

Two years in, where are we now with COVID-19?

WHAT WE'VE DONE AND WHAT'S LEFT TO TACKLE

April 2022

As we enter its third year, the COVID-19 pandemic undoubtedly has changed and evolved considerably; however, the virus and its impacts are still a current and urgent threat. Variants continue to proliferate, reinforcing how essential [global vaccine equity](#) is to ending the pandemic. And even as we start to make progress on our global goals for vaccination, the economic and social impacts of COVID-19 will be long lasting.¹

With the first two years of the pandemic in the rearview, it is important to evaluate what parts of the global response have gone well, and what areas need further attention. In this paper, we offer an assessment paired with policy recommendations to better meet the needs of people who are poor and vulnerable. In particular, we urge the US government to use its upcoming White House COVID-19 summit as a platform to commit to continuing the fight against the virus and its secondary impacts, and garner international support to do so.

Overall, while addressing the primary and secondary impacts of the pandemic remain of utmost importance, the funding to address them is insufficient. USAID has allocated or obligated previous supplemental funds, and a marginal increase to health and development funding in fiscal year 2022 will not address the primary and secondary impacts of the pandemic holistically. Additional supplemental resources are urgently required to protect people who are poor and vulnerable around the world, accelerate an eventual end to the pandemic, and foster a more sustainable recovery in the years to come.

Positive outcomes from the collective global response

COVID-19 has opened the door to reinvigorate US global leadership

The Biden Administration's global COVID-19 response has shown the US is not only engaging with other countries but is ready to take a leadership role in doing so. The leadership shown through the White House COVID-19 summit in September 2021 galvanized support from over 200 stakeholders including governments, civil society, and private sector to develop ambitious targets for ending the pandemic and preparing for the future, and we eagerly anticipate further positive outcomes from the upcoming summit in Spring 2022.² USAID's new \$400 million Global Vax Initiative is another positive step for US leadership, as this fund will strengthen supply chain and logistics as well as build confidence in the vaccine around the world.³ We furthermore commend the US government (USG) for its 2021 pledge of nearly \$16 billion toward the global vaccine campaign and the broader \$10.8 billion committed toward the international COVID-19 response.⁴ We also support the US commitment to share 1.2 billion vaccines with other countries, of which 516 million have already been shared.^{5,6}



REC: Continue to demonstrate leadership by funding global vaccination efforts and implore other leaders to do the same.



REC: Use upcoming summit to emphasize the urgency of the critical investment necessary to address future pandemics – both for vaccination equity as well as addressing secondary impacts.

Global poverty is increasing, but investments in social safety nets have proliferated

Global extreme poverty has grown for the first time in two decades.⁷ The global economy already lost over \$4 trillion in 2020-21 due to loss of tourism alone, and it stands to lose as much as \$28 trillion by the end of the pandemic.^{8,9} And while the pandemic has left no country or community unaffected, the impacts on communities that are already poor and vulnerable have been disproportionately worse.¹⁰ A World Bank study notes that by 2023, economic growth in emerging and developing economies will remain 4% lower than pre-pandemic trends while those in fragile states will remain 7.5% lower (advanced economies will have rebounded completely).¹¹ According to a World Health Organization (WHO)-World Bank study, the pandemic pushed more than 500 million people into or further into extreme poverty due to the cost of health services alone. One hundred sixty-four million migrant workers in the informal sector have been disproportionately impacted by the pandemic, and remittances could drop by 14% by 2021.¹² Globally, income decreased by 8.3% in 2020, resulting in a loss of US\$3.7 trillion, with income gaps in low-income countries widening and impacting young people, women, and low-skilled workers the most.¹³ Another key driver of poverty has been lost income due to the death or illness or disability of a caregiver, closed childcare and schools, and general global economic slowdown.¹⁴

While the world continues to face unparalleled vulnerability and loss, social safety nets have become more important than ever before. Social safety nets are one of the key tools that can be used to keep people who are vulnerable from backsliding into poverty. While it would have been more effective for countries to have social safety nets in place beforehand, the pandemic spurred many countries to put new policies in place – which should create additional protections for now and the future. According to UN Women, “115 countries have social protection measures that target or prioritize women...85 countries have fiscal measures that channel resources to female-dominated sectors...[and] 74 countries have labor market measures that target or prioritize women.”¹⁵ Additionally, 45 countries strengthened family and sick leave during the pandemic to assist parents and caregivers.¹⁶ The World Bank also increased its support to social protection operations, more than doubling their financial support to assist a projected 16 million participants.¹⁷ While this has been a positive advancement, it is essential to ensure that these kinds of programs continue to be funded rather than allow them to end once governments feel the pandemic is winding down. Where social protection is lacking, this often leads vulnerable households to rely on negative coping mechanisms, including selling of assets, children leaving school to work, and resorting to child marriage.



REC: Continue to invest in social safety nets for sustainable outcomes, programming quickly, effectively, and using the most appropriate modality for the context (i.e., cash or in-kind safety nets).

- Where cash programming is used, it should be linked to any existing or planned safety net programs, ensuring they are not supplanting national efforts, while also working to build resilience through [graduation approaches](#) and other models to help people transition from international aid to sustainable systems. Similarly, humanitarian food assistance should be purchased from local agricultural producers, which can have longer lasting impacts and which should be reflected in the [COVID-19 implementation plan](#).

Global cooperation has made strides, but we need more political will to achieve vaccine equity

The COVID-19 pandemic presented a unique opportunity for stakeholders from around the world to cooperate to face a common threat. Notably, the WHO-launched [ACT Accelerator](#) has been a powerful player in the COVID-19 response globally by working to “overcome vast global inequities by providing low- and middle-income countries with access to COVID-19 tests, treatments, vaccines and personal protective equipment.”¹⁸ However, the ACT Accelerator is still deeply underfunded, and a recent call from the WHO asks for US\$23 billion in order to end the global emergency of the pandemic in 2022.¹⁹ Global mechanisms lower barriers to access, but multiple channels are required to respond to needs both presented in the short term (e.g., GlobalVax, the African Vaccine Acquisition Trust [AVAT]) and long term (e.g., USAID health systems work, Global Fund Pandemic Preparedness and Response support for health systems). Further, more work is needed to ensure these global processes and networks are set up in a way that encourages the active participation and inclusion of global partners from Low-Income Countries (LICs) and Low Middle-Income Countries (LMICs), rather than wealthy countries alone.

While the United States has been a leader in helping to vaccinate the world, more progress is required. Without global vaccination coverage, the global community will be trapped in its ongoing cycle of new variants – resulting in more iterations of the virus, and rapid and larger outbreaks resulting in continued disruptions. Globally, the vaccination effort against COVID-19 was the fastest roll-out in history; however, low-income countries were left behind.²⁰ As of March 1, 2022, a total of 10.7 billion COVID-19 vaccine doses have been administered and 24.8 million more are being administered every day across the globe. However, inequalities in vaccine access is staggering: 70% of the doses administered globally have benefitted high and upper middle income countries, and as of March 19, 2022, “79% of people in high income countries had received at least one dose of a COVID-19 vaccine, compared with just 14% in low income countries.”²¹ Vaccine inequity continues to be driven by unequal production capacities and difficulty with vaccine delivery, including lack of necessary supply chain operations and trouble overcoming vaccine hesitancy.²² Furthermore, deals made by wealthy nations to secure vaccines for their own populations have driven up prices and potentially delayed COVAX deliveries.²³ The constant mutation of the virus makes a case for drastically increasing the rate of global vaccination.²⁴



REC: Continue to fund and lead on global efforts to treat and vaccinate against the disease.



REC: Fund multiple channels and keep working until equitable coverage is achieved

A new vision of localization has evolved, optimizing the utilization of existing networks

Amidst lock downs and the flight of many international aid workers, local civil society proved to be key players in responding to COVID-19 and its secondary effects. They were also essential to maintaining continuity in many essential existing programs, such as school feeding. Local civil society, particularly local faith networks, continue to be trusted members of the community, uniquely positioned to disseminate essential health information—such as around the safety and efficacy of vaccines, and can also reach the last mile—providing care to communities that are far from central or urban areas.²⁵ Through local partners, CRS has reached over 21 million people to date through on the ground efforts that help prevent the spread of COVID-19, bolster the capacity of local health responders, and assist families who are extremely vulnerable to manage the compounded impacts of the pandemic on their lives.²⁶ To continue this line of work and ensure that local partners are successful, the US must invest in a clear, consistent, measurable, and funded vision for local leadership.



REC: Support faith-based organizations and local actors and ensure timely delivery of funding.



REC: Clearly define commitments to localization, increase funding to local organizations, and measure progress.

The importance of public health systems is renewed

COVID-19 has increased public awareness around the importance of functioning public health systems, including their infrastructure and workforce needs. Americans are perhaps more invested in public health, and the USG’s role in global health, than ever before. A recent public opinion survey revealed that 62% of Americans believe that the US should play a leading or major role in the COVID-19 response, and that rate increased to 75% when they were told the US has enough vaccines stored to help other countries without diminishing its own supply.²⁷ Further, the US response has clearly demonstrated the speed and efficacy of global health responses when there is sufficient political will and resources. In addition to the likelihood of our world facing another global pandemic sooner rather than later (including ongoing virus variants), there are many existing health crises that could benefit from the kind of global health structures created over the past two years.²⁸

Given the increased public interest and the proven case of health investment, the USG has a unique opportunity to invest heavily in health systems strengthening and pandemic preparedness with the public’s support.²⁹ We applaud the increase of \$500 million for global health security funding in the FY22 appropriations process but continue to assess what more we can do to strengthen systems and prepare for future health crises. In particular, the USG should continue to invest in and expand upon the American Pandemic Preparedness Plan to ensure it fulfills its role of combatting against COVID-19 and also can be leveraged for health care systems strengthening for the future. Such systems strengthening could include investing in biosecurity preparedness, pandemic prevention, vaccine R&D, vaccine manufacturing

capacities, diagnostic technologies, infrastructure, and healthcare provider networks.³⁰ Furthermore, pandemic preparedness and response efforts must be embedded into routine health systems strengthening and locally led.

Beyond just COVID-19, enhanced health care systems are necessary to address other health concerns, which continue to grow around the globe. Advances toward addressing HIV, TB, and hepatitis have been set back decades, and 2020 saw a 20% increase in children missing basic vaccines compared to the previous year due to disruptions in immunization services.^{31 32} These setbacks are due to disrupted supply chains, increased inequalities for vulnerable people, the diversion of resources to focus on the pandemic, and interruptions in service provision due to lockdowns.³³ The pandemic has also had devastating mental health impacts, causing a 25% increase worldwide in anxiety and depression, with women and young people the most affected.³⁴



REC: Utilize opportunity of global attention and support to further invest in health systems.



REC: Invest in multiple channels aimed at addressing short- and long-term global health needs (e.g., Global Fund).

Areas needing greater attention

Educational Gains have been lost and continue to widen

While countries around the world have worked hard to continue providing education in the face of pandemic-related school closures, these efforts have not been able to make up for the learning disruption. The 1.6 billion learners who had their schooling interrupted due to school closures are anticipated to experience long-term negative impacts.³⁵ According to the World Economic Forum, “Students now risk losing \$17 trillion in lifetime earnings in present value, or about 14% of today’s global GDP, because of COVID-19-related school closures and economic shocks.”³⁶

Improved childhood care can result in positive outcomes for children, such as increasing early childhood development and reducing risks for violence, and for families as well—as caregivers are more likely to be able to go to work, it reduces stress for parents minimizing the impact of negative coping mechanisms, and it keeps families together rather than needing to send children away for care.³⁷



REC: Expand pre-primary and primary education, while ensuring safe and inclusive learning environments and extra support services for those children most at-risk, particularly girls.



REC: Expand access to childcare programs globally, ensuring they are accessible, inclusive, affordable, and safe for children.

Devastating loss of millions of caregivers

One of the most devastating impacts on children over the past two years has been the death of primary and/or secondary caregivers due to COVID-19. A new Lancet study reveals that over 6.7 million children have lost a parent or grandparent who “lived in their homes and was responsible for their needs and nurture,” with over 75% of these cases involving the death of a parent.³⁸ Countries have been unable to slow the skyrocketing rates of COVID-19-associated orphanhood, with a 90% increase in COVID-19-related caregiver loss over the past six months compared to the first 14 months of the pandemic.³⁹

COVID-19 caregiver loss is happening at a rate five times higher than what was experienced during the height of the HIV crisis—“it took 10 years for 5 million children to be orphaned by HIV/AIDS, whereas the same number of children have been orphaned by COVID-19 in just two years.”⁴⁰ Research indicates that the loss of a parent or primary caregiver can lead in the short term to mental health issues and increased risk for violence and exploitation, and in the long term can set children up for a higher risk of “economic, food and housing insecurity.”⁴¹ In addition to the loss of caregivers, the socio-economic impacts of COVID-19 are having dire impacts on vulnerable children and families’ health and well-being and increasing risks of violence, neglect, child labor, early child marriage and family separation.



REC: Invest in existing child-focused platforms such as USAID’s Children in Adversity Office and PEPFAR’s Orphans and Vulnerable Children and leverage USG support and investment to galvanize and leverage additional support from the World Bank, governments, and other donors.



REC: Provide holistic, layered and sequenced interventions to mitigate the extreme vulnerabilities children and families are facing due to caregiver loss and protect them from violence, neglect and family separation.



REC: Strengthen local leadership through social protection and social service system strengthening.

Rising hunger means we are no longer on track to meet Zero Hunger by 2030

A recent study on food security projects that COVID-19 has set back lowering undernourishment by four to eight years by 2040.⁴² The pandemic has become an exacerbating factor for acute food insecurity, adding to other major drivers of hunger including conflict, climate change, and economic downturn.⁴³ COVID-19 has caused loss of income sources, diminished social services as funds were redirected to COVID-19 efforts, barriers to humanitarian support, disrupted agricultural production, and spikes in food prices due to closed borders and disrupted supply chains.⁴⁴ In fact, in February 2022 the FAO reported its highest Food Price Index of all-time.⁴⁵

Prior to the COVID-19 pandemic, hunger was already an issue; 8.9% of the world’s population was undernourished in 2019 and acute food insecurity has risen over recent years.⁴⁶ However, in 2020 nearly 2.4 billion people were food insecure, an increase of 320 million people from 2019, and nearly one-third of the global population did not have access to adequate food in 2020.⁴⁷ The effects of the pandemic are expected to be long-lasting, with the FAO anticipating an additional 30 million people facing hunger in 2030 than would have occurred without the pandemic.⁴⁸



REC: Increase funding aimed at preventing malnutrition, including increased local production of supplementary and therapeutic foods.



REC: Strengthen investments in small-scale farmers.

Social ties of people to each other and to the state have broken down significantly

Although it was initially hoped that measures to decrease contacts between people would translate into a call for ceasefires and a decrease in conflict, in many contexts this has not been borne out in reality.² The pandemic has exacerbated many of the causes of intra- and inter-community conflict that existed prior to March 2020, rooted as they are in inadequate social protection mechanisms, lack of access to livelihoods and services, and state corruption.³ Data from the University of Denver’s International Futures model forecasts a 56% increase in the number of countries in conflict post-pandemic versus pre-pandemic levels.⁴⁹ Further, an original CRS study at the end of 2021 investigated the underlying determinants of social cohesion and conflict in the Philippines, Ghana, and Guatemala. The study found that vertical and horizontal social cohesion have been frayed by COVID-19 restrictions imposed by governments, the decimation of livelihoods with limited social protections, the unique COVID-19 impacts on women and girls, and the widespread presence of misinformation and its consequences.



REC: In support of the recently-published [U.S. Strategy on Countering Corruption](#), work with, and provide funding for, local civil society organizations to act as effective intermediaries between government authorities and communities.



REC: Support local civil society organizations encouraging women’s participation and leadership in the public and private spheres.



REC: Commit to providing resources to addressing the psycho-social needs of vulnerable groups—including the forcibly displaced, women, and children—in turn helping to address the secondary impacts of the pandemic, including increased tensions in the home.

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