

COVID 19 preliminary scenarios for the humanitarian ecosystem

Opportunities to translate challenges into transformation

In the middle of April 2020, over nearly 2 million cases of COVID-19 have been reported and the virus is continuing to spread around the world at an exponential rate.¹ Most countries that are experiencing an outbreak have seen their health systems stressed beyond capacity by the rapid increase in needs and have imposed unprecedented policies to slow community transmission, some extending as far as a “lockdown” dramatically limiting freedom of movement. In some hotspots, established and well-funded health systems have been unable to manage the spike in caseloads, resulting in the need for surge capacity to be deployed. As COVID-19 continues to spread around the globe, it is clear that it could pose a significant challenge, particularly in areas with less well-developed health and social protection systems, in areas affected by active conflicts, and for displaced populations. In addition, women and girls, who make up the majority of healthcare workers and carers will be disproportionately affected since they are at high risk of infection and gender-based violence.²

The global response to this emergency is likely to take up a significant amount of aid resources (reducing the funds available for other priorities) and requires humanitarian actors to quickly adapt to the different ways of working necessitated by social distancing. While responding to the urgent needs of affected populations, particularly the poorest and those that are most likely to be severely affected by COVID-19 (such as the elderly, people with pre-existing medical conditions and those without access to healthcare including refugees and migrants), humanitarian actors must consider the wider implications of the pandemic. The economic costs of containment are likely to be severe. The International Labour Organisation has suggested that the pandemic will affect 4 out of every 5 jobs and cause a global recession.³ Disruptions to agricultural processes and international trade will exacerbate global food insecurity in the short to medium term. Inequality will increase as those who are most privileged isolate themselves, secure better treatment and insulate themselves from the worst of the socio-economic consequences. These threats require planning and early action.

Though there is variability across the world, for the coming 18-24 months we believe that the humanitarian community will predominantly be operating in an environment where there is a lack of global governance and where there is an intensifying ecosystemic crisis in the form of a global pandemic plus the economic and social disruption it causes.⁴ This will result in an overwhelming level of humanitarian need and insufficient resources.

The implications for the formal humanitarian sector in this context are as follows:

- Humanitarian actors will have increasing difficulty accessing vulnerable communities as the humanitarian space is under significant restriction from national authorities.

¹ Johns Hopkins, [Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering \(CSSE\)](#)

² United Nations Population Fund (2020) [As pandemic rages, women and girls face intensified risks](#)

³ International Labour Organisation (2020) [Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO](#), see also Lema, Karen (2020) [ABD warns coronavirus may halve GDP growth in developing Asia](#), Reuters 3 April 2020; McKinsey (2020) [Tackling COVID-19 in Africa](#); Dawkins, David (2020) [Coronavirus to Ravage India's Economy with Slump to 1% GDP Growth Forecast](#), Forbes.

⁴ Ecosystemic crises result from the intersection of environmental, political, and economic instability and create long-term and worsening vulnerability for affected populations, which can result in system collapse. For more detail please see IARAN (2016) [Future of Aid](#).

- While formal humanitarian actors possess the capacity and expertise to engage in localized crises, limited experience in managing transnational/complex responses and in adopting equitable and effective remote partnering practices reduces their relevance when faced with a deepening ecosystemic crises which requires both local early action and collaborative longer-term strategies.
- Even where formal humanitarian sector actors have the knowledge and expertise, they are overwhelmed by the scale of need as funding for humanitarian action does not keep pace, leading to situations of high and prolonged distress.
- INGOs are struggling to adapt quickly enough to maintain their relevance as they are being superseded by national and regional actors.
- Global development assistance is not seen as a priority by many states and, an increasing number of private donors are focusing on domestic issues. International funding is primarily funnelled through bilateral aid between governments.

This operating environment will be assumed to be true for all of the following scenarios, however, we also need to be aware of the potential for the pandemic response to drive change. The need for flexibility, for equitable partnering approaches that complement local capacities, the increased dependence on technology and the integration of new actors into the humanitarian space could catalyse a paradigm shift.

The global response to the pandemic is rapidly changing and there is a high degree of uncertainty. As a result, these preliminary scenarios are focused on exploring the factors we think are most influential in driving social/political and economic changes rather than reflecting the current situation in any particular region.

We have also made some key assumptions about COVID-19 based on the best available evidence:

1. Those with no underlying health conditions who have contracted the virus will develop medium-term immunity (expectation approximately 2 years).⁵
2. It is expected that COVID-19 is affected by seasonality (and therefore will peak in the northern and southern hemispheres during the colder seasons) however, as a new virus, the pandemic will follow more erratic patterns at the outset, likely behaving unpredictably until the end of 2021.⁶
3. There will be a global economic turndown.

