this massive injection of new aid, donors would finally fulfil their fifty-year-old commitment to spend at least 0.7% of their gross national income on aid. To be effective in the short and long term, the response will need to be globally coordinated and locally led.
- 2. Prioritize prevention measures, health, social protection and food security in order to save lives and limit the outbreak and its economic impacts, while respecting principles for quality assistance.** Donors should give priority to emergency humanitarian aid, to supporting low- and middle-income countries' public health systems, and to investments that prevent the spread of the disease, notably water and sanitation programmes. They should also focus on

delivering universal social protection for citizens, including helping partner countries give cash to those in need, so that people can survive both illness and income loss. Donors must urgently recognize and respond to food insecurity caused by coronavirus, including by providing food directly where market conditions require. Finally, in helping low- and middle-income countries respond to the immediate crisis, donors must uphold development effectiveness and humanitarian principles; provide feminist humanitarian assistance; protect refugees, migrants and internally displaced persons; and work towards protecting civic space.

- 3. Reshape the future of aid to build more equal and resilient societies.** With the coronavirus threatening to set the fight against poverty back by decades, we must seize this moment to save lives and repair the systems that made so many people vulnerable in the first place. This means truly putting inequality at the centre of development in order to help the world recover from the crisis. The coronavirus crisis is showing how deep and growing inequalities undermine our ability to face existential threats. Now is the time for more aid spending on universal public services, which are proven to tackle inequality, and for more aid to help low- and middle-income countries raise taxes progressively. It is also the time to support active citizens in holding their governments to account and for truly feminist aid that puts gender equality and women's rights at its heart. Aid that helps build a human and planet-centred economy that will keep the chance of limiting global heating to 1.5°C alive is also critical. Now is also the time for donors to break away from using aid to serve their own economic agendas and from backing the privatization of health and education, which worsens inequality. By laying the foundations for an aid system that is more inclusive and legitimate, one that is not based on rich countries' willingness to 'give' but an internationally agreed mechanism of redistribution from the wealthiest countries to the poorest, we could finally move from charity to justice.

1 INTRODUCTION

The coronavirus will have devastating impacts in poor countries.

Forty million people dead if unmitigated.⁸ Half a billion people pushed into poverty.⁹ Coronavirus could have a disastrous toll worldwide unless immediate and dramatic action is taken. No one is immune to the impacts of the outbreak, but the crisis will undeniably hit people living in poverty the hardest, further entrenching extreme levels of inequality. Its impacts are exacerbated for women and girls in all aspects of their lives, from health to the economy and from security to social protection.¹⁰

Left unchecked, the coronavirus could cause millions of deaths and push half a billion people into poverty.

As rich nations struggle to cope with the outbreak, the health, social and economic toll in low- and middle-income countries is expected to be incomparably catastrophic. Governments of low- and middle-income countries have started taking rapid measures to halt the virus's spread,

including through nationwide lockdowns, border shutdowns, air travel restrictions, limitations on public gatherings, and public safety campaigns. But this is only the beginning of an uphill battle. With limited resources, high debt levels and weak, underfunded and unequal health systems, poor countries are ill-equipped to protect their populations and their economies.

In 42 countries, mostly in sub-Saharan Africa, less than half of the population has access to basic handwashing facilities with soap and water in their homes.¹¹ Social distancing is also not an option¹² for the 880 million people who live in overcrowded slums.¹³ If they get sick, less than half of the world's population has access to basic healthcare services.¹⁴ In addition, the virus poses a particular threat to the livelihoods of people who work informally – two billion people worldwide, most of them in low- and middle-income countries – and therefore have no access to sick pay.¹⁵ The 400 million Africans living on less than \$2 a day cannot afford to stay confined, and will have to continue working to feed their families, at the risk of their lives. With the increase in care work resulting from children being out of school and the need to care for sick relatives, many women will likely have to give up paid work to focus on unpaid care tasks, bearing the brunt of the impact. There are also now many reports from all over the world of increases in gender-based violence during lockdowns, and serious concerns over women and children in abusive households having no way to escape their abusers.¹⁶ The prospects are particularly bleak in conflict-affected zones and for forcibly displaced people and refugees. The impact of the coronavirus pandemic could increase the number of people at risk of food insecurity and malnutrition in West Africa from 17 million people to 50 million people between June and August 2020.¹⁷

Even if the coronavirus pandemic is mitigated in low- and middle-income countries, economic damage stemming from massive capital outflows,¹⁸ and the fall in commodity prices, tourism revenues and remittances will devastate livelihoods.¹⁹ The World Bank predicts that growth in sub-Saharan Africa could shrink by as much as 5.1% in 2020, the first recession in the region over the past 25 years.²⁰

Low- and middle-income countries need urgent and massive support from the international community to prepare for, respond to and recover from this outbreak. International aid, together with debt relief and tax policy, will be on the front line of this global response.

Rich nations must urgently make available the resources needed by low- and middle-income nations and their citizens to stop the epidemic in their countries, avert humanitarian disaster and prevent economic collapse.

In a recent report,²¹ Oxfam argues that there are four ways to pay for this: (1) immediate debt cancellation, (2) the creation of new international reserves by the International Monetary Fund (IMF), (3) the adoption of emergency progressive taxes and (4) a massive injection of aid funds – a powerful tool of global solidarity that has proven time and time again to save lives.

Social distancing is not an option for the 880 million people who live in overcrowded slums.

The impact of the coronavirus pandemic could increase the number of people at risk of food insecurity and malnutrition in West Africa from 17 million people to 50 million people between June and August 2020.

Why should rich countries double down on their aid now?

Out of justice and solidarity. The coronavirus is exacerbating inequalities between our nations. Many poor countries with weak health systems are drowning in debt, while rich nations can unlock trillions to build new hospitals and stabilize their economies. Aid's unique value as a tool of solidarity and for the global redistribution of funds from wealthier to poorer countries has never been so obvious.

Beyond the moral justification and clear human need, it is also in the interest of powerful economies to help. We know that no one is safe until we are all safe. As long as the virus exists somewhere, it could always bounce back and spread globally again. And as the virus mutates, UN Secretary General Antonio Guterres has warned that 'all the investment we are putting into vaccines will be for nothing because the virus will then travel from the South back to the North'.²²

This paper outlines recommendations for how donors should:

- Urgently raise new international aid funds to help poor countries face the crisis;
- Prioritize prevention measures, health, social protection and food security in order to save lives and limit the outbreak and its economic impacts, while respecting principles for quality assistance; and
- Reshape the future of aid to build more equal and resilient societies.

2 RAISE INTERNATIONAL AID FUNDS TO A LEVEL NEVER SEEN IN OUR LIFETIMES

RAMP UP AID NOW

Donors should urgently ramp up their aid, both through multilateral bodies responsible for managing the global response and direct support to low- and middle-income countries' nationally led responses.

Current aid levels, totalling \$153bn in 2019, are well below what is needed to meet the pre-existing humanitarian and development challenges, and are woefully inadequate to help fight the coronavirus crisis. The UN is calling for \$500bn in aid to fund emergency health services and related social relief programmes to face the pandemic.²³ Oxfam calculates that Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD DAC) countries' fair share of this response would be close to \$300bn.²⁴ This is well within the realms of possibility, as many governments are pumping

trillions into their own domestic responses – the USA alone, for example, has announced a \$2.2 trillion stimulus package. According to Oxfam's calculations, it is just 6% of what the world's richest countries have pledged in order to stimulate their own economies.²⁵ The \$300bn share is also less than the combined wealth of the world's three richest men.²⁶

The UN's \$2bn 'COVID-19 Global Humanitarian Response Plan'²⁷ that was launched in March is a good start, but this is just the tip of the iceberg, and as of 20 April only one-quarter of this appeal was funded.²⁸ The \$675m required for the World Health Organization's urgent preparedness and response activities for the period February to April 2020 has also yet to be raised.²⁹

Donors and multilateral institutions must rapidly scale up their aid. Several international financial institutions have made important commitments already. The World Bank, for example, has committed to deploy \$160bn to help countries fund the response. However, most, if not all, of this money is being redirected from other programming or is being front-loaded. Moreover, less than half of the money is for the poorest countries, and even the portion that is will mostly be in the form of concessional loans rather than grants. All donors need to urgently ramp up highly concessional funding to build on initial moves from the World Bank – which has announced it is prepared to deploy \$160bn from April 2020 to June 2021 to help countries respond to the crisis – IMF and others, and to support governments, non-government organizations (NGOs) and local organizations in poor countries.

