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COVID-19 GLOBAL AFTERSHOCKS

The Secondary Implications of COVID-19 across International
Development and Humanitarian Sectors



COVID-19 has now been reported in nearly every country around the globe, including many developing countries with limited capacity to effectively control, treat, and eventually recover from the virus. While analysis is still being done to understand the impacts of COVID-19 better, the United Nations research university estimates that the number of people in poverty around the world could increase by as much as half a billion people, or [8%](#) of the global population. The International Food Policy Research Institute (IFPRI) projects that 140 million people will be pushed into extreme poverty, an increase of 20% from present levels, and though sub-Saharan Africa has not yet been as impacted by COVID-19 as other regions, projections by IFPRI and [the World Bank](#) suggest that it will be the region hit hardest in terms of increased extreme poverty. After decades of work and success to decrease global poverty, an increase in the number of people in poverty would be the first global increase in 30 years.

Globally, already strained health systems, fragile food systems, and limited access to clean water and hygiene supplies have left millions vulnerable to COVID-19. Further, existing challenges of poverty, urban density, conflict, and poor governance make social distancing more difficult and exacerbate the spread of the virus.

In addition to the health crisis, the pandemic will have far-reaching, multifaceted impacts on the world's poorest and most marginalized communities. This document highlights some of these impacts across the humanitarian and development sectors.

Global Impacts of COVID-19 by Sector and Cross-Cutting Issue

AGRICULTURE, FOOD SECURITY, AND NUTRITION

COVID-19 has the potential to increase hunger and malnutrition in countries around the world as challenges arise on both the supply and demand side, including shortages, stockpiling, and agricultural waste as farmers are unable to get their product to market. While these changes have been disruptive in the U.S., they will be overwhelming for the [820 million](#) people around the world already facing food insecurity and hunger. By the end of 2020, The World Food Program (WFP) estimates that the number of people facing [acute hunger](#) will double due to COVID-19, if no additional measures are put in place. Although the [price of rice](#) is starting to rise, COVID-19 has [not shown](#) a significant direct impact on the global supply or price of staple foods. But [experience](#) from past disease outbreaks shows that soon this will

not be the case. Countries that rely heavily on imported food, like much of sub-Saharan Africa, face disproportionate risk from food supply chain failures due to closed borders, export quotas, lack of access to agricultural inputs, and impacts of farmers falling ill. Over time, economic shocks from COVID-19 will diminish food purchasing power and push communities and families to make difficult choices on how to feed their families, leaving people more susceptible to malnutrition and disease.

BASIC EDUCATION

Every country has implemented nationwide school closures in response to COVID-19, disrupting the education of over 91% of the world's student population. These disruptions will exacerbate gaps in educational and economical attainment for children and youth in low and middle-income countries and increase the risks of delayed development, school dropout, and exploitation and violence for vulnerable populations. To minimize these risks, many countries need additional support to ensure learning continues at home, including adapted learning for children with disabilities. Moving forward, high and low-tech distance learning programs can be leveraged to distribute positive health, hygiene, and safety information. Additionally, when schools are able to safely reopen, many students will need access to accelerated learning and remediation programs.

CHILDREN AND YOUTH

COVID-19 increases existing vulnerabilities for at-risk children and youth, who may struggle to access food, Water, Sanitation, and Hygiene (WASH) facilities, and safe homes. Although many programs are adapting to deliver food through the school system, more than 350 million school children may no longer have access to school meals to support their daily nutrition. In addition, children who are out of school are at higher risk of being recruited into forced labor, abuse, and sexual exploitation. Vulnerable children may also face additional risks of family separation, as the pandemic increases stress on families. As the global economic situation worsens, young people entering the job market around the world face poor job prospects. However, youth also must be a part of recovery; 73% of 15-24 year-olds worldwide live in Asia, sub-Saharan Africa, and Latin America, and youth will contribute greatly to rebuilding the post-COVID-19 economy, supporting infrastructure, and operating on the frontlines of coronavirus response.

CONFLICT AND FRAGILITY

Conflict-affected and fragile states are particularly vulnerable to COVID-19 due to existing violence, past destruction of crucial infrastructure, breakdowns of social cohesion, and low levels of trust between citizens and the state. Before the start of COVID-19, conflict around the world contributed to the largest recorded displacement of civilians worldwide, [over 70 million](#), and the number of armed conflicts worldwide was at a modern-day high. Despite U.N. Secretary General Antonio Guterres call for a [global ceasefire](#), continued fighting inhibits humanitarian and medical response to the disease. Weakened public health infrastructure, combined with intensified armed conflict and civilian losses this year in humanitarian contexts such as Syria, Yemen, the Sahel, Afghanistan, and Libya, points to a potentially [catastrophic situation](#) once COVID-19 takes hold.

DEMOCRACY, RIGHTS, AND GOVERNANCE (DRG) AND CIVIL SOCIETY

COVID-19 is accelerating dangerous trends, such as the growing weaponization of disinformation, stigmatization, and incitement to violence, and resurging authoritarianism—increasing the risk of democratic and development backsliding. In response to the outbreak of COVID-19, governments have cracked down on press access, freedom to assemble, freedom of speech, and access to information. [Ethiopia](#), a country amid a democratic transition, has declared a broad, indefinite state of emergency and canceled elections. Globally, increased mis/disinformation has also endangered the effectiveness of COVID-19 responses, as evident by the recent destruction of a COVID-19 testing center by demonstrators in [Côte d'Ivoire](#). Civil society faces threats of heightened surveillance as governments weaponize technology under the guise of [tracking COVID-19](#) cases. Civil society is a vital component in cross-sectoral approaches to build resilient communities, assist governments in responding to humanitarian crises, enable engaged and citizen-responsive societies, and ensure access, representation, and safety for marginalized and vulnerable communities.