COVID-19 preliminary scenarios 2021-2022

These preliminary scenarios have been researched and developed by our partners at Futuribles.⁷ IARAN has adapted them to make them more global in focus. These will continue to be updated and amended as new information becomes available. It is expected that all three scenarios will be occurring simultaneously in different countries/regions of the world.

⁵ Li-ping Wu et al (2020) [Duration of Antibody Responses after Severe Acute Respiratory Syndrome](#), *Emerg Infect Dis.* 2007 Oct; 13(10): 1562–1564; Bruce Y Lee (2020) [Can You Get Coronavirus Twice? How Long Are You Immune After COVID-19?](#), Forbes 15 March 2020; Geng Li (2020) [Coronavirus infections and immune responses](#), *J Med Virol.* 2020; 92: 424– 432.

⁶ COVID 19 1st wave, will affect the entire world unpredictably over a 6-8 month window, independently of the latitude of the area. The following waves will normalise according to local seasonality and established herd immunity. Without a vaccine this process can take up to two years. Mohammad M. Sajadi (2020) [Temperature, Humidity and Latitude Analysis to Predict Potential Spread and Seasonality for COVID-19](#), SSRN; Stephen M Kissler (2020) [Projecting the transmission dynamics of SARS-CoV-2 through the post-pandemic](#), Medrxiv

⁷ The original version of these scenarios has an emphasis on how the pandemic will unfold in Europe specifically France. It is still a working document. Please see: [Crise du Covid-19 : esquisse de scénarios à l'horizon 2021-2022](#)

Walking the Tightrope

Between March 2020 and the spring of 2021, developed countries alternate between suppression tactics to control the epidemic (social distancing, and national or regional confinement) and a resumption of near normal economic and social activities.⁸ This strategy allows them to contain the spread of the virus and make strides towards developing herd immunity, while limiting social and economic disruption as much as possible. Although many people in developed countries are able to return to work (even if it is regularly disrupted), all countries are suffering from the impact of the global recession. By the summer of 2020, the majority of developed countries finally manage to contain the epidemic.⁹

As treatment is made available through the various clinical trials (Recovery, Discovery, COLCORONA, etc.)¹⁰ it becomes possible to treat an increasing number of cases presented after June 2020, though this is concentrated in developed countries. Technical advances in COVID-19 testing allows for the tests to be systematically rolled out in developed countries from September 2020. These tests make it possible to prepare more effectively for the second wave of the epidemic, which strikes the northern hemisphere before a vaccine is made widely available in April 2021. Prior to the release of the vaccine, where health systems have the ability to scale up widespread testing to the general public, the resurgence of the virus can be kept in check as new cases are quickly identified and contained. This is not the case for many developing countries.

For developing countries, the pandemic has not been contained. Developing countries are not able to implement suppression tactics on the same scale as developed countries due to less well established (or non-existent) welfare systems which make it impossible for the vast majority of the population to take time off work. In addition, the existence of extremely densely populated areas in almost every urban centre which have poor infrastructure make social distancing impracticable for hundreds of millions of people and, lower levels of hygiene among poorer members of society drive the spread of the disease nationwide. Nevertheless the ad hoc implementation of suppression tactics and their continued use by developed states creates a severe economic downturn. The toll on informal workers especially, for whom it is difficult to access to even limited government support, is high.

Without swift access to either treatments or widespread testing, the health crisis in developing countries lasts until the end of 2020 and the consequences extend well into 2021, exacerbated by a second wave and unpredictable peaks in the virus. In developing countries, a large part of the population is affected by COVID-19 and a significant proportion of vulnerable groups have suffered as a result. The consequences of the COVID-19 outbreak for developing countries are more severe as it aggravates the higher level of the disease burden and diverts resources from existing health and social priorities. This is most extreme for populations who are already marginalized and have limited access to formal support such as forcibly displaced populations, migrants and casual labourers. The impacts of the pandemic, extending beyond the caseload of COVID-19 patients, are continuing to be felt.

In addition to the persistent health crisis, food supply chains are seriously disrupted. This situation is all the more tense as some large producers of cereals (rice in Cambodia and Myanmar; wheat in Russia; buckwheat in Ukraine; etc.) have implemented policies to abolish exports or quotas in 2020.¹¹ A significant percentage of the world's population is affected by food insecurity as a result of the disruption to agriculture and restrictions on

⁸ Tomas Pueyo (2020) [Coronavirus: The Hammer and the Dance: What the Next 18 Months Can Look Like, if Leaders Buy Us Time](#), Medium Conversations.

⁹ The probability of this scenario would be greatly increased if the spread of the virus appeared to be sensitive to temperature changes.

¹⁰ Clinical Trials Avena (2020) [COVID-19 Trials Begin in the UK, Canada and Europe](#)

¹¹ Kay Johnson (2020) [Cambodia to ban some rice exports April 5 due to coronavirus](#), Reuters; Polina Devitt (2020) [UPDATE 3-Russia sets grain export quota, to sell bulk of stockpile amid coronavirus](#), Reuters.

international trade due to the suppression policies implemented in developed countries and the effects of the pandemic. Compounding food shortages and the attendant price spikes is increasing the rate poverty driven by the contraction of the global economy. Unemployment across the world rises as a result of the pandemic (driven by disruptions in supply chains, lower demand, reduced tourism and lower levels of Foreign Direct Investment) and the effects for developing countries are more long-lasting. Inequality both within and between states dramatically increases as the pandemic and the response to it pushes nearly 300 million people into poverty.¹²

Developed countries have maintained policies of strict exclusion, limiting travel to and from countries still experiencing community transfer of COVID-19 to avoid any source of external contagion. The only exceptions are vital trade exchanges necessary to ensure the functioning of critical supply chains that deliver essential goods to their domestic market. The constraints on the ability of people to travel are still strong. This predominantly affects international travel but can also be seen affecting travel between regions and within countries. When tests are available, people on the move are regularly subject to serological tests.

Insights for the humanitarian ecosystem in the Walking the Tightrope scenario

- ◇ The formal coordination system struggles to optimize the global response on a transnational scale. This means that the use of resources is not optimized and response plans are less efficient as they do not capitalize on lessons learned or existing structures very effectively.
- ◇ The humanitarian ecosystem's workforce is reorganized, recruiting/strengthening local leadership and accelerating investments in local staff and partners. International staff will provide support, where needed, virtually. However, the paradigm of compliance and control precludes true power sharing approaches.
- ◇ There is a significant increase in the percentage of support given as financial assistance (both remittances and through the formal humanitarian sector).
- ◇ For some, this presents an opportunity to make advances towards some goals of localization but for others it is treated as a temporary condition. Without principled and effective partnering strategies in place the power dynamics within the humanitarian sector are not greatly changed long-term.
- ◇ Restricted trade has serious consequences on international supply chains. Humanitarian actors accelerate the creation of strong partnerships with private logistics companies for supply continuity.

Controlling the Pandemic

This scenario envisages that the epidemic will be brought under control in developed countries from the beginning of summer 2020 as a result of the combination of effective treatments and increasingly systematic testing. This means that all subsequent COVID-19 peaks are better managed and there is no longer a need for recurrent lockdowns.

In some developing countries, the rate of infection gradually slows at the beginning of autumn 2020, thanks to seasonal easing and the strong mobilization of the international community which supports the efforts of the most fragile countries to build their health systems and manage the response. The quick reactions of some governments early on (such as imposing lockdowns and social distancing, aggressively tracing cases and quarantining affected areas in crowded urban spaces) were instrumental in slowing the spread of the virus. The use of tracking, which was crucial in stopping the spread of the virus worldwide, has resulted in an increase in government surveillance which, to a large extent, is maintained even after the initial threat is managed. This leads to additional risks for marginalized communities where anonymity is necessary for their safety.

¹² Middle case scenario, World Bank poverty level of \$3.20 per day. A. Sumner, C. Hoy and E. Ortiz-Juarez. (2020). [Estimates of the Impact of COVID-19 on Global Poverty](#). UNU-WIDER Working Paper. UNU-WIDER: Helsinki. in Oxfam (2020) [Dignity not destitution](#), Oxfam International.

At the international level, there is renewed coordination on access to scientific resources and on the development of regional or local capacities for the production of treatments, tests and vaccines, etc. This production is done in agreement between countries, large companies, and their foundations (such as the Gates Foundation) as well as large NGOs. The safety of healthcare workers (both formal and informal) is prioritized. Understanding that the burden of family and community care falls disproportionately on women and girls, the training and provision of PPE is focused on them at national level. Entrepreneurs invest in creating the necessary equipment to help treat COVID-19 patients, for example low-cost ventilators, which hit the market in the autumn of 2020. Though resources continue to flow through larger organizations, the need for responses to be localized due to occasional travel restrictions pushes forward commitments to localize more aid and move decision-making closer to communities. In addition to the immediate response, many countries were able to preserve most resources which were earmarked for existing projects, meaning that there was limited resource diversion and pre-existing needs (both health and socio-economic) continue to be met at pre-COVID-19 levels. Investments in education are increased as schools are used as a platform for monitoring which boosts access for the most disadvantaged.

The global economy stabilizes more quickly than originally thought and while the recession is deep (with high levels of unemployment created within the first year) it begins to rebound due to unprecedented levels of government stimulus and investments in sectors which suffered from the implementation of suppression policies. In developing countries, the economic rebound takes longer to take effect and poverty levels are slow to return to pre-COVID-19 levels as nearly 140 million people were pushed into poverty.¹³ Dramatic increases in aid, provided through financial assistance, enables people affected by the pandemic and ensuring economic downturn to make investments in building back their lives more quickly. Due to significant international investment and the early mobilization of humanitarian actors, the worst effects of food insecurity are avoided as key trade routes are preserved to replenish regions whose exports have been interrupted by the disruption to traditional supply chains.

As a result of the coordination and treatment efforts, the mortality from COVID-19 turns out to be much lower than feared (less than 1% of the cases identified). Treatments which are widely shared, predominantly through bilateral aid between governments, helps contain the second wave of the pandemic until a vaccine is obtained in the summer of 2021. The vaccine is widely spread as developed nations commit to preventing another pandemic, where at all possible.

Insights for the humanitarian ecosystem in Controlling the pandemic

- ◇ By leveraging the capacities of a plurality of different stakeholders, within and outside the formal humanitarian system, and demonstrating how a transnational collaborative approach can function with sufficient political will, substantial advances are made in changing the way the incentive system for humanitarian actors is structured.
- ◇ The resources for the COVID-19 emergency are optimized and coordinated response plans, which are people-centred and locally led, result in more effective aid as considerations of the capacities and limitations of the operating environment dictate the approach. Locally led approaches are seen as the only way to manage the crisis long-term (balancing the health risks and the economic costs at a more granular level) and so become the de facto way of working.

¹³ Best case scenario, World Bank poverty level of \$3.20 per day. A. Sumner, C. Hoy and E. Ortiz-Juarez. (2020). [Estimates of the Impact of COVID-19 on Global Poverty](#). UNU-WIDER Working Paper. UNU-WIDER: Helsinki. in Oxfam (2020) [Dignity not destitution](#), Oxfam International.

- ◇ Financial assistance is dramatically scaled up in a flexible and inclusive manner: frontline community and local actors and movements determine their funding priorities, whilst challenging systemic power imbalances inherent to the traditional aid system.
- ◇ The appeal for contributions is honoured by donors (who strive to ensure that existing priorities do not suffer) and it is agreed that a representative and accessible global fund for infectious disease needed.
- ◇ Formal humanitarian actors establish strategic and genuine partnerships with non-formal humanitarian actors including private companies, communities and new philanthropic actors as they embrace a backseat and sustain their virtual working patterns.
- ◇ Solidarity, community led and feminist approaches gain momentum in the new collaborative system where expertise in leveraging multiple resources, expertise and skills is prioritized.
- ◇ There are new risks, especially for marginalized populations, from the increased penetration of government and private sector tracking and surveillance.

The grand depression

The virus is found to be more lethal than estimated, it affects younger people without comorbidity at higher rates than originally forecasted. While the majority of cases still do not present with severe symptoms, as no satisfactory treatment has been found, mortality rates are still high. Though clinical trials are under way, there have been limited results in the search for a vaccine as the few options which created early optimism were found to be less effective than originally hoped.

Securing an effective vaccine becomes unrealistic and countries focus on treatment. In this context, the containment measures implemented in Europe and the United States prevent the rapid development of collective immunity, which, in the long term, promotes the cyclical return of the disease. Furthermore, containment measures are extremely difficult to implement in the least developed regions, where the disease spreads largely unchecked. Women and girls who do the majority of the caregiving for their communities without PPE or training suffer disproportionately from the effects of the epidemic. In both developed and developing countries, suppression policies are deemed to be too economically costly to continue indefinitely. Those able to work from home and privately educate their children, are able to self-isolate and limit their exposure, but for the majority of society (especially in developing countries) this is not possible.

Areas with conflict are worst affected as the initial cease-fires which were implemented at the outset of the pandemic are disregarded after limited assistance is received. There are no resources to capitalize on the temporary peace and a return to conflict is inevitable. People living in conflict affected areas receive no support and the death rate is high across the population. A similarly high rate of mortality is recorded among displaced people (the number of which increases as a result of the continued conflict and economic downturn). Services for refugees and IDPs are reduced as funding is redirected towards the COVID-19 response for national populations. Governments place the emphasis on treating their own populations, often excluding marginalized groups who are neglected allowing the disease to wreak havoc on particular communities.

While the resurgence of the virus is linked to seasonality, there are unpredictable spikes which mean that no country is able to fully contain the disease and the socio-economic disruption is prolonged. For developing countries whose economy is strongly reliant on informal activities and local production, the cost of the pandemic is devastating. This leads to worsening inequality (globally and within countries) as technology and virtual working cement the privilege of the wealthiest and concentrate wealth further. There is limited support offered to people whose employment is affected and poverty rates soar. An additional 600 million people are

pushed into poverty.¹⁴ This eradicates years of gains across a multitude of development indicators but rates education are particularly affected as a result of the recurrent disruption to schooling, especially for girls who are more likely to be removed from school to care for their families during the crisis.

In the spring of 2021, 40% to 60% of the world's population has been affected. National mortality rates have increased in all countries up to +1% annually, and they are correlated to how successful the immediate response and the effectiveness of social distancing has been. South Korea, Hong Kong and Singapore serve as examples. They managed to contain the epidemic on their territory by closing their borders and putting in place suppression and mitigation measures from the beginning of the health crisis (such as the implementation of systematic tests). However, responses as effective as those are rare.

Countries fail to agree on a collaborative approach to international crisis management. The international situation is chaotic because, in the absence of coordinated policies, countries are experiencing ebbs and flows of the epidemic. This forces them to keep borders closed. International trade is continually decreasing as protectionist policies are implemented to preserve resources for domestic use. There is a prolonged economic downturn as a result of the escalation of the pandemic and the corresponding responses and by the autumn of 2020 there is a systemic financial crisis pushing millions of people back into poverty.

Insights for the humanitarian ecosystem in The grand depression

- ◇ As a result of highly nationalistic policies implemented by most national governments, the funding and political will for a coordinated international response is lacking.
- ◇ The response to the pandemic becomes highly securitized, making working according to humanitarian principles very challenging as aid is used as a political tool.
- ◇ International humanitarian actors are prevented from doing their work effectively due to limits on mobility, the redirection of aid resources for domestic use and the general disruption to necessary supplies.
- ◇ Local organizations continue to lead the way in delivering aid for affected people but they are affected by staff sickness, a fall in funding and, with national governments being highly overstretched they receive limited support.
- ◇ While formal sector actors continue to try to support local responses from a distance (and they are increasingly effective at it as they learn to work better in virtually) they do not have the resources or leverage to change the dynamics in play at a global level. Decision-making over the limited available funding is highly centralized.
- ◇ The north-south power structure which permeated international aid is exacerbated, as the death toll for developing countries is so much higher and the impact of the economic crisis is much deeper: this paves the way for new forms of neocolonialism.
- ◇ Marginalized communities such as migrants and refugees, indigenous people, sex workers, LGBTQI communities, people with disabilities are subject to increased rates of violence and a further derogation of their rights.

The highly changeable environment which has been created by the COVID-19 pandemic and the response to it means that we need to consider all of the different scenarios to best manage such uncertainty. Considering only one potential evolution of this crisis will limit the effectiveness of humanitarian stakeholders across the spectrum of different operating environments in which they are working.

¹⁴ Worst case scenario at World Bank \$3.20 per day. A. Sumner, C. Hoy and E. Ortiz-Juarez. (2020). [Estimates of the Impact of COVID-19 on Global Poverty](#). UNU-WIDER Working Paper. UNU-WIDER: Helsinki. in Oxfam (2020) [Dignity not destitution](#), Oxfam International.

Though the challenges presented by this crisis should not be underestimated, for the humanitarian community it also presents an opportunity to put into action some of the transformative commitments that have been made by providing a space to try new things in order to increase effectiveness. The next steps outlined below are designed to be integrated into response plans and contribute towards ensuring that the humanitarian community is seizing every opportunity for transformation.

Next steps: A-B-C-D investments for effectiveness in every scenario

These next steps provide humanitarian actors the opportunity to use the COVID-19 response as a vehicle for transformation, creating a more inclusive and effective aid system.