NEW AND ADDITIONAL FUNDS

The funds mobilized in response to the crisis should be new and additional. Some donors, such as France,³⁰ have started reallocating existing aid budgets to the coronavirus response. This short-sighted approach should be avoided, as it will divert funds away from other vital programmes, undoing efforts to fight other deadly diseases or child malnutrition, for example. The UN Population Fund (UNFPA) has warned that if resources were diverted away from sexual and reproductive health, for instance, it could fuel a rise in pregnancy complications, maternal deaths and unsafe abortions.³¹ During the Ebola crisis in Sierra Leone, there were nearly as many additional maternal and neonatal deaths as deaths from Ebola, due to reductions in life-saving care for pregnant women.³² This situation must not be repeated.

Where donors are front-loading or repurposing funds from existing commitments for the coronavirus response, they must follow up with new funding commitments for the recovery period to ensure adequate resources are available in the aftermath of this crisis.

Oxfam calculates that OECD DAC countries' fair share of aid needed by poor countries to face the pandemic is close to \$300bn. This is only a fraction of the trillions they are pumping into their own economies. It is also less than the combined wealth of the world's three richest men.

Diverting aid funds is not an option: during the Ebola crisis in Sierra Leone, there were nearly as many additional maternal and neonatal deaths as deaths from Ebola, due to reductions in life-saving care for pregnant women.

NO TIME TO CUT AID BUDGETS

The current outbreak should under no circumstances be used by rich countries as an excuse to cut aid budgets. This would be unjust and show a complete lack of solidarity. It would also be self-defeating, as the virus could easily circle back to rich countries and further deepen existing economic challenges if not pre-emptively addressed.

In European countries, where deficit restrictions were loosened in response to the pandemic in tandem with monetary stimulus packages, there would simply be no justification to raid aid budgets. In a statement published a few months into the crisis, OECD donor countries committed to 'strive to protect aid budgets'.³³ This timid promise must be backed with strong donor commitments.

TIME TO REACH THE 0.7% TARGET

The crisis presents a chance to permanently fix a chronically underfunded aid system. It lays bare rich countries' persistent lack of political will to adequately fund the fight against poverty and inequality. Fifty years ago, rich countries committed to spend at least 0.7% of their gross national income (GNI) on aid.³⁴ This promise was first made at the UN in 1970, and has been repeatedly endorsed by most rich donors since then. Yet only five donors achieved it in 2019 – Luxembourg, Norway, Sweden, Denmark and the United Kingdom – and on average donors spend only 0.3% of their GNI on aid. Had all rich countries lived up to this promise, low- and middle-income countries would be in a much stronger position to face the impacts of this pandemic today. A massive injection of new aid funds in response to the coronavirus would be a chance for donors to finally reach the 0.7% target. It must, however, be noted that countries' GNI will likely decrease as a result of the recession, and it will therefore be key to ensure that the mechanical increase in aid as a share of GNI is accompanied by increases in absolute aid volumes.

A massive injection of new aid funds in response to the coronavirus would be a chance for donors to finally reach the 0.7% target.

A GLOBALLY COORDINATED AND LOCALLY LED RESPONSE

While governments will be driving their response to the crisis nationally, they cannot single-handedly face the challenge. The nature and scale of the crisis requires globally coordinated action, under UN and WHO leadership. Bilateral donors, the World Bank Group, International Monetary Fund and other multilateral development banks and financial institutions including the Vaccine Alliance (GAVI,) the Global Fund and UNITAID, should support plans that are driven and owned by country governments and communities.

Donors must work *with* governments and the structures they have set up to respond. Governments should be supported to manage the response according to their national plans and aid should be provided through country systems. This is key in order to strengthen public institutions, and

it must go hand in hand with governments' commitments to ensure fiscal transparency and accountability on aid spending. Creating parallel structures can lead to the weakening of the response and of local governance, over time.

But this approach will not always work for those who are the most marginalized or socially and politically excluded. The case for strong globally coordinated action is most clear in countries where governments are unable or unwilling to fully protect and assist their citizens or people seeking safety in their country. In countries like South Sudan or Yemen, where governments are party to an ongoing conflict, government-led action may not be trusted. In other countries, government control may be limited to specific geographic areas, and delivery of humanitarian assistance to the more rural areas or contested regions – which is often where need is greatest – through state structures may not be possible.

It is here that globally coordinated action must directly engage and support local and national organizations, businesses, media and National Red Cross/Red Crescent Societies to ensure the response reaches *everyone*. These local actors are at the front line of the defence for the people fleeing from areas experiencing violence and the impacts of conflict. Aid donors must provide dedicated funding for local actors, including for refugee- and women-led organizations. Donors should increase direct partnerships with local actors, require international NGOs (INGOs) to localize more of their aid, and provide the core support necessary for business continuity. UN agencies and INGOs should channel this funding flexibly, and ensure that national and local partners design, deliver and evaluate community-level responses. Those partners must have access to appropriate information and the outbreak coordination systems in order to quickly share information with communities and stop transmission. Local responders need personal protective equipment (PPE), adequate staff and the mandate to do their jobs without fear of discrimination. Strengthening local leadership is not just good policy during a crisis, it is also vital to ensure sustainable and equitable development, and build local institutions with the strength and capacity to respond to community needs.

3 FOCUS IMMEDIATE SUPPORT ON PREVENTION MEASURES, HEALTH, SOCIAL PROTECTION AND FOOD ASSISTANCE

As low- and middle-income countries shift their budgets towards responding to the outbreak, the measures taken should not come at the cost of other essential services and investments their populations require. International concessional emergency assistance is vitally needed so countries do not have to make these sacrifices and do not see their progress in achieving the Sustainable Development Goals (SDGs) further backslide. The window of opportunity to ensure low- and middle-income countries get this help and have a fighting chance of managing the crisis is rapidly closing.

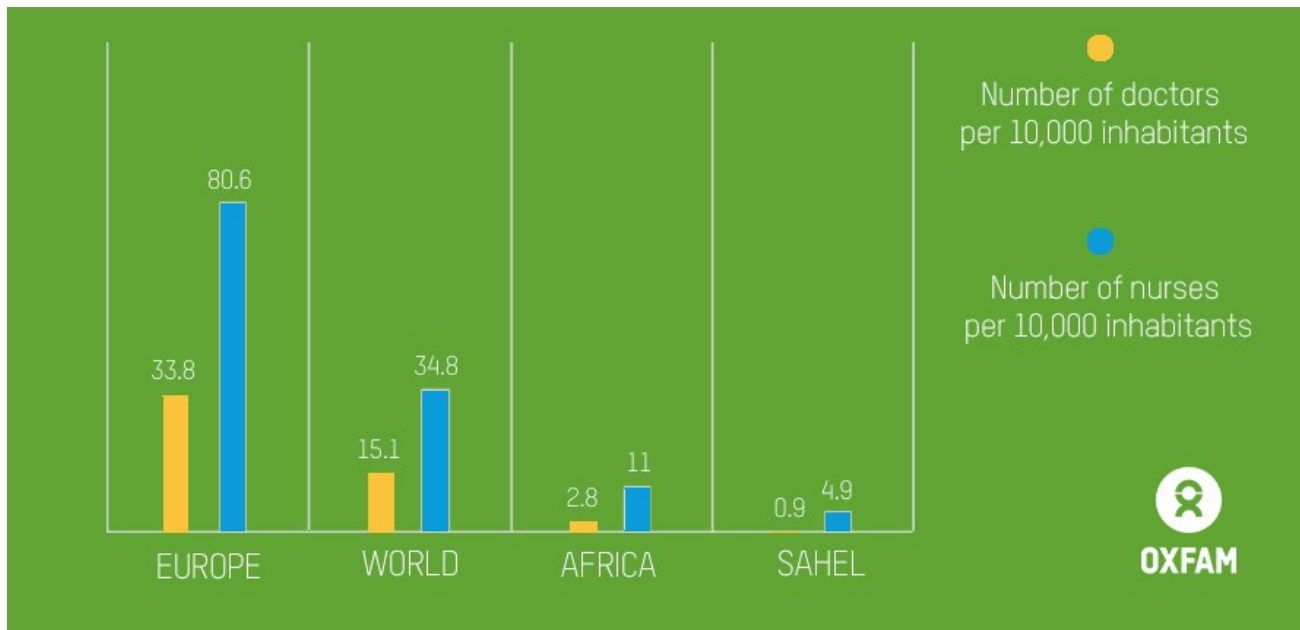
SUPPORT A GLOBAL PUBLIC HEALTH PLAN AND EMERGENCY RESPONSE

Prevention is better than cure, and the faster funds can be raised and disbursed the better chance there will be of sparing the poorest communities from the worst impacts of the virus. Acting now with early interventions would have tremendous benefits. Programmes should include providing clean water, ensuring access to handwashing facilities, sharing practical information in the right language to enable people to protect themselves against the virus, and engaging with communities to build trust in response efforts.