ECONOMIC LIVELIHOODS

Social distancing and isolation measures around the globe have upended national and local economies and highlighted gaps in global economic systems. Full or partial lockdown measures are now affecting around 81% of the world's workforce—almost [2.7 billion](#) workers. Developing countries are particularly vulnerable to the economic impacts of COVID-19 because [hard-hit sectors](#), such as tourism, mining, and construction, have a high proportion of workers in informal employment, and workers have limited access to health services and social protection. Unprotected workers and the most vulnerable groups in the informal

economy, including many women, face a high risk of falling into poverty and will experience more significant challenges in regaining their livelihoods during the recovery period. The [African Union estimates](#) a loss of up to 20 million African jobs in both formal and informal sectors, which will likely push sub-Saharan Africa into the first recession in the region in [25 years](#). Economies that primarily rely on one industry will have challenges adjusting to the new COVID-19 reality; for example, tourism comprises 34 to 48% of some [Caribbean economies](#), and with travel at a near standstill, millions in the tourism industry will be out of work. Even in sectors deemed essential, like agriculture, disruptions in transportation networks may prevent timely delivery to farmers, leading to lower production and challenges at harvest. Traditional financial support mechanisms like remittances are also expected to decline. In 2019, remittances accounted for over [\\$500 billion](#) in support to communities and families in developing countries. Still, due to COVID-19, remittances are expected [to drop 20%](#), leaving many who rely on them for food, healthcare, and basic needs without a safety net.

THE ENVIRONMENT AND CLIMATE CHANGE

[Research demonstrates](#) a growing link between COVID-19 and ambient air pollution—the [dirtier the air](#), the higher the likelihood of death or serious illness from the coronavirus. Burning dirty fossil fuels like coal contributes to illness and can make people more prone to deadly diseases like COVID-19. The global economic shutdown and movement restrictions around the world in reaction to COVID-19 have decreased global greenhouse gas emissions and increased air quality. But the positive environmental impacts are only temporary unless additional sustainable changes are made, clean energy and resilience opportunities are scaled up in both developing and developed contexts, and behavior changes are maintained. COVID-19 has also demonstrated the critical relationship between health and nature. Urbanization and habitat loss have pushed the boundaries of human and animal interaction, and changes in temperature, humidity, and seasonality are expected to make disease epidemics more frequent.

GENDER EQUALITY AND EMPOWERMENT

[Impacts](#) on gender and marginalized groups are unique and disproportionate. During public health crises, women and girls take on added care burdens at home, with female health care workers taking on dual caregiving roles – one at home and one at work. In addition, with so many people quarantined at home, domestic violence is [increasing](#), leading the U.N. Secretary General to call for a global domestic violence “[ceasefire](#).” Neither pregnancies nor menstrual cycles stop during a health crisis. But hygiene and dignity

needs are often overshadowed by efforts to fulfill other essential needs like food, water, shelter, and health care. Ensuring critical access to the products and care that women and girls need and accounting for unique gendered and intersectional impacts is vital when planning and implementing responses during the COVID-19 crisis.

GLOBAL HEALTH

COVID-19 has shown how quickly illnesses can overwhelm health care systems and hinder the ability for people to receive care—even in high-income countries. In developing countries where healthcare systems are already struggling to meet basic needs, the impacts will likely be much worse. For example, Ethiopia and Niger have an estimated 0.3 [hospital beds](#) per 1,000 people, compared to an average of 5.6 in Europe, and the World Health Organization reports there are fewer than [2,000 ventilators](#) across 41 countries in Africa. The global disruption to supply chains, services, and staffing of current global health programs threaten already fragile and burdened health systems facing persistent health workforce shortages. Further, supply chain disruptions and social distancing practices will make it difficult to deliver immunizations effectively; [UNICEF](#) is particularly concerned about impacts in countries battling measles, cholera, or polio outbreaks. [Global health leaders](#) are worried that in Africa, the significant progress made to end HIV, T.B., and malaria epidemics will regress, and decreased mortality and infection rates will reverse. Children are at heightened risk of disease and malnutrition from both the primary and secondary effects when health systems are overwhelmed, and there are disruptions to programs to treat malnutrition. Focus on building the systems and sustainable frontline health workforce teams who are educated, recruited, trained, supported, equipped, and protected to prevent, detect, and respond to global health threats is critical.

HUMANITARIAN ACTION

COVID-19 magnifies the dangers of the nearly [168 million](#) vulnerable people around the world in need of humanitarian assistance and protection. COVID-19 has restricted movement of populations, humanitarian response agencies, personnel, and goods within and into countries already affected by crisis and conflict. COVID-19 is likely to overwhelm health systems decimated by years of war and cause a “[double emergency](#)” as health impacts combine with conflict, political, and economic instability. Already vulnerable displaced populations may suffer even more from lack of shelter, food, and medical care. International travel restrictions will jeopardize the safety of frontline humanitarian and medical workers by hