

# POLICY PRIORITIES AND SUSTAINABLE LIVELIHOODS IN POST- CORONAVIRUS (COVID-19) WORLD

A Suliver Report

---





## Executive Summary

The outbreak of the Coronavirus (COVID-19) has caused increased vulnerability and unprecedented shocks in both rich and emerging countries around the world. Strategies designed to curtail the rapid spread of the virus, such as lockdown of communities, and stay-at-home orders, have disrupted supply chains, thereby resulting in a global economic recession.

The impacts and risks associated with the virus in wealthy and low-income countries are starkly different. While the advanced economies have the fiscal capacity to respond immediately with expansionary policies to cushion the harmful effects of the pandemic, low-income countries lack essential healthcare infrastructure and the economic resources to reduce the impacts of the pandemic on the livelihood of their citizens.

Countries need to rebuild livelihoods after the pandemic. Mapping the features of each economy and risks associated with a pandemic will enhance a country's ability to handle public health

emergencies. This policy will also allow governments and development agencies to understand existing vulnerabilities in communities and use such knowledge in subsequent policymaking and project designs for positive livelihood outcomes.

As the world struggles to curtail the spread of the pandemic, it is equally critical to design a strategy for a post-Coronavirus recovery. In an increasingly interconnected world, almost every element of modern life from healthcare, banking, farming, and employment to formal education are challenged as communities change behavior to reduce the spread of COVID-19.

Development agencies and humanitarian actors with a diverse range of skills are needed to help curtail the spread of the virus and restore livelihoods among the world's most vulnerable populations. These agencies will complement the efforts of national governments in low-income countries as they rebuild and restore livelihoods after the Coronavirus crisis.

## CONTENTS

### Executive Summary

Context: The Scale of COVID-19 Outbreak	3
COVID-19 Outbreak	4
The Origin of COVID-19 Pandemic	5
Living in the Age of Pandemics	8
Socio-economic Costs of the Coronavirus	9
The Coronavirus and the Gaps in Social Protection	11
COVID-19 Impacts on GDP and Livelihoods	12
COVID-19 Risk Assessment in Low-Income Countries	13
Post-COVID-19 Recovery and Livelihood Stabilization	14
COVID-19 and Public Health Infrastructures	16
Conclusions	18

### Boxes

Box 1: COVID-19 Prevention and Control in the Community

### Figures

Figure 1: Novel Coronavirus

Figure 2: Distribution of COVID-19 Cases Worldwide

Figure 3: Distribution of COVID-19 Deaths, Worldwide

Figure 4: Coronavirus Map

Figure 5: Global Examples of Emerging and Re-emerging Diseases

Figure 6: Economic Growth Projections

Figure 7: Best and Worst Countries for Epidemic Preparedness

### References

## Context: The Scale of COVID-19 Outbreak



There are two phases in the fight against the coronavirus. The first phase is when the virus is spreading as people are infected. The aim at this stage is to save people's lives and stop the spread. The second phase is post-coronavirus and recovery.

This report examines the livelihood and development risks associated with the coronavirus pandemic, and how the management of these risks can be improved, especially for the vulnerable communities in low-income countries. It is imperative to address the livelihood and economic challenges as part of the immediate response to the Coronavirus pandemic. There are two phases in the fight against the coronavirus. The first phase is when the virus is spreading as people are infected. The aim at this stage is to save lives and stop the spread of the virus. The earlier the disease is curtailed, and people treated, the better. The second phase in the fight against COVID-19 is the recovery planning in a post-pandemic world.

This phase is when the epidemic is under control with vaccines/drugs or other forms of treatment.

The goal during this phase is to revamp economic activities and rebuild livelihoods in communities. The pace of recovery will depend in part on policy measures taken to contain the spread of the virus.

Setting the goal of suppressing the spread of COVID-19 and treating infected people is the first step toward risk management and livelihood restoration. The coronavirus pandemic is a setback to recent gains made in poverty reduction or in improving share prosperity in low-income countries. The pandemic has proven to bring shared misery, economic decline, and disruption of known ways of

life on a global scale. As the World Bank rightly observed, there is a remarkable increase in global vulnerability resulting from outbreaks such as the COVID-19, which occur in complex humanitarian emergencies. As the most massive global health crisis in about a century, COVID-19 could further evolve into a livelihood crisis and food security emergency. The impacts and risks associated with the virus in rich and low-income countries are starkly different. These risks are further complicated by a unique convergence of ecological, political, economic, and social trends, including population growth, increased urbanization, a globally integrated economy, widespread and faster travel, conflict, migration, and climate change (GPMB, 2019, p.12). However, poor communities in low-income countries are likely to be disproportionately vulnerable. Against this background, this report will be guided by the following questions:

- How can vulnerable communities in low-income countries cope with, and recover from livelihood stresses and shocks of COVID-19, and maintain or enhance its capabilities, assets, and activities after the pandemic?
- What is the most effective approach to help poor and vulnerable communities maintain sustainable livelihoods in the two phases of the fight against the Coronavirus pandemic? This report was prepared with data from desk research.

Findings in this report are primarily based on desk research.

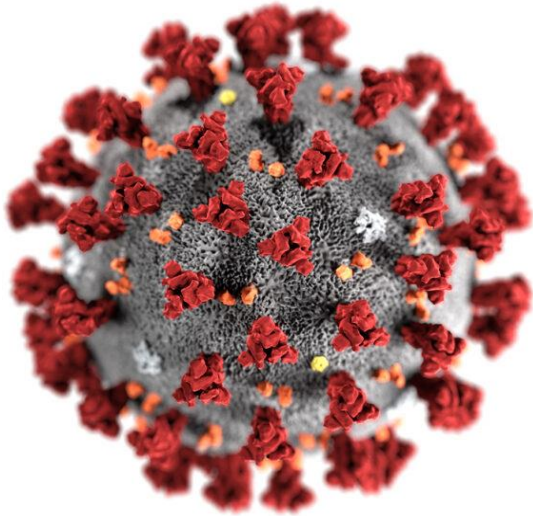
Information was drawn from publicly available records as listed in the references.

## COVID-19 Outbreak

The Coronavirus has reached a historical scale in terms of its impact on lives and livelihood. The Coronavirus, called COVID-19 (C-19), has caused almost a total shutdown of movement and business around the world. Figures by

Johns Hopkins University's Coronavirus Resource Center (2020) show that the coronavirus global cases have reached 1,099,389 with 58,901 deaths, and 226,603 cases of recovery from the disease<sup>1</sup>. Unfortunately, the capacity of C-19 testing is still low in low-income countries and vulnerable communities. This gap in C-19 testing does not provide good knowledge of the spread of the pandemic.

<sup>1</sup> These are the latest figures released by John Hopkins University as of April 03, 2020.



**Figure 1: Novel Coronavirus**

Above all, the shortage in testing makes it difficult for healthcare workers to identify people with the disease to isolate them for treatment and thereby curtail the spread of the disease.

## The Origin of COVID-19 Pandemic

The virus was first identified in Wuhan City, Hubei Province, China – with a population of 11 million people (Gardner, 2020). Today, the Coronavirus has spread to 180 countries. The rapid spread of COVID-19, its disruptive effects on livelihoods, and rising death toll (see Figures 2 and 3), have been compared to the deadliest infectious disease outbreaks in recorded history

The Bubonic Plague killed about 200 million people in Europe and Asia, causing pain and misery across the regions. In addition to the massive loss in human lives, the plague dealt a devastating blow to livelihoods, economic, and social progress in the areas.

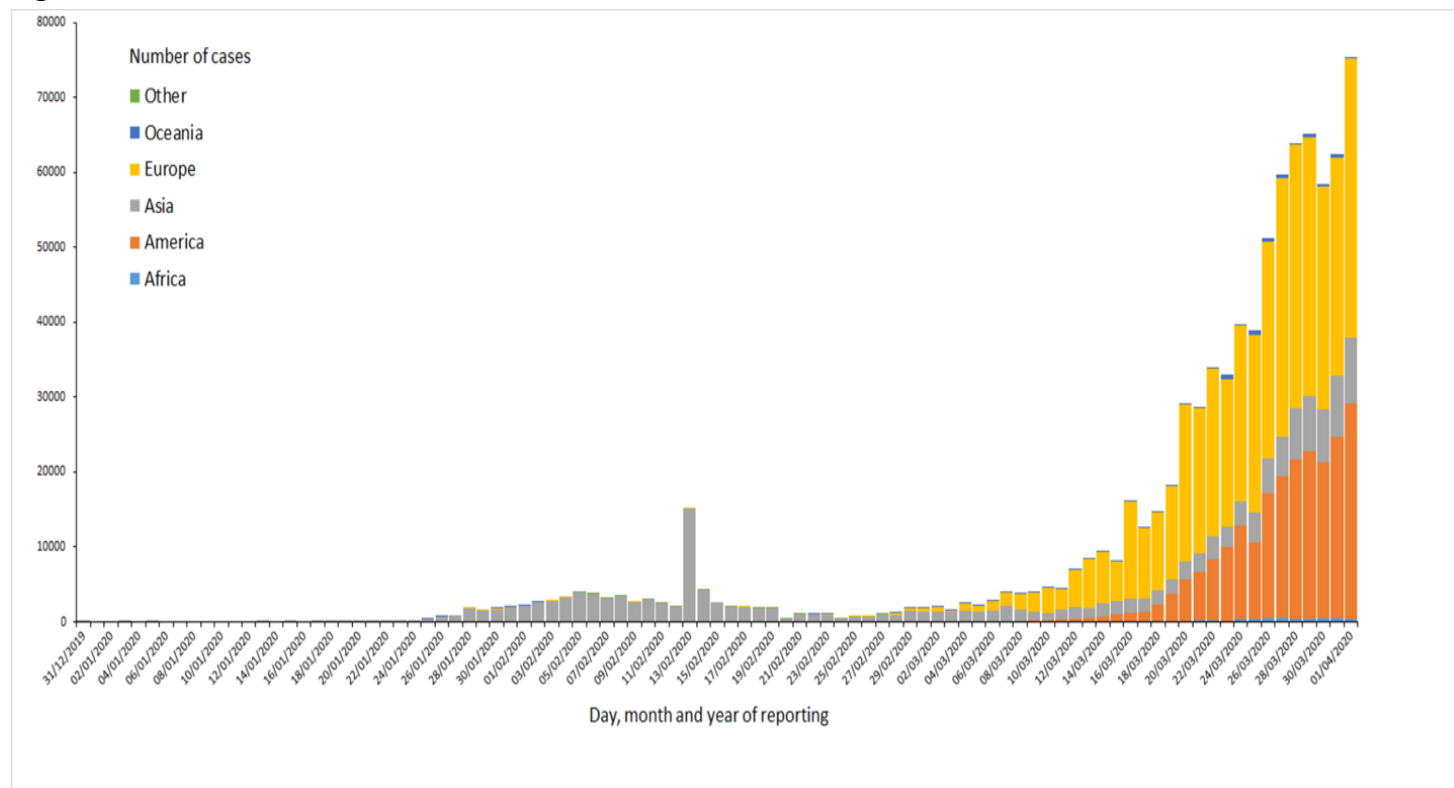
namely: the 1918 Influenza pandemic (Spanish Flu), and the Bubonic Plague. Historical accounts show that the Bubonic Plague killed about 200 million people in Europe and Asia, causing pain and misery across the regions. In addition to the massive loss in human lives, the plague dealt a devastating blow to livelihoods, economic, and social progress in the areas. While the novel Coronavirus and the Bubonic Plague may share common epidemiological attributes such as the rapidity and scale of its spread (see Figure 2), it is comforting to know that they are not comparable in many ways. Advancement in modern medicine has made plagues very rare. Compared to the Bubonic Plague, it is a much less significant risk to people in today's world.



However, both the plague and COVID-19 are infectious diseases that spread to humans from animals. In essence, they are both zoonotic. The Bubonic Plague spread between Asia and Europe by rats through flea bites in trade and cargo ships (circa, 1348-1351). Similarly, and as demonstrated in Figure 4, the Coronavirus, which originated in Wuhan City in China, has spread around the world in an unprecedented manner. The rapid spread of the COVID-19 is attributable to the increasing level of globalization, which has caused an increase in

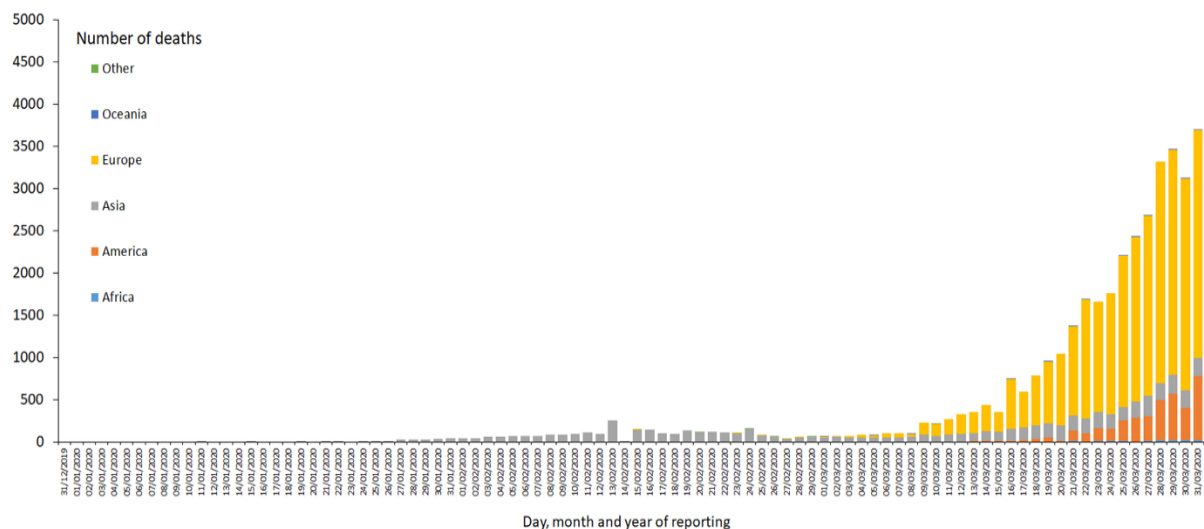
travel, human displacement, migration, and the movement of people across the globe. As a result, the outbreak of the infectious disease in remote villages can spread across the world in days. On the other hand, the plague and COVID-19 epidemics have staggering differences. Fortunately, and unlike in the 1300s, advancements in health sciences provide information on how infectious disease such as C-19 can be managed effectively in the community (see Box 1)

**Figure 2: Distribution of COVID-19 Cases Worldwide <sup>2</sup>**



Source: ECDC (2020a)

<sup>2</sup> Data represented in figures 2 and 3 are based on the available information as of April 1, 2020, from the ECDC. All data should be interpreted with caution as the outbreak is evolving rapidly.

**Figure 3: Distribution of COVID-19 Deaths, Worldwide**

Source: ECDC (2020a)

### Box 1: COVID-19 Prevention and Control in the Community

There is evidence from other respiratory infections that measures taken by individuals, such as rigorous hand hygiene, respiratory etiquette, and use of face masks when sick contributes to reducing the risk of transmitting/acquiring COVID-19 infections.

- Rigorous hand-washing schemes, including the washing of hands with soap and water for at least 20 seconds, or if soap and water are not available, cleaning hands with alcohol-based solutions, gels or tissues is recommended in all community settings in all possible scenarios. Organizations and private companies should ensure availability of sufficiently and suitably located washbasins and taps, as well as soap and hand gels, to encourage hand hygiene. Public health organizations should disseminate information on appropriate hand washing techniques. Proper hand hygiene will also reduce the transmission of other communicable diseases.
- Respiratory etiquette (i.e. covering the mouth and nose when coughing and sneezing) may mechanically block the droplet transmission that is believed to be the principal transmission mode for COVID-19. After coughing/sneezing, disposal of used tissues should occur, followed by immediate hand washing.
- The use of surgical face masks decreases the risk of infecting others when worn by a person with respiratory symptoms before seeking medical advice and while being assessed, until isolation. There is no evidence on the usefulness of face masks worn by persons who are not ill to prevent infection from COVID19, therefore this is not advisable [80]. It is possible that the use of face masks by untrained people may even increase the risk of infection due to a false sense of security, inappropriate use of the mask, and increased contact between hands, mouth and eyes without hand washing. In addition, in view of scenario 4, reserving PPE for use by healthcare workers should be a priority.



## Living in the Age of Pandemics

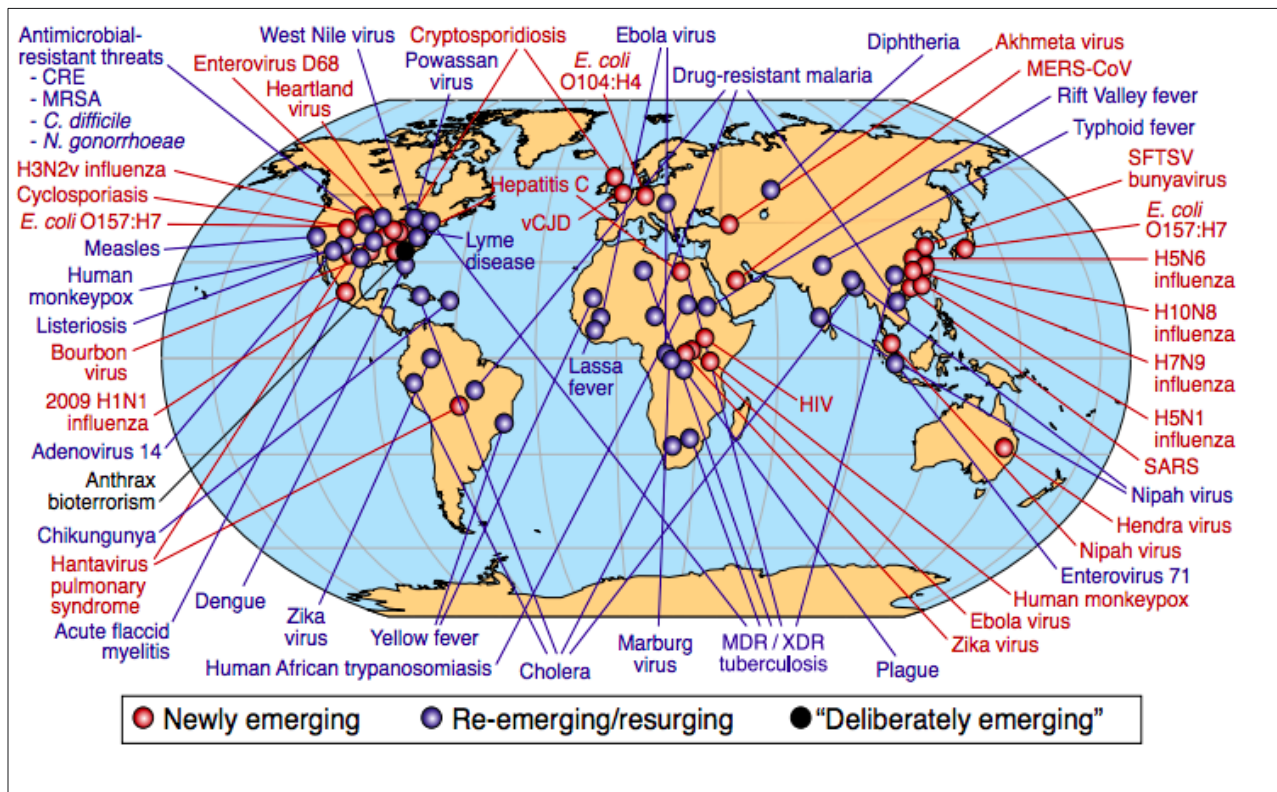
Epidemics and pandemics are parts of human existence. However, in the past decade, the world has witnessed numerous outbreaks of diseases with transnational implications more than any other time in history. According to the Global Preparedness Monitoring Board (GPMB), between 2011 and 2018, the WHO tracked 1483 epidemic events in 172 countries (GPMB, 2019). In the past couple of years, there has been the outbreak of deadly diseases, prominent among which are the Severe Respiratory Syndrome (SARS), H1N1 influenza pandemic, Middle East respiratory syndrome (MERS), Ebola, Zika and the Nipah virus (See Figure 5). It is now evident that the number and intensity of highly disruptive regional outbreaks, such as the 2014 Ebola in West Africa, are prevalent with increasing threats to

lives and livelihoods. The outbreak of these diseases has become the “new normal” in the global healthcare experience. In a 2014 publication, Smith, K.F. et al. report that “12,012 outbreaks, comprising 44 million cases and affecting every country in the world, were recorded between 1980 and 2013.” In the same vein, the WHO reveals that 7,000 new signals of potential outbreaks occur each month, generating 300 follow-ups, 30 investigations and ten risk assessments, distributed to inform operational partners globally. This trend is expected to grow steadily. Understandably, one may not be able to predict when and where the next outbreak will take place. However, as rightly observed by the Harvard Global Health Institute and the World Economic Forum, it is possible to identify factors that can make communities resilient to such outbreaks (2019). In the same vein, while outbreaks of infectious diseases may be inevitable, the disruptive impact on livelihoods can be mitigated.

Figure 4: Coronavirus Map



Source: John Hopkins University

**Figure 5: Global Examples of Emerging and Re-emerging Diseases**

Source: GPMB (2019, p.12)

The world has not recorded a massive scale of death due to the coronavirus, as was the case with the plague; hopefully, the COVID-19 pandemic will be contained and eliminated with time. However, COVID-19 has wreaked people's lives and livelihoods. As governments and international development agencies across the world struggle to bring the COVID-19 under control, the macroeconomic consequences in terms of disruption of businesses and livelihoods become clearer. Although the current pandemic is not a plague, however, the scale of the economic and livelihood impacts of the coronavirus may be likened to a metaphorical plague. The sobering reality of severe economic and livelihood downturns caused by COVID-19 is beginning to unfold in societies across the world.

## Socio-economic Costs of the Coronavirus

The livelihood and economic costs of the coronavirus outbreaks, which fall within the confines of the local and regional economies, can be examined through three channels: direct cost, indirect costs, and indirect deferred costs,

Economically, the direct costs are primarily medical expenditures linked to the outbreak at the macro level, coupled with the use of family savings to take care of a COVID-19 infected family member. Other secondary costs include

the social impact of stigma and isolation for coronavirus patients and their families.

The fall in productivity due to prolonged quarantine and lockdown constitutes the indirect costs of the coronavirus. The epidemic may destroy the fragile economic structure.

The shutdown of schools and children not able to attend schools and households that are unable to participate in social engagements such as religious or sporting activities, coupled with the disruption of other forms of community interactions, make up the differed indirect cost of the coronavirus in communities. As governments take precautionary measures to curtail the spread of coronavirus, movements are restricted, businesses are closed, many economies plunge into recession.

Unemployment is on the rise as people lose their jobs in both advanced and emerging or developing economies. The International Labour Organization (ILO) predicts that almost 25 million jobs could be lost worldwide as a result of the COVID-19 outbreak. The massive job loss is the result of the decline in economic activities, particularly on manufacturing and services, caused by constraints on people's movements. The implication is significant income losses for workers. The ILO estimates that the overall declines in labor income would be in the range of between USD 860 and USD 3,440 billion (ibid).

The impact of COVID-19 outbreak is estimated to add 8.8 million people in working poverty around the world in a low-scenario (ibid). Similarly, the sharp decline in global commodity prices will hit the extractive industry, especially oil exporters hard as demand decreases in China and other major importing countries. Consequently, a lesser proportion of economic losses from disease outbreaks, such as the COVID-19, are associated with the impacts on infected individuals. In essence, the bulk of the costs of disease outbreaks results from the change of behaviors by healthy people as they seek to prevent infection and spread of the disease.

The ILO estimates that the overall declines in labor income would be in the range of between USD 860 and USD 3,440 billion. The impact of COVID-19 outbreak is estimated to add 8.8 million people in working poverty around the world in a low-scenario.

## The Coronavirus and the Gaps in Social Protection

Millions in low-income countries encounter the COVID-19 pandemic with no protective social structure in place: they have no social security, no access to health care, and no social protection. The outbreak reminds us how broken the welfare state is in many countries. Above all, COVID-19 underscores the imperative for adequate social protection for all. The COVID-19 pandemic is having far-reaching economic and livelihood uncertainties in all countries, especially those in low-income regions of the world. The pandemic affects all populations. However, poor people living in slums and shantytowns in urban areas are more vulnerable. These vulnerable populations include poor workers who survive on daily wages. Altered behaviors aimed at suppressing the spread of the disease such as social distancing, self-isolation, stocking up on food and supplies and total lockdown of cities create difficult choices for the poor.

On the one hand, is the risk of getting infected and spreading the virus in an attempt to get food, and on the other is to be isolated and die of hunger. The UN World Food Program (WFP) has identified 49 countries at the highest risk of increasing food insecurity as a result of COVID-19 (WFP, 2020).

On the one hand, is the risk of getting infected and spreading the virus in an attempt to get food, and on the other is to be isolated and die of hunger. The UN World Food Program (WFP) has identified 49 countries at the highest risk of increasing food insecurity as a result of COVID-19.

The majority of these countries are in Africa, but other countries at risk include Yemen, Bangladesh, and Afghanistan. The pandemic will cause a combined supply-side and demand-side shock in the global food market, which may eventually push millions into hunger.

A large proportion of people in low-income countries such as those in Africa lack access to healthy food and adequate nutrition. Such groups depend primarily on food items supplied daily by smallholder farmers in the informal economy. With existing food insecurity in many poor communities, strict enforcement of isolation will result in starvation and diminished quality of life.



## COVID-19 Impacts on GDP and Livelihoods

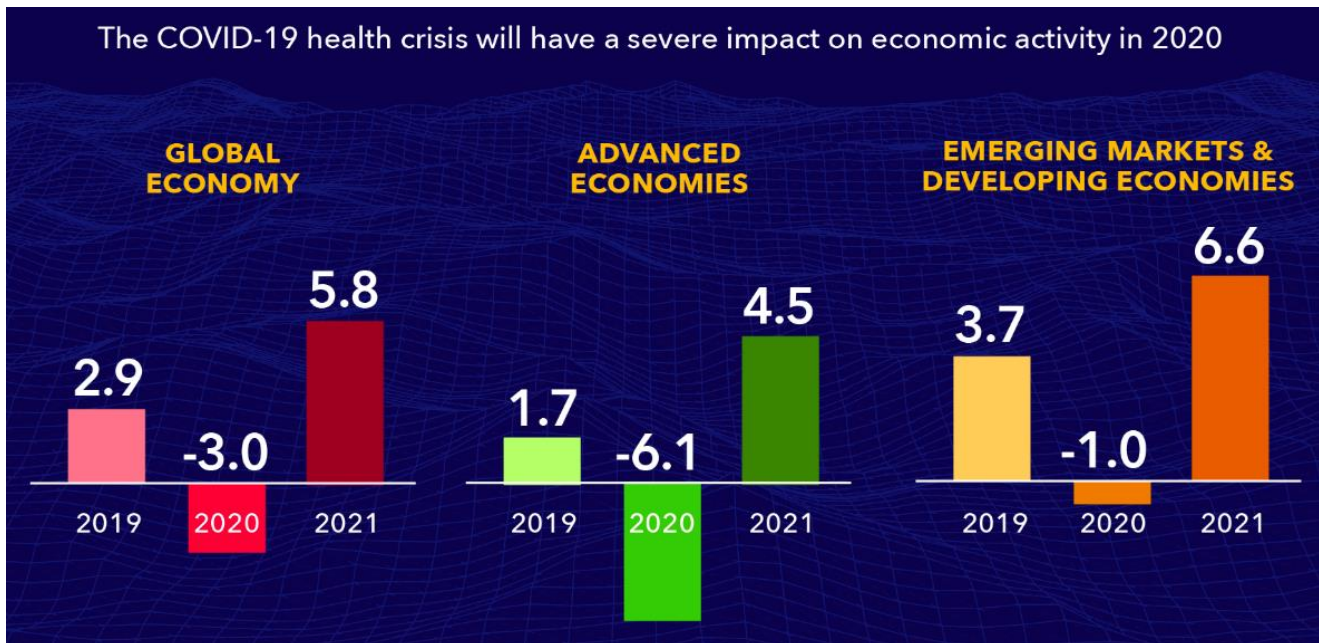
The COVID-19 outbreak has triggered a global economic recession. In GDP terms, restricted movements of the population and other efforts to control COVID-19 will lead to an unprecedented decline in global economic activities in recent history. The IMF projects that economic growth in the advanced economies, where several economies are experiencing widespread outbreaks and deploying containment measures, will be 6.1 percent in 2020 (IMF, 2020). In the same vein, the emerging market and developing economies are collectively projected to contract by -1.0 percent in 2020 (ibid). (See Figure 6). According to the World Bank, economic growth in Sub-Saharan Africa will decline from 2.4 percent in 2019 to -2.1 to -5.1 percent in 2020 (World Bank, 2020). This makes it the first recession in the region in 25 years. The Bank also notes that the prices of crude oil and industrial metals have fallen sharply (by 50 and 11 percent, respectively, between December 2019 and March 2020) (ibid). However, the impacts of the coronavirus in communities are not entirely about GDP or the economy. Instead, it is about lives and livelihoods. Global economies are not shutting down due to sluggish aggregate demand. The major sectors of the economy are down because people are mandated to stay home and keep a safe distance from one another to suppress the spread of the novel virus.

In economic terms, the opportunity cost of the measures taken to contain the virus is the disruption of livelihoods and commercial activities. As noted by the Harvard Global Health Institute and the World Economic Forum (2019), these disruptions include social burdens on communities such as the immediate effects on population health and healthcare, food security, and gainful employment.

The impact of the coronavirus outbreak on job creation is clearly illustrated as over 17 million Americans file unemployment claims in the U.S in April 2020. In effect, COVID-19 is causing the most significant increase in jobless claims in the history of the American economy. The 2014 outbreak of the Ebola virus in West Africa had similar effects as the fear of its spread suppressed economic activities across the region. The Ebola epidemic destroyed the fragile economic structure in the affected countries.

A report by the United Nations Development Group (UNDG) shows that extractive industries, especially mining, were particularly hit as major mines closed, local employees laid off, and expatriate workers sent home. Above all, the Ebola outbreak caused a significant decline in foreign direct investment in non-oil mineral industries in Liberia, Guinea, and Sierra Leone (UNDG, 2015). The vulnerability of economies in the face of fast-spreading epidemics and pandemics is illustrated by the staggering cost of US\$45 - 55 billion, and US\$53 billion, resulting from the 2009 H1N1 influenza, and the 2014-2016 Ebola outbreaks respectively (GPMB, 2019; Huber, et al, 2018).

Figure 6: Economic Growth Projections



Source: IMF (2020)

## COVID-19 Risk Assessment in Low-Income Countries

Despite apparent health-related vulnerabilities in communities, response to recent global disease outbreaks, especially in poor and mid-income countries, has been on an ad-hoc basis. Many countries lack a well-articulated pandemic risk assessment policy<sup>3</sup>. The existence of a well-articulated pandemic risk policy will reduce health and livelihood risks associated with the novel coronavirus. The absence of a national or regional impact assessment of disease outbreaks ultimately

complicates the management and cost on communities and businesses. Improved country-level impact assessment of the COVID-19 will not only identify specific characteristics of the economy, but also outline the public health needs, and infrastructures essential in such country. Mapping the features of each economy and risks associated with a pandemic will enhance a country's ability to handle public health emergencies. This policy will also allow governments and development agencies to understand existing vulnerabilities in communities and use such knowledge in subsequent policymaking and project designs for livelihood improvement.

<sup>3</sup>The Harvard Global Health Institute defined Pandemic Risk as the annual expected economic losses that arise from a pandemic with a low probability of occurrence but a significant, potentially catastrophic economic impacts (2018, p. 61).



Generally, the pandemic impact assessment will not prevent the outbreak of diseases. However, such preparation will go a long way to reduce the costly impacts of such outbreaks on lives and livelihoods, especially in poor and vulnerable societies. Against this backdrop, experts have recommended that analyses of

risks from epidemics and pandemics should be incorporated into macroeconomic and livelihood improvement policies. Such risk assessment can also indicate where international development agencies can direct new development mechanisms to promote prevention and stabilize local livelihood (Harvard Global Health Institute, 2018)

## Post-COVID-19 Recovery and Livelihood Stabilization

As the world struggles to curtail the spread of the pandemic, it is equally critical to design a strategy for a post-coronavirus recovery. In an increasingly interconnected world, almost every element of modern life from healthcare, banking, agriculture, and employment to formal education will be challenged as communities change behavior to reduce the spread of the coronavirus. A sustainable recovery strategy is the first step in a coronavirus impact assessment. The assessment and mitigation of the pandemic impact demand a reliable public-private partnership in risk assessment, and shared responsibility.

This approach will allow the stabilization of the economy, primarily through monetary and fiscal policy actions. International aid agencies and other humanitarian actors should be equipped to assist poor and vulnerable societies in managing pandemic risks by creating gainful employment opportunities and restore livelihoods at the end of the coronavirus pandemic.

Multilateral development agencies work primarily in developing countries in Africa, Asia, and Latin America. These are countries that are unable to meet the minimum core capacity requirement of the International Health Regulations (IHR)<sup>4</sup>. These countries are least prepared to manage the breakout of epidemics like the COVID-19. Development aid organizations need to assist countries in strengthening and establishing systems and mechanisms to manage the coronavirus risk and set up a comprehensive recovery plan.

<sup>4</sup> A legally binding agreement designed to assist the international community in preventing and responding to acute public health risks with pandemic potential.

This plan will help national governments to establish and or sustain existing national integrated disease surveillance networks. The network will enable developing countries to detect, identify, confirm, and report data and information on emerging and re-emerging infectious diseases, and ensure a timely and coordinated response. Restoring livelihoods and building resilience in post-COVID societies will require strengthening public health capacity in poor communities. Experience shows that the outbreak of pandemics, such as COVID-19 will overwhelm public health institutions such as hospitals and healthcare workers.

This pressure in the public health system will lead to an upsurge in mortality and mobility from other diseases and conditions. To reduce the load on existing public health facilities, development agencies such as the World Bank and other UN agencies can support the construction of COVID-19 observation units in hospitals and prisons. Besides, these agencies can also harmonize and ensure timely payment of all coronavirus response workers.

In this context of the COVID-19 recovery, development and humanitarian actors in collaboration with national governments can establish employment generation programs, and unconditional cash transfers targeting vulnerable communities. Households can purchase essential livelihood inputs or invest in sustainable livelihood priorities under the cash transfer programs.

This intervention can provide vital income to families that experienced significant losses as a result of the COVID-19 crisis. Such programs and projects can draw from the experience of international development agencies that have developed and implemented programs and projects that generate sustainable livelihoods and create resilient communities in post-crisis recovery. These projects will allow vulnerable populations to recover productive assets lost during the Coronavirus crisis. Above all, the projects will stabilize livelihoods, reduce the threat of engaging in risky behavior (theft, prostitution, and environmental degradation) among the beneficiary communities, and reduce the vulnerability of households to future shocks (Cash Learning Partnership, N.D).

The cancellation and suspension of bilateral and multilateral debts of low- and mid-income countries will also free resources to tackle the urgent health, social, and economic crises resulting from the Coronavirus pandemic. According to Oxfam, forty-six low- and middle-income countries spend, on average, four times more money on servicing debts than they spend on public health services at the beginning of 2020 (Oxfam, 2020). A moratorium on debt servicing and the cancelation of some debts at this moment of crisis will boost the ability of many countries to protect lives and livelihood as they fight against the COVID-19.

## COVID-19 and Public Health Infrastructures

The 2019 Global Health Security Index (Figure 7) shows that low-income countries, especially those in sub-Saharan Africa, lack the necessary tools and institutions to deal with large scale outbreak of diseases such as COVID-19. (Nuclear Threat Initiative and Johns Hopkins University Center for Health Security, 2019). With scores measured on a scale of 0 to 100, African countries such as Equatorial Guinea (16.2) and Somalia (16.6) had the least scores in the index. These figures indicate that these countries are highly vulnerable in managing large-scale disease outbreaks.

On the one hand, is the risk of getting infected and spreading the virus in an attempt to get food, and on the other is to be isolated and die of hunger. The UN World Food Program (WFP) has identified 49 countries at the highest risk of increasing food insecurity as a result of COVID-19 (WFP, 2020).

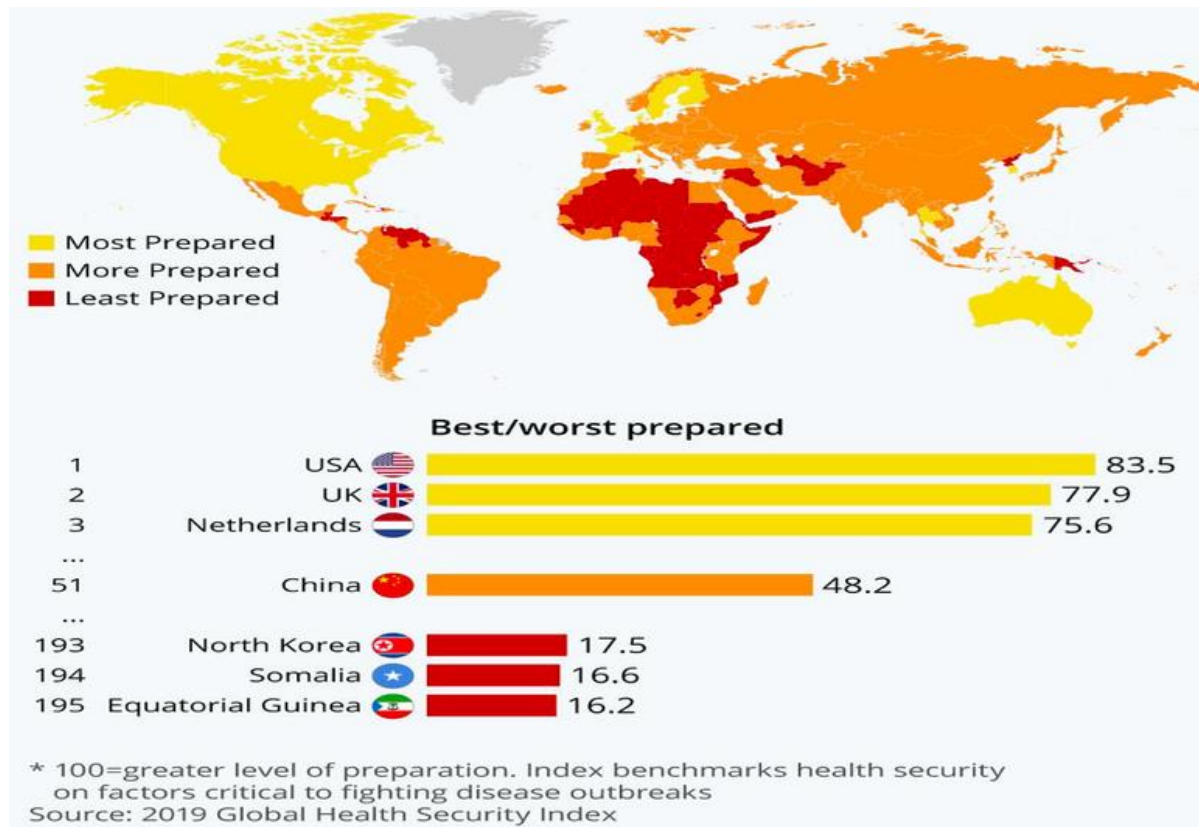
The weakness and vulnerabilities of public health infrastructures in African countries were highlighted in the outbreak of the Ebola virus disease in 2014 in West Africa. The limited public health resources in Guinea, Sierra Leone,

and Liberia made it challenging to identify and trace Ebola in many communities.

This problem was further complicated by the lack of laboratory capacity to conduct Ebola tests in many communities. In many instances, Ebola patients have to be transported miles away to capital cities for diagnosis. This challenge resulted in delays in the confirmation and treatment of cases and the eventual spread of the virus across the communities (UNDP, 2015).

Adequate management of the COVID-19 outbreak requires the public health system to be equipped with critical tools and resources such as sampling and laboratory materials, ventilators, contact tracing and surveillance, risk communication, personal protective equipment, and adequate healthcare staff and space for isolation of suspected cases. Potential shortages of these resources in many countries make an appropriate response to the COVID-19 pandemic difficult. Although the immediate priority is to end the pandemic, it is also essential to address the adverse conditions that caused the escalation of the disease in the community.

Coupled with the efforts of national governments, and building on their experiences in post-crisis interventions, international development agencies will be expected to assist in the post-coronavirus need assessment of vulnerable communities, especially regarding supply and demand of essential goods and services, job creation and stable livelihoods.

**Figure 7: Best and Worst Countries for Epidemic Preparedness**

Source: Nuclear Threat Initiative and Johns Hopkins University Center for Health Security, 2019

Development agencies and humanitarian actors with a diverse range of skills are needed to help curtail the spread of the virus and restore livelihoods among the world's most vulnerable populations. These groups live in shantytowns, urban slums, and refugee camps across Africa, the Middle East, and Asia with limited access to healthcare and basic sanitation. Stopping the pandemic is essential, but of equal importance is restoring lives and livelihoods in communities after the coronavirus. The disruptive impacts of COVID-19 outbreak on lives and livelihoods point to the need to strengthen community health

infrastructure and socio-economic strategies to rebuild livelihoods after the crisis. This is particularly needed in poor communities with most of the vulnerable populations around the world.

In times like this, governments in collaboration with development agencies should apply temporary and targeted policies such as cash transfers, wage subsidies, tax relief, and extension or postponement of debt repayments for the benefit of the formal and informal sectors. Such policies will reduce the shock on the most vulnerable households and ensure positive livelihood outcomes among vulnerable populations.

## Conclusions

There are many uncertainties regarding risks associated with the coronavirus, particularly in low-income countries where the testing capacity is low. Therefore, policy responses to the COVID-19 pandemic should focus on two interconnected goals: saving lives and saving livelihoods. The goal of securing lives and livelihoods should not be reduced to “either-or” policy choices. However, two things remain clear: first, the risk on livelihoods and healthcare system is high; second, the disruptive impacts of the virus are beginning to displace other development priorities. As reported by the European Center for Disease Control (ECDC, 2020), if the pandemic progresses on its current course without strong countermeasures, there is a high probability that countries will experience demands that far exceed currently available healthcare capacity. This projection is more applicable in low-income countries

where the healthcare capacity is low. The coronavirus crisis has proven to be an extreme extension of global trends and catastrophic events that have defined our world in the past few years. As the COVID-19 pandemic unfolds in countries around the world, one thing remains clear: this disease cannot be managed effectively by the unilateral action of individuals in communities or efforts of individual countries. The coronavirus reminds us of our shared humanity. The COVID-19 outbreak re-enforces the oneness of humanity. This idea was echoed in the timeless words of Dr. Martin Luther King Jr when he wrote, “We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” Despite the vulnerabilities associated with our shared humanity, what is needed is the collective action of all actors in the society. Stopping the spread of the coronavirus requires planning, coordination, and the ability to make rapid decisions to foster community wellbeing. COVID-19 interventions by international development agencies such as the USAID, World Bank, and the UN system will complement the efforts of governments and other national actors. Recovery and resilience efforts, particularly in poor and vulnerable communities, should focus on critical areas, namely: health and other essential services, economic / livelihoods recovery, risk management, and institutions/policy development. Slowing the spread of this dangerous virus includes working with frontline workers, caring for the affected, and equipping local communities with the tools needed to fight back and restore livelihoods. The coronavirus reminds governments of the imperative of public health investment. This investment may not produce an immediate profit by way of rising share prices for companies. However, such investment will surely improve human capital in communities. As governments seek to stop and treat COVID-19, effective coordination of the recovery process by governments and international development agencies after the pandemic is crucial. This is the best way to rebuild economies, generate gainful employment, and restore sustainable livelihoods, especially in poor and vulnerable communities.

if the pandemic progresses on its current course without strong countermeasures, there is a high probability that countries will experience demands that far exceed currently available healthcare capacity. This projection is more applicable in low-income countries where the healthcare capacity is low. As the COVID-19 pandemic unfolds in countries around the world, one thing remains clear: this disease cannot be managed effectively by the unilateral action of individuals in communities or efforts of individual countries. The coronavirus reminds us of our shared humanity.



## References

- Cash Learning Partnership, (N.D), Cash and Livelihoods , Retrieved on April 12, 2020 from <http://www.cashlearning.org/cash-and-livelihoods/cash-and-livelihoods>
- European Center for Disease Control (2020a) COVID-19: Situation update Worldwide, as of 1 April 2020. Retrieved on April 1, 2020 from <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>
- European Center for Disease Control (2020b) Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – seventh update, 25 March 2020. Stockholm: ECDC; 2020. Retrieved on March 31, 2020 from <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-seventh-update-Outbreak-of-coronavirus-disease-COVID-19.pdf>
- Gardner, L., (2020) Mapping 2019-nCoV. Retrieved on March 30, 2020 from <https://systems.jhu.edu/research/public-health/ncov/>
- Global Preparedness Monitoring Board (GPMB, 2019) A World at Risk: Annual report on global preparedness for health emergencies. Retrieved on March 27, 2020 from [https://apps.who.int/gpmb/assets/annual\\_report/GPMB\\_Annual\\_Report\\_English.pdf](https://apps.who.int/gpmb/assets/annual_report/GPMB_Annual_Report_English.pdf)
- Harvard Global Health Institute (2018). *Global Monitoring of Disease Outbreak Preparedness: Preventing the Next Pandemic*. Harvard University, Cambridge, MA.
- Harvard Global Health Institute/The World Economic Forum (2019) Outbreak Readiness and Business Impact: Protecting Lives and Livelihoods across the Global Economy. A While Paper
- Huber, C., Finelli, L., and Stevens, W (2018) The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa. *The Journal of Infectious Diseases*, Volume 218, Issue suppl\_5, 15 December 2018, Pages S698–S704
- The IMF (2020), World Economic Outlook, April 2020 – The Great Lockdown. Retrieved on April 14, 2020 from <file:///Users/cj/Downloads/text.pdf>
- International Labour Organization (ILO, 2020) COVID-19 and the world of work: Impact and policy responses. 18 March 2020. Retrieved on March 30, 2018 from [https://www.ilo.org/wcmsp5/groups/public/--dgreports/---dcomm/documents/briefingnote/wcms\\_738753.pdf](https://www.ilo.org/wcmsp5/groups/public/--dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf)
- John Hopkins University (2020) Coronavirus Resource Center. Retrieved on April 1, 2020 from <https://coronavirus.jhu.edu/map.html>

McCarthy Niall (2020) The Countries Best and Worst Prepared for an Epidemic. Retrieved on March 30, 2020 from <https://www.forbes.com/sites/niallmccarthy/2020/01/27/the-countries-best-and-worst-prepared-for-an-epidemic-infographic/#6d4718d65799>

Nuclear Threat Initiative and Johns Hopkins University Center for Health Security (2019), Global Health Security Index: Building Collective Action and Accountability. Retrieved on March 30, 2020 from <https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf>

OXFAM (2020) DIGNITY NOT DESTITUTION. OXFAM Media Briefing. April 09, 2020 Retrieved on April 14, 2020 from <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620976/mb-dignity%20not%20destitution-an-economic-rescue-plan-for-all-090420-en.pdf>

Smith, K.F. et al., "Global rise in human infectious disease outbreaks", *Journal of the Royal Society Interface*, Vol. 11(101), December 2014. Retrieved on March 29, 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4223919/>.

UNDG (2015) Socio-Economic Impact of Ebola Virus Disease in West African Countries: A call for national and regional containment, recovery and prevention. <https://www.undp.org/content/dam/rba/docs/Reports/ebola-west-africa.pdf>

UNDP (2015) Recovering from the Ebola Crisis: A Report submitted to the United Nations, The World Bank, European Union and African Development Bank as a contribution to the formulation of national Ebola recovery strategies in Liberia, Sierra Leone and Guinea.

UNDP (2015) Getting Beyond Zero: Early Recovery and Resilience Support Framework: Guinea, Liberia and Sierra Leone.

World Food Program (2020) COVID-19: Potential impact on the world's poorest people. A WFP analysis of the economic and food security.

World Bank (2020) Assessing the Economic Impact of Covid-19 and Policy Responses in Sub-Saharan Africa. *Africa's Impulse: An Analysis of Issues Shaping Africa's Economic Future*. APRIL 2020 | VOLUME 21 Retrieved on April 12, 2020 from <https://openknowledge.worldbank.org/bitstream/handle/10986/33541/9781464815683.pdf?sequence=9&isAllowed=y>

### Acknowledgement

This report was prepared by Suliver's team of researchers under the leadership of the principal researcher, Dr. Chijioke J. Evoh. Thanks, and appreciation are extended to the following scholars who made invaluable contributions to the report, Dr. Xiao-Quan Cheng, Dr. Oluwatoyin Oduntan, Robert Cass and Chinenye Smith. We truly appreciate their tireless commitment, and innovative ideas.

The conclusions reached and recommendations put forth in this report are those of the authors and any errors or misrepresentations contained herein are theirs.

### Suliver

The Sustainability and Livelihood Research Organization (Suliver) is an international and interdisciplinary network of career researchers. Suliver seeks to solve development and livelihood challenges by providing research-based interventions. Our overall focus is to improve lives today while laying a positive precedence for sustainable outcomes future. The organization can be reached at [info@suliver.org](mailto:info@suliver.org) or visit [www.suliver.org](http://www.suliver.org)



© 2020 Sustainability and Livelihood Research Organization. All rights reserved.