In poor countries, health systems are in no position to cope with COVID-19 cases. They are underfunded, with average health spending at only \$41 per person in 2017 for low-income countries, compared with \$2,937 in high-income countries – more than 70 times greater.³⁵ The systems are ill-equipped, both in terms of health worker numbers and medical supplies and equipment. In Africa, for example, there are 2.8 doctors and 11 nurses per 10,000 people, compared with 33.8 and 80.6 in Europe (see Figure 1).³⁶

Across low-income countries, average health spending was only \$41 per person in 2017, compared with \$2,937 in high-income countries – more than 70 times greater.

Figure 1: Unequal access to health workers



Source: World Health Organization. (2019). *World Health Statistics 2019: Monitoring Health for the SDGs*. <https://apps.who.int/iris/bitstream/handle/10665/324835/9789241565707-eng.pdf?ua=1>

Malawi has approximately 25 intensive care beds. The Mali government has only three ventilators per 10 million people,³⁷ the Central African Republic has only three for the whole country,³⁸ and 10 African countries have none at all.³⁹ These health systems are already stretched thin, as the overall infectious disease burden is far higher in low- and middle-income countries than in rich nations. Every day over 4,000 people die from tuberculosis, on average,⁴⁰ and nearly 1,200 are killed by malaria,⁴¹ most of them children. We know from the experience of Ebola outbreaks that the number of lives lost due to other causes is at risk of rising dramatically as health systems could become overwhelmed with COVID-19 cases. Oxfam has called for donors to urgently fund an ambitious Global Public Health Plan and Emergency Response,⁴² now, to stop the virus from spreading and prevent millions of deaths. In particular, donors should support countries to provide healthcare free of charge, including coronavirus tests and treatment; to suspend insurance co-payments; and to ensure universal access to healthcare without discrimination. It would cost approximately \$159bn to double the public health spending of the world's 85 poorest countries.⁴³

Box 1: Oxfam is calling for a Global Public Health Plan and Emergency Response to the coronavirus⁴⁴

Immediate action is needed to shore up public health systems now and for the long-term, making them fair and accessible to all and saving millions of lives:

1. **Prevention.** Huge investments must be made in prevention: public health promotion and communication; community engagement and education; access to water and sanitation, especially handwashing facilities; and free testing for all. Urgent funding and equipment must also be provided to local NGOs already responding across the world.
2. **Ten million health workers.** Ten million new paid and protected health workers should be recruited in low- and middle-income countries to help slow the spread of this virus and to be there to treat and care for those affected.
3. **Free healthcare.** Governments must remove all financial barriers to people accessing all healthcare and deliver free testing and treatment to all who need it.
4. **Private must work for public.** Governments must requisition or find other means to utilize all private healthcare facilities to increase capacity to treat and care for infected patients and to meet ongoing essential health needs. Actions must be taken in the public interest and profiteering must play no role.
5. **Vaccine and treatment for all.** Global agreement must be reached that vaccines and treatments, when approved for use, will be a global public good, available to all who need them for free, and that rich countries will provide enough funding to make them available rapidly to the whole of humanity.

SUPPORT URGENT SOCIAL PROTECTION MEASURES

Strong universal social protection systems can provide fast, direct and specific support to affected populations, both in cash and in kind; help deal with illnesses and income loss; organize collective solidarity; reduce inequality; and avoid economic recessions. Yet four billion people do not currently have any formal social protection⁴⁵ and are taking the biggest hit of the unfolding economic crisis.

With a short-term view and knowing the urgency, donors should act now and support countries to expand the coverage of current schemes and increase pay-outs in order to protect as many households as possible. Where no adequate social protection schemes exist, donors should support governments of low- and middle-income countries in providing income support by way of new cash transfers. With a long-term view, the support provided today may help to build sustainable, universal and comprehensive social protection systems that work not just for the emergency but for the post-outbreak world. New measures must uphold women's independent right to social protection – which will be paramount to alleviate their increased unpaid care work during the crisis – and make sure benefits are adequate and reliable, coverage universal, protection

Four billion people do not have any formal social protection and are taking the biggest hit of the unfolding economic crisis.

comprehensive, financing progressive and governance accountable. Social protections for increased resilience are particularly important, as climate impacts are simultaneously creating additional stressors for the poorest and most vulnerable people.

For the poorest countries, providing even a minimum social protection floor is out of reach.⁴⁶ We urgently need to set up an international financing mechanism for social protection – partly funded by aid money – that will enable the poorest countries to provide a universal social protection floor for every citizen. This floor should include pensions, unemployment benefits, child grants and protection for people with disabilities, and these schemes should be maintained even in times of severe crisis. This is an international obligation that is long overdue.

Providing flexible aid through governments could leverage additional resources and allow more fiscal space to provide cash packages to citizens. For example, cancelling Ghana's external debt payments in 2020 would enable the government to give a cash grant of \$20 a month to each of the country's 16 million children, disabled and elderly people for a period of six months.⁴⁷

RECOGNIZE AND RESPOND TO FOOD INSECURITY CAUSED BY THE CORONAVIRUS

Even before the pandemic, 820 million people did not have enough food to maintain healthy, nutritious diets. Millions more are currently at risk of going hungry due to swarms of locusts sweeping across East Africa and devastating crops.⁴⁸

Food insecurity is a major factor contributing to poor health and weakened immune systems, adding to the overwhelming health challenge countries now face. As food markets are shut down, producers lose access to their fields, and labourers can no longer travel to work, the result will be broken supply chains with fewer consumers being able to access food. If the virus hits rural areas hard, the impact on food production could be substantial. Most people suffering from food insecurity live in rural areas,⁴⁹ but the pandemic risks impacting urban populations' food security as well, in particular those working in the informal economy and who depend on essential daily income to sustain themselves.⁵⁰ For these people, any increase in the price of food will be catastrophic. Taking into account gender is crucial: many food producers are women, and they will require support that responds to their specific needs. Women are often also responsible for providing food for their family in low- and middle-income countries, due to existing social norms, and may therefore eat last and least.⁵¹

Donors will need to take steps to protect food security in the hardest hit countries, especially net food-importing countries, which are more vulnerable to price and supply shocks. Responding to immediate needs will require delivery of cash (including through mobile payment systems

and blockchain technologies), and, where appropriate, food assistance in a timely fashion so that those living in poverty have the chance to purchase sufficient food before lockdown measures are put in place.

Donors and partner countries must also continue to invest in agriculture development, with a particular focus on territorial food systems,⁵² which through their diversity and local roots are best placed to ensure food security. Linking producers and workers to social protection, helping them to avoid having to sell farm assets, and assisting them in restocking inputs are all crucial short-term needs. Supporting government procurement schemes to purchase agricultural goods from smallholder farmers to increase (or establish) buffer stocks can also be valuable. Measures to maintain low-income consumers' purchasing power, through such means as cash transfers, vouchers or temporary employment, are essential.

ENSURE A QUALITY EMERGENCY RESPONSE

How the emergency response is provided will matter too. The importance of a globally coordinated and locally led response was highlighted in Section 2. Below are additional principles that should guide donors' immediate support.

Upholding development effectiveness and humanitarian principles

As the coronavirus confronts developing country governments with increased humanitarian need, donors must support them to manage a response according to their national requirements and plans. Donors should provide funding via mechanisms that allow for a nationally led response, with the full participation of national health systems, national disaster management agencies and local disaster response bodies. The response must engage civil society and affected people in all phases.

Donors, national governments and humanitarian actors in affected countries must operate transparently. Donors' support should be consistent with humanitarian principles,⁵³ international humanitarian and human rights law,⁵⁴ the principles of Good Humanitarian Donorship⁵⁵ and Grand Bargain commitments to adequate funding and local humanitarian leadership.⁵⁶ In keeping with the humanitarian-development-peacebuilding nexus approach, donors should provide humanitarian assistance in ways that remove barriers between humanitarian and development action and emphasize resilience building.

Providing a feminist humanitarian response

Structural gender inequalities and pre-existing social and cultural norms intersect with other identities (age, ethnicity, class, etc.) to determine access to resources, information and services as well as safety, security and care responsibilities.

A feminist humanitarian response, centred on gender equality and women's rights, is indispensable. Donors should recognize the crucial roles that women and women-led organizations will play in delivering the response and work in partnership with them. The response will differ according to the context (urban, rural, refugee and internally displaced persons (IDP) camps, etc.), so women's knowledge of their communities will be vital to meeting the needs of the most vulnerable people. Donors should also ensure their response includes both systematic gender mainstreaming and programming targeted to women and girls. They must consider increasing their support in response to increased gender-based violence during country lockdowns. Finally, it will be key that coordinating bodies collect, utilize and disseminate sex- and age-disaggregated data.

Protecting refugees, migrants and IDPs

At the end of 2018, 71 million people were forcibly displaced from their homes by climate impacts, violence, conflict and persecution,⁵⁷ a number that likely increased in 2019.⁵⁸ Communities in refugee and IDP camps and informal settings are at increased risk of infection, and prevention and the response is more challenging. Many live in crowded conditions with poor sanitation, lack of sufficient safe water and inadequate healthcare services. Time is running out to prevent the disease from gaining a foothold.

Donors' responses to the coronavirus must ensure that refugees, migrants, IDPs and their organizations, including those led by women, are included in country, regional and local preparedness and response planning and implementation. These organizations will play a key role in community-led responses that ensure access to accurate and timely information in the appropriate language(s) and address the specific risks and needs of their populations. Everyone, regardless of legal status or identity, should have access to healthcare and other essential services without fear of deportation or detention, criminalization, exploitation or abuse. Funding should be additional to pre-existing refugee and humanitarian response plans. Maintaining the rights to asylum and *non-refoulement* will be paramount, as well as ensuring that refugees, migrants and IDPs are not stigmatized.

Protecting civic space

Extraordinary measures are necessary to stop the spread of coronavirus, but they must be balanced by extraordinary protections of human rights. Emergency measures to combat the virus must be proportionate, non-discriminatory and in place only for as long as necessary. From

Emergency measures to combat the virus must be proportionate, non-discriminatory and in place only for as long as necessary.

suspension of parliamentary oversight in some countries to the excessive use of force by security bodies and increased surveillance of citizens,⁵⁹ Oxfam is alarmed that emergency measures undertaken in response to the coronavirus are being used by opportunistic governments to repress those with opposing views and manipulate the socio-political environment.

The efforts of humanitarian and civic actors, both formal organizations and informal groups that have arisen to meet urgent needs during the crisis, add essential strength to the collective response. Civil society will fill gaps in services and connect with marginalized communities in distress that overburdened official institutions cannot reach. Accordingly, donors must protect humanitarian access and work to ensure that governments do not use emergency measures and special legislation as a tactic to criminalize civil society organizations (CSOs), humanitarian actors and human rights defenders, and obstruct their legitimate work.

4 RESHAPE THE FUTURE OF AID FOR MORE EQUAL AND RESILIENT SOCIETIES

The coronavirus crisis threatens global efforts to tackle poverty, inequality and the climate crisis. It will potentially undo decades of poverty reduction⁶⁰ and further derail collective progress towards the SDGs. But every crisis is also an opportunity to do things differently. This crisis should be a wake-up call for donors to reshape the aid system and its medium- and long-term priorities in order to maximize aid's contributions to building a world free from poverty and inequality and helping address the climate crisis, keeping alive the chance of limiting global heating to 1.5°C. We must seize this change to rebuild better and to repair the systems that made so many people so vulnerable in the first place.

In particular, donors should:

FIGHT ECONOMIC INEQUALITY THROUGH SUPPORTING SOCIAL SPENDING AND PROGRESSIVE TAXATION

Fund inequality-busting public services

Free and quality public services have a proven track record when it comes to reducing both poverty and inequality. Sectors like health and

education receive an important share of aid budgets, but this share has been decreasing over the past decade as donors increasingly prioritize sectors such as infrastructure and banking.⁶¹ Now more than ever, donors must invest in strengthening public institutions to deliver quality essential services. This support should be delivered through **budget support** wherever possible, as this is the most effective way to build country systems in the long run. Where this is not possible, funding should be channelled to local and international humanitarian agencies and there should be clear plans to hand projects over to national governments in the long term, in line with the humanitarian-development nexus.

Beyond the immediate response to the health crisis, support free, quality public health systems

In poor countries, aid makes up 29% of total health spending⁶² and plays a life-saving role in strengthening public health systems and fighting diseases. Since its creation in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has helped save more than 32 million lives. In 2018 alone, UNFPA support allowed for nearly 3 million deliveries to be assisted by a skilled birth attendant, limiting maternal mortality rates.

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Aid has enabled major progress on health, but it is not enough. The coronavirus pandemic highlights the catastrophic consequences of weak, underfunded and unequal health systems and has also shown that when a virus can spread so quickly, universal public health is a global concern. It should spur unprecedented efforts to build fairer health systems, remove all financial barriers to health and ensure universal health coverage is reached by 2030. Measures for providing free healthcare that might be taken during the crisis should not be temporary, but permanent. In Democratic Republic of Congo (DRC), the government decided to provide free healthcare in response to an Ebola outbreak that started in 2018. Not only was this instrumental in helping tackle Ebola, but it also improved healthcare across the board; visits for pneumonia and diarrhoea doubled, and the number of women giving birth in clinics grew by between 20% and 50%. These gains were immediately lost once free healthcare was removed.⁶³

Rich countries' aid to support health systems in poor countries was just \$16bn, or 0.03% of high-income country GDP in 2017, falling from its high point of \$18bn in 2014.⁶⁴ It is high time to reverse this trend. It is also imperative that donors stop backing the privatization of health services, as it exacerbates inequality by creating two-tiered systems. Private health provision can result in situations where people living in poverty pay for services of dubious quality, while wealthy people can afford high-end health facilities. Every second, three people are pushed into extreme poverty paying for health fees.⁶⁵

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Support free, quality public education

The coronavirus pandemic is resulting in an immediate education crisis, with almost 90% of students – over 1.3 billion – out of school worldwide due to school closures.⁶⁶ How well children do through this crisis will

largely be determined by their parents' income. The school closures will have long-term effects on educational outcomes, especially for children living in poverty, but they will also negatively impact the safety of children, the number of children who experience abuse or hunger, and the number of teenage pregnancies.⁶⁷

Aid provides much-needed support to strengthen public education systems in low- and middle-income countries. Thanks to multilateral funding through the Global Partnership for Education (GPE), 347,000 teachers were trained in 2018 (up from 98,000 in 2014), and thanks to aid funding, Sierra Leone was able to pledge to guarantee 12 years of free education for all. Donors must increase their funding to education, focusing on both access and quality. In the immediate term, donors should pledge additional money to the pandemic-specific fund set up by the GPE.⁶⁸

Donors must also stop all support to for-profit education, which can exacerbate segregation and exclusion, result in inadequate education quality, lead to avoidance of standards and regulations, and result in poor labour conditions.⁶⁹ The recent commitment by the World Bank Group's International Finance Corporation (IFC) to freeze investments in private for-profit pre-primary, primary, and secondary schools is a major step in the right direction, and bilateral donors and their private finance arms should follow suit.⁷⁰

The recent commitment by the IFC to freeze investments in private for-profit pre-primary, primary, and secondary schools is a major step in the right direction toward upholding the right to education.

Scale up aid in support of social protection

The coronavirus illustrates more drastically than ever before the vital role cash grants and other forms of universal social protection can play in tackling inequality and protecting vulnerable people, both in normal times and in times of crisis. In many of the poorest countries, aid is already crucial in supporting governments to provide social protection. In fact, aid provides 100% of the funding to social protection programmes in six low-income countries in sub-Saharan Africa and even makes up a significant share in some middle-income countries, including Kenya and Ghana, where donors fund one-third and one-fifth, respectively.⁷¹ But donors spend a woefully small share of their aid in support of social protection, a meagre 0.7% of total official development assistance (ODA) in 2018, just over \$1bn.⁷² Donors must urgently scale up their aid in support of social protection schemes. Where possible, they must channel their aid through existing national social protection mechanisms, while strengthening these systems in line with international standards and developing pathways for sustainable financing of such systems, based on domestic resource mobilization.

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Enhance aid in support of building equitable tax systems

The pandemic will have an enormous impact on domestic revenue mobilization (DRM). It will cripple most countries' capacity to sustain national responses to the coronavirus, as well as to finance the extraordinary public investments that will be needed during and after this

crisis. Donors must maintain or surpass their commitments to aid for DRM. Most importantly, DRM cooperation must prioritize building equitable tax systems,⁷³ as they are resilient in times of crisis and will help reduce the inequalities that created so many vulnerable households in the first place. Donors must also address the failures in policy coherence, which have undermined efforts to curb tax avoidance and other harmful tax practices. As the Addis Tax Initiative (ATI) prepares its 'post-2020' agenda, concrete commitments to improve equitable DRM, policy coherence and the social contract are essential.

SECURE A FEMINIST RECOVERY

The pandemic threatens to exacerbate already unacceptably high levels of gender inequalities. Although the virus appears to be killing men at a higher rate than women,⁷⁴ women will suffer more in other ways. For example, 70% of the world's health workers are women, and they make up an even higher proportion of nurses.⁷⁵ Women are far more likely to work in the informal sector, and are therefore far more likely not to have any employment rights.⁷⁶ It is women who are the ones providing the majority of unpaid care,⁷⁷ which is expanding exponentially in the face of this virus. The problem will also be compounded if this pandemic is followed by austerity, like after the 2008 financial crisis. Cutting child and elderly care services and public health systems traps women at home. A home that is not always safe: reports are already showing that domestic violence has doubled in confined provinces in China,⁷⁸ and abuse is increasing in other countries implementing confinement measures as well.⁷⁹

In 2017–2018, despite steady increases, aid dedicated specifically to gender equality and women's rights represented just 4% of total bilateral aid, with almost 60% of aid being totally gender blind.²⁰ In addition, just 1% of gender-focused donor aid to civil society went directly to women's NGOs in low- and middle-income countries in 2017–2018. While donors' self-reported gender equality funding figures have increased, it is unclear if the funding is actually for gender equality work. Oxfam's research has found that there is a major gap between self-reported funding (as reported against the OECD DAC Gender Marker) and high-quality gender equality projects.⁸⁰

Now is the time for donors to truly rethink their aid so that it lives by feminist principles, puts gender equality and women's rights organizations at the heart of all programming going forward, and empowers women and women-led organizations.

Donors must maintain or surpass their commitments to aid for DRM. Most importantly, DRM cooperation must prioritize building equitable tax systems, as they are resilient in times of crisis and will help reduce the inequalities that created so many vulnerable households in the first place.

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REBUILD A MORE SUSTAINABLE AND RESILIENT FUTURE

Strengthen the citizen-state compact

The importance of a strong citizen-state compact, where effective institutions are held to account by active citizens, is never more apparent than in periods of crisis. In the future, aid should play a stronger role in supporting this compact.

This means building strong and accountable government systems.

Low- and middle-income countries should decide how to use aid to support their recovery and development objectives. Donors can respect country ownership by aligning their aid to national strategies, providing it through the countries' own systems (to date, just 55% of aid disbursed by DAC donors to governments in low- and middle-income countries has used country systems⁸¹), and providing long-term, predictable and transparent funding. Donors should not include any economic conditionalities in financing packages when helping countries face and recover from the crisis. They should, however, secure public commitments from governments to rapidly scaling up investments in public health and social protection of citizens as their top priority, and seek commitment to disclose fiscal, budget and spending data to ensure the money is spent transparently and accountably. Through its global FAIR program, Fiscal Accountability for Inequality Reduction, Oxfam supports civil society campaigns in more than 40 countries to 'follow the money' and support equity in government tax, budget and expenditure decisions.⁸²

A functioning citizen-state compact **also means strong support for active citizens in holding their governments to account.** Donors must prioritize access to information and an enabling environment for civil society in their partnerships with governments during the crisis response and recovery. They should increase direct support to CSOs, women-led organizations, social movements and alliance building, with flexible funding mechanisms that enable CSOs to adapt in volatile political environments. Donors should particularly enhance funding going towards local CSOs, which received less than 1% of bilateral aid in 2017.⁸³

Donors should urgently enhance funding towards local CSOs, which only received less than 1% of bilateral aid in 2017.

Build a human economy

The crisis reveals the failures of the current neoliberal economic model, which focuses on deregulation, privatization, liberalization and extending market mechanisms into increasing areas of human activity, and concentrates wealth in the hands of a few. But it is also an opportunity to change course and build human economies – economies that are more equal, empowering and sustainable and that are better able to create decent economic opportunities and support resilient development for women and those living in poverty, while guaranteeing the future of our planet.

Aid can play its part in making this happen.⁸⁴ It can help create decent jobs by supporting workers' organizations and incentivizing international businesses to uphold human rights throughout their supply chains.

It can support agricultural producers, workers and rural communities. It can do this through public investment aimed at raising the productivity of agriculture in ways that restore and protect the environment and address the climate crisis. At the same time, it should end excessive subsidies to large producers and investments in land acquisitions that dispossess smallholders, local communities and indigenous people. It can foster local food systems that promote nutritious foods that protect the health of the community.

Aid can also foster alternative business models that share profits by design and that prioritize the interests of women, workers, smallholder farmers, communities and consumers.

Support a green recovery

As countries recover from this public health emergency, it will be paramount not to go back to business as usual, but instead support a resilient, sustainable, inclusive and climate-friendly economy that aligns with limiting global heating to 1.5°C. A strong green recovery must play its part in getting us there. Climate finance flows must be additional to aid and should focus on protecting the most vulnerable people first. Funding should be channelled to climate adaptation and resilience in the wake of increasing disruptions to the lives and livelihoods of those living in poverty and communities on the frontline of the climate crisis. This pandemic has laid bare how vulnerabilities exacerbate inequalities. Societal resilience hinges on collective efforts to safeguard the lives of those who are most vulnerable. Climate change is not a distant threat: we are already in a climate crisis, with tens of millions of lives and livelihoods lost to pollution and climate change each year and the impacts accelerating over decades.

ENSURE AID NEVER EXACERBATES INEQUALITY

More grants, fewer loans, no debt

Poor countries are already struggling with debt servicing, which restricts their ability to respond to crises. In 2018, low- and middle-income countries' total debt – private, public, domestic and external – had reached a record-high level of 191% of their combined GDP.⁸⁵ In early 2020, 46 countries were spending on average four times more on paying debts than they were on public health services.⁸⁶ In Ghana, debt servicing is 11 times higher than the government's health budget.⁸⁷

Yet, over the past decade donors have increasingly provided aid in the form of loans – bilateral aid loans grew by almost 50% between 2010 and 2018, while grants grew by just 13% over the same period.⁸⁸ Increasing future debt servicing through issuing more loans will only exacerbate this problem. Only grants and loans with high concessionality rates should be used to support these countries, and debts should be forgiven so that public resources are fully available to meet the needs of citizens. Scarce aid resources should also not be used to pay for existing debt servicing, nor should debt relief be reported as aid in future accounting of ODA spending. The IMF's recent announcement that it will provide debt relief to 25 countries in the wake of the crisis is a welcome step. However, not only does the plan lack ambition, being too little and supporting too few countries, but it will also result in aid contributions being used to pay for this IMF debt. Oxfam argues that the IMF can afford to cancel the debt payments itself by selling some of its gold reserves.⁸⁹

Bilateral aid loans grew by almost 50% between 2010 and 2018, while grants grew by just 13% over the same period.

Many partner countries will be in a position where they will have to take whatever is offered in order to survive the coming months. Donors have a responsibility to deliver resources that will not add to existing burdens.

Don't undermine public solutions

Donors and international bodies have been increasingly placing the private sector at the heart of their development strategies. The World Bank's 'cascade approach', which seeks to put 'private solutions first', is just one such example.⁹⁰ In 2018, DAC donors spent close to \$3bn in bilateral aid to promote, attract and subsidize private sector investments in low- and middle-income countries – a number that is relatively modest but is expected to grow in the future under mounting pressure to 'mobilize' private finance to fill the SDG funding gap.

While the private sector has an important role to play in achieving development goals with the right safeguards and in the right context,⁹¹ the coronavirus pandemic is an important reminder of the limits of market-based solutions when it comes to global challenges and common goods such as health, and of the harm that decades of erosion of state capacity has caused. The crisis is revealing the incredible importance of collective action, led by governments that are accountable to their people.

Now more than ever, we must ensure that the attention given to 'leveraging private finance' does not overshadow the importance of public funding and public solutions on the development agenda. The massive outflows of foreign direct investment (FDI) we are witnessing from low- and middle-income countries as a result of the crisis shows just how fickle private investments can be. This should encourage donors to proceed with caution when using scarce aid money to attract private investment in low- and middle-income countries, and instead focus on building state capacity to provide a healthy and accountable society and a responsible private sector to flourish.

Don't divert aid to serve national political and commercial interests

Donors should never put their own interests ahead of the interests of those living in poverty, and this will be even more critical in dealing with the current crisis. The significant financial packages being developed will be under pressure from domestic interests, which could jeopardize the effective delivery of aid. In 2016, donors awarded 51% of the aid contracts they report to the OECD to their own domestic companies, and just 7% to suppliers in the poorest countries.⁹² It is crucial that the donor community prioritizes the needs of partner countries ahead of their own short-term economic and political interests. In particular, they will need to make diagnostics, treatments and vaccines, when approved for use, freely available, without expensive royalty payments to pharmaceutical companies.

MOVE FROM CHARITY TO JUSTICE

The coronavirus pandemic reveals the importance of globally coordinated responses that bring all countries to the table. Northern donors – gathered through the OECD DAC – dominate the current aid system. The trend of growing international engagement focused on national interest rather than global cooperation must end. Now is the time to make the aid system more inclusive and legitimate, and for enlightened multilateralism to return to centre stage. As a minimum, this would require ensuring aid decisions are made not only by Northern donor countries, but on an equal footing with governments of low- and middle-income countries – including Southern development cooperation providers – and in consultation with civil society.

But this crisis should urge us to think bigger. By laying the foundations for a system that is not based on rich countries' willingness to 'give', but on an internationally agreed mechanism of redistribution from the wealthiest countries to the poorest countries, we could finally move from charity to justice.

5 CONCLUSION

History shows that crises often set the stage for major changes. International aid itself emerged as part of reconstruction efforts after World War II. The unparalleled crisis we face today will be a defining moment for the future of aid.

An unprecedented crisis calls for unprecedented solidarity. Immediate and decisive action is needed now, and at an extraordinary scale, to prevent the coronavirus from setting the fight against poverty and inequality back by decades. International aid, alongside debt

cancellation, the creation of new international reserves and progressive taxation, will be on the front line of the response.

If there was ever a time for international aid to prove its value, it is now. To measure up to this once-in-a-century crisis, save lives and build a better future, donors must: (1) urgently raise new international aid funds to help poor countries face the crisis; (2) prioritize supporting prevention measures, health, social protection and food security, in order to limit the outbreak and save lives, while respecting principles for quality assistance; and (3) reshape the future of aid to help build more equal and resilient societies, so that humanity is better prepared for future crises.

NOTES

All links were last accessed in April 2020.

- 1 WHO Collaborating Centre for Infectious Disease Modelling, MRC Centre for Global Infectious Disease Analysis, Abdul Latif Jameel Institute for Disease and Emergency Analytics, and Imperial College London. (2020). *The Global Impact of COVID-19 and Strategies for Mitigation and Suppression*. <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-12-global-impact-covid-19/>
- 2 A. Sumner et al. (2020). *Estimates of the Impact of COVID-19 on Global Poverty*. UNU-WIDER Working Paper. UNU-WIDER: Helsinki. <https://www.wider.unu.edu/publication/estimates-impact-covid-19-global-poverty>
- 3 UN Women. (2020). *The Impact of COVID-19 on Women*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>
- 4 UN Conference on Trade and Development (UNCTAD). (2020, March 30). *UN Calls for \$2.5 Trillion Coronavirus Crisis Package for Developing Countries*. <https://unctad.org/en/pages/newsdetails.aspx?OriginalVersionID=2315>
- 5 To date, there is no estimate of low- and middle-income countries' needs in terms of financial assistance in response to the health, social and economic impacts of the coronavirus. In the absence of a needs-based estimate, we used UNCTAD's aspirational figure of \$500bn as a basis for our fair share analysis. UNCTAD has called for \$500bn in aid to support low- and middle-income countries in response to the coronavirus, which represents a quarter of how much DAC donors would have spent this past decade if they had collectively met the commitment of allocating 0.7% of GNI to international aid (UNCTAD. [2020, March 30]. *UN Calls for \$2.5 Trillion Coronavirus Crisis Package for Developing Countries*. Ibid.). Instead of breaking the \$500bn down by past unfulfilled aid commitments, Oxfam chose to break it down based on countries' GNI, which is a proxy for their wealth and ability to contribute. In addition, we consider that in the spirit of a global response to a global pandemic, the wealthier countries of the world – not only DAC donors – should contribute to the coronavirus response, at least proportionately to their wealth. The members of the OECD Development Assistance Committee (DAC) together account for 58.52% of total global GNI, so their collective fair share of this aspirational \$500bn response is close to \$300bn (58.52% of \$500bn = \$292.6bn).
- 6 On 26 March 2020, leaders from the Group of 20 (G20), the world's 20 most powerful economies, pledged to 'inject \$5 trillion into the global economy, as part of targeted fiscal policy, economic measures, and guarantee schemes to counteract the social, economic and financial impacts of the coronavirus pandemic.' \$300bn in aid represents just 6% of \$5 trillion. See G20. (2020, March 26). *G20 Leaders' Statement: Extraordinary G20 Leaders' Summit – Statement on COVID-19*. [https://g20.org/en/media/Documents/G20_Extraordinary%20G20%20Leaders%E2%80%99Summit_Statement_EN%20\(3\).pdf](https://g20.org/en/media/Documents/G20_Extraordinary%20G20%20Leaders%E2%80%99Summit_Statement_EN%20(3).pdf)
- 7 According to *Forbes Magazine*, the three richest men in the world are Jeff Bezos (\$138bn), Bill Gates (\$104.4bn) and Bernard Arnault (\$93bn). Their combined wealth is \$335bn. *Forbes*. *The World's Real-Time Billionaires*. <https://www.forbes.com/real-time-billionaires/#51e0a72f3d78>
- 8 WHO Collaborating Centre for Infectious Disease Modelling, MRC Centre for Global Infectious Disease Analysis, Abdul Latif Jameel Institute for Disease and Emergency Analytics, and Imperial College London. (2020). *The Global Impact of COVID-19 and Strategies for Mitigation and Suppression*. Op. cit.
- 9 Ibid.
- 10 UN Women. (2020). *The Impact of COVID-19 on Women*. Op. cit.
- 11 H. Kashiwase. (2020). *Many homes lack basic handwashing facilities*. World Bank. <http://datatopics.worldbank.org/world-development-indicators/stories/many-homes-lack-basic-handwashing-facilities.html>
- 12 D. Moore. (2020, March 27). *'We Fear, But Have to Work': Isolation not an option for the poor of Nairobi*. *The Guardian*. <https://www.theguardian.com/global-development/2020/mar/27/we-fear-but-have-to-work-isolation-not-an-option-for-the-poor-of-nairobi-coronavirus>

- 13 World Economic Forum. *These Are the World's Five Biggest Slums*.
<https://www.weforum.org/agenda/2016/10/these-are-the-worlds-five-biggest-slums/>
- 14 World Health Organization and World Bank. (2017). *Tracking Universal Health Coverage: 2017 Global Monitoring Report*.
<http://pubdocs.worldbank.org/en/193371513169798347/2017-global-monitoring-report.pdf>
- 15 International Labour Organization (ILO). (2018). *Women and Men in the Informal Economy: A statistical picture*. Third edition.
https://www.ilo.org/global/publications/books/WCMS_626831/lang-en/index.htm
- 16 E. Graham-Harrison et. al. (2020, March 28). *Lockdowns Around the World Bring Rise in Domestic Violence*. *The Guardian*.
<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- 17 The Food Crisis Prevention Network (RPCA). (2020, April 2). *Restricted Meeting: Summary of conclusions*. http://www.food-security.net/wp-content/uploads/2020/04/RPCA2020_summary-of-conclusions_EN.pdf
- 18 *The Economist*. (2020, March 26). *The Coronavirus Could Devastate Poor Countries*.
<https://www.economist.com/leaders/2020/03/26/the-coronavirus-could-devastate-poor-countries>
- 19 UNCTAD. (2020, March 30). *UN Calls for \$2.5 Trillion Coronavirus Crisis Package for Developing Countries*. Op. cit.
- 20 World Bank. (2020, April 9). *COVID-19 (Coronavirus) Drives Sub-Saharan Africa Toward First Recession in 25 Years*. <https://www.worldbank.org/en/news/press-release/2020/04/09/covid-19-coronavirus-drives-sub-saharan-africa-toward-first-recession-in-25-years>
- 21 Oxfam. (2020). *Dignity Not Destitution: An 'Economic Rescue Plan For All' to tackle the Coronavirus crisis and rebuild a more equal world*.
<https://www.oxfam.org/en/research/dignity-not-destitution>
- 22 Z. Hansrod. (2020, March 28). *Covid-19 Could Kill Millions in Africa Without Immediate Action: UN chief*. Radio France Internationale.
<http://www.rfi.fr/en/international/20200328-covid-19-could-kill-millions-in-africa-without-immediate-action-help-wealthy-nations-un-chief-guterres-coronavirus>
- 23 UNCTAD. (2020, March 30). *UN Calls for \$2.5 Trillion Coronavirus Crisis Package for Developing Countries*. Op. cit.
- 24 See endnote 5.
- 25 See endnote 6.
- 26 According to *Forbes Magazine*, the three richest men in the world are Jeff Bezos (\$138bn), Bill Gates (\$104.4bn) and Bernard Arnault (\$93bn). Their combined wealth is \$335bn. *Forbes*. *The World's Real-Time Billionaires*. Op. cit.
- 27 UN Office for the Coordination of Humanitarian Affairs (OCHA). (2020, March 25). *UN Issues \$2 Billion Appeal to Combat COVID-19*. <https://www.unocha.org/story/un-issues-2-billion-appeal-combat-covid-19>
- 28 World Health Organization. (2020, April 20). *UN Agencies Issue Urgent Call to Fund the Global Emergency Supply System to Fight COVID-19*. <https://www.who.int/news-room/detail/20-04-2020-un-agencies-issue-urgent-call-to-fund-the-global-emergency-supply-system-to-fight-covid-19>
- 29 World Health Organization. *Coronavirus Disease 2019: Funding*.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners/funding>
- 30 Le Monde. (2020, April 9). *La France va consacrer près de 1,2 milliard d'euros à la lutte contre le coronavirus en Afrique*.
https://www.lemonde.fr/afrique/article/2020/04/09/la-france-va-consacrer-pres-de-1-2-milliard-d-euros-a-la-lutte-contre-le-coronavirus-en-afrique_6036084_3212.html

- 31 UNFPA. (2020). *We Must Address the Unique Vulnerabilities of Women and Girls Amid COVID-19*.
https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20Brief_%20UNFPA_Bayanihan%20Heal%20As%20One%20Act%20%282%29_0.pdf
- 32 L. Sochas et al. (2017). *Counting Indirect Crisis-Related Deaths in the Context of a Low-Resilience Health System: The case of maternal and neonatal health during the Ebola epidemic in Sierra Leone*. *Health Policy and Planning*, 32(3).
<https://doi.org/10.1093/heapol/czx108>
- 33 Organisation for Economic Co-operation and Development (OECD). (2020, April 9). *COVID-19 Global Pandemic: Joint statement by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD)*. <http://www.oecd.org/dac/development-assistance-committee/DAC-Joint-Statement-COVID-19.pdf>
- 34 OECD. *The 0.7% ODA/GNI Target – A History*.
<https://www.oecd.org/dac/stats/the07odagnitarget-ahistory.htm>

Members of the OECD DAC generally accepted the 0.7% target, at least as a long-term objective, with some notable exceptions: Switzerland – not a member of the UN until 2002 – did not adopt the target, and the USA stated that it did not subscribe to specific targets or timetables, although it ‘supported the more general aims of the Resolution’.
- 35 World Health Organization. (2019). *Global Spending on Health: A world in transition*.
https://www.who.int/health_financing/documents/health-expenditure-report-2019.pdf?ua=1
- 36 World Health Organization. (2019). *World Health Statistics 2019: Monitoring Health for the SDGs*. See Annex 2 – Part 4, pp.106-112.
<https://apps.who.int/iris/bitstream/handle/10665/324835/9789241565707-eng.pdf?ua=1>
- 37 Al Wihda. (2020, March 24). *Communiqué de Démenti du Gouvernement à Agence France Presse (AFP) Relatif au Nombre de Respirateurs Disponibles au Mali*.
https://www.alwihdainfo.com/Communique-de-Dementi-du-Gouvernement-a-Agence-France-Presse-AFP-Relatif-au-Nombre-de-Respirateurs-Disponibles-au-Mali_a84580.html
- 38 Norwegian Refugee Council. (2020, March 31). *Just Three Ventilators to Cope with Covid-19 in Central African Republic*. <https://www.nrc.no/news/2020/march/just-three-ventilators-to-cope-with-covid-19-in-central-african-republic/>
- 39 R. Maclean and S. Marks. (2020, April 18). *10 African Countries Have No Ventilators. That's Only Part of the Problem*. *The New York Times*.
<https://www.nytimes.com/2020/04/18/world/africa/africa-coronavirus-ventilators.html?action=click&module=Top%20Stories&pgtype=Homepage>
- 40 World Health Organization. *Tuberculosis*. <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>
- 41 World Health Organization. *Global Health Observatory (GHO) Data: Number of malaria deaths*. <https://www.who.int/gho/malaria/epidemic/deaths/en/>
- 42 Oxfam. (2020). *How to Confront the Coronavirus Catastrophe: The Global Public Health Plan and Emergency Response needed now*.
<https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620973/mb-confront-coronavirus-catastrophe-public-health-plan-300320-en.pdf?sequence=4>
- 43 Figures are for all low-income countries and lower-middle-income countries and assume that public spending on health is 60% of total spending, as reported. World Health Organization. (2019). *Global Spending on Health: A world in transition*. Op. cit.
- 44 Oxfam. (2020). *How to Confront the Coronavirus Catastrophe*. Op. cit.
- 45 ILO. (2017). *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals*.
https://www.ilo.org/global/publications/books/WCMS_604882/lang--en/index.htm

- 46 For 13 countries, relying on domestic resources only for social protection floors does not seem achievable. These are Rwanda, Niger, Togo, Haiti, South Sudan, Guinea-Bissau, Liberia, Mozambique, Malawi, Madagascar, Burundi, DRC and Central African Republic. M. Bierbaum et al. (2017). *Social Protection Floor Index: Update and country studies*. <http://www.socialprotectionfloorscoalition.org/wp-content/uploads/2018/01/2017-Social-Protection-Index.pdf>
- 47 Oxfam. (2020). *Dignity Not Destitution: An 'Economic Rescue Plan For All' to tackle the Coronavirus crisis and rebuild a more equal world*. Op. cit.
- 48 Oxfam. (2020, January 29). *Millions of Locusts Devastate Crops in East Africa in the Worst Outbreak in Decades – Oxfam Prepares to Respond*. <https://www.oxfam.org/fr/node/11732>
- 49 A.P. De La O Campos, C. Villani, B. Davis and M. Takagi. (2018). *Ending extreme poverty in rural areas – Sustaining livelihoods to leave no one behind*. Rome, FAO. 84 pp. Licence: CC BY-NC-SA 3.0 IGO. <http://www.fao.org/3/CA1908EN/ca1908en.pdf>
- 50 IFPRI. (2017). *2017 Global food policy report*. <https://www.ifpri.org/publication/2017-global-food-policy-report>
- 51 H. Botreau and M. J. Cohen. (2019). *Gender Inequalities and Food Insecurity: Ten years after the food price crisis, why are women farmers still food-insecure?* Oxfam. <https://www.oxfam.org/en/research/gender-inequalities-and-food-insecurity>
- 52 The term 'territorial food systems' refers to an integrated food system linking urban and rural areas.
- 53 OCHA. (2012). *Humanitarian Principles*. https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf
- 54 International Committee of the Red Cross (ICRC). (2004). *What is International Humanitarian Law?* https://www.icrc.org/en/doc/assets/files/other/what_is_ihl.pdf
- UN High Commissioner for Refugees (UNHCR). *International Human Rights Law*. <https://www.ohchr.org/en/professionalinterest/pages/internationallaw.aspx>
- 55 Good Humanitarian Donorship. *24 Principles and Good Practice of Humanitarian Donorship*. <https://www.ghdinitiative.org/ghd/gns/principles-good-practice-of-ghd/principles-good-practice-ghd.html>
- 56 Inter-Agency Standing Committee (IASC). *The Grand Bargain (Official website)*. <https://interagencystandingcommittee.org/grand-bargain>
- 57 UNHCR. *Figures at a Glance*. <https://www.unhcr.org/en-us/figures-at-a-glance.html?query=70.8%20million>
- 58 International Displacement Monitoring Centre. (2010). *Global Report on Internal Displacement 2020*. <https://www.internal-displacement.org/global-report/grid2020/>
- 59 R. Ratcliffe. (2020, April 1). *Teargas, Beatings and Bleach: The most extreme Covid-19 lockdown controls around the world*. The Guardian. <https://www.theguardian.com/global-development/2020/apr/01/extreme-coronavirus-lockdown-controls-raise-fears-for-worlds-poorest>
- 60 A. Sumner et al. (2020). *Estimates of the Impact of COVID-19 on Global Poverty*. Op. cit.
- 61 Development Initiatives. (2020). *Final ODA Data for 2018: What does the data tell us?* <https://devinit.org/publications/final-oda-data-2018/>
- 62 World Health Organization. (2019). *Global Spending on Health: A world in transition*. Op. cit.
- 63 Y.W. Hung et al. (2019). *Impact of a Free Health Care Policy in the Democratic Republic of the Congo During an Ebola Outbreak: An interrupted time-series analysis*. <https://ssrn.com/abstract=3420410>
- 64 World Health Organization. (2019). *Global Spending on Health: A world in transition*. Op. cit.

- 65 UN News. (2020, 21 January). *Healthcare's a human right, not 'a privilege for the rich' UNAIDS argues at Davos*. <https://news.un.org/en/story/2020/01/1055711>
- 66 UNESCO. *COVID-19 Educational Disruption and Response*. <https://en.unesco.org/covid19/educationresponse>
- 67 N. Peyton. (2020, 19 March). *Teen pregnancy risk rises as schools shut for coronavirus in Africa*. Reuters. <https://www.reuters.com/article/health-coronavirus-education-westafrica/teen-pregnancy-risk-rises-as-schools-shut-for-coronavirus-in-africa-idUSL8N2BC4GV>
- 68 GPE. (2020, 1 April). *Global Partnership for Education announces US\$250 million for developing countries battling COVID-19 (Coronavirus)*. <https://www.globalpartnership.org/news/global-partnership-education-announces-us250-million-developing-countries-battling-covid-19>
- 69 K. Malouf Bous. (2019). *False Promises: How delivering education through public-private partnerships risks fueling inequality instead of achieving quality education for all*. Oxfam. DOI: 10.21201/2019.4290. <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620720/bp-world-bank-education-ppps-090419-en.pdf>
- 70 World Bank Group. (2020, March 20). Letter from David Malpass, President of the World Bank Group, to the Honorable Steven T. Mnuchin, Secretary of the Treasury. https://financialservices.house.gov/uploadedfiles/malpass_ltr_mnuchin_3202020.pdf
- 71 Development Initiatives. (2018). *Investments to End Poverty 2018*. <https://devinit.org/publications/investments-end-poverty-2018/>
- 72 ONE's Aid Dashboard. <https://public.tableau.com/profile/one.campaign#!/vizhome/ONEsAidDashboard/ODADashboardpublic>
- 73 L. Cunha and C. Putaturo. (2020). *Supporting Fair Tax Systems: An analysis of EU aid to domestic revenue mobilisation*. ActionAid and Oxfam. https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2020-04/Supporting%20fair%20tax%20systems_an%20analysis%20of%20EU%20aid%20April%202020_ActionAid%20and%20Oxfam%20report.pdf. This paper outlines what ActionAid and Oxfam consider essential for a good quality aid-to-DRM project, i.e. country and regional ownership of DRM, fairness, inclusiveness and local empowerment.
- 74 C. Wenham et al. (2020). *COVID-19: The gendered impacts of the outbreak*. *The Lancet*, 395(10227), 846–848. [https://doi.org/10.1016/S0140-6736\(20\)30526-2](https://doi.org/10.1016/S0140-6736(20)30526-2)
- 75 World Health Organization. (2019). *Delivered by Women, Led by Men: A gender and equity analysis of the global health and social workforce*. <https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf>
- 76 ILO. (2018, April 30). *More Than 60 Per Cent of the World's Employed Population are in the Informal Economy*. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_627189/lang--en/index.htm
- 77 C. Coffey, et al. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam. DOI: 10.21201/2020.5419. <https://policy-practice.oxfam.org.uk/publications/time-to-care-unpaid-and-underpaid-care-work-and-the-global-inequality-crisis-620928>
- 78 Z. Wanqing. (2020, March 2). *Domestic Violence Cases Surge During COVID-19 Epidemic*. Sixth Tone. <http://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>
- 79 A. Taub. (2020, April 6). *A New Covid-19 Crisis: Domestic Abuse Rises Worldwide*. *The New York Times*. <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>
- 80 A. Grabowski and P. Essick. (2020). *Are They Really Gender Equality Projects? An examination of donors' gender-mainstreamed and gender-equality focused projects to assess the quality of gender-marked projects*. Oxfam. DOI: 10.21201/2020.5655. <https://policy-practice.oxfam.org.uk/publications/are-they-really-gender-equality-projects-an-examination-of-donors-gender-mainst-620945>

- 81 Global Partnership for Effective Development Co-operation (GPEDC). (2019). *Making Development Co-operation More Effective: Headlines of parts i and ii of the global partnership 2019 progress report*. http://effectivecooperation.org/wp-content/uploads/2019/07/GPEDC_2019-Report_Glossy_EN_web-1.pdf
- 82 Oxfam. Fiscal Accountability for Inequality Reduction – Even it Up! (F.A.I.R.-EIU) Global Track Record. <https://indepth.oxfam.org.uk/fair-track-record/>
- 83 OECD. (2019). *Aid for Civil Society Organisations: Statistics based on DAC Members' reporting to the Creditor Reporting System database (CRS), 2016–2017*. <http://www.oecd.org/dac/financing-sustainable-development/development-finance-topics/Aid-for-CSOs-2019.pdf>
- 84 C. Mariotti and C. Spoors. (2019). *Fighting Inequality to Beat Poverty: The role of UK international development*. Oxfam. DOI: 10.21201/2019.4344. <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620763/dp-fighting-inequality-uk-development-040619-en.pdf?sequence=1>
- 85 UNCTAD. (2020). *The Coronavirus Shock: A story of another global crisis foretold and what policymakers should be doing about it*. https://unctad.org/en/PublicationsLibrary/gds_tdr2019_update_coronavirus.pdf
- 86 D. Munevar. (2020). *COVID-19 and Debt in the Global South: Protecting the most vulnerable in times of crisis*. European Network on Debt and Development blog. https://eurodad.org/covid19_debt1
- 87 Debt servicing is 18.7% of GDP, and health spending 1.7%. D. Munevar. (2020). *COVID-19 and Debt in the Global South: Protecting the most vulnerable in times of crisis: Annex – Methodology and country figures*. <https://eurodad.org/files/pdf/5e6a690a4fb3f.pdf>
- 88 Development Initiatives. (2020). *Coronavirus and Aid Data: What the latest DAC data tells us*. <https://devinit.org/publications/coronavirus-and-aid-data-what-latest-dac-data-tells-us/#section-1-7>
- 89 Oxfam. (2020, April 14). *IMF's Gold Holdings Soar by Nearly \$20 billion Since Start of Coronavirus Pandemic*. <https://www.oxfam.org/en/press-releases/imfs-gold-holdings-soar-nearly-20-billion-start-coronavirus-pandemic>
- 90 D. Green. (2018, May 15). *How to Decode a UN Report on Global Finance (and Find an Important Disagreement with the World Bank on Private v Public)*. From Poverty to Power blog. <https://oxfamblogs.org/fp2p/how-to-decode-a-un-report-on-global-finance-and-find-an-important-disagreement-on-private-v-public/>
- 91 N. Agarwal, U. Gneiting and R. Mhlanga. (2017). *Raising the Bar: Rethinking the role of business in the Sustainable Development Goals*. Oxfam. <https://policy-practice.oxfam.org.uk/publications/raising-the-bar-rethinking-the-role-of-business-in-the-sustainable-development-620187>
- 92 Eurodad. (2018). *Development Untied: Unleashing the catalytic power of Official Development Assistance through renewed action on untying*. <https://eurodad.org/files/pdf/5ba3a41be1899.pdf>

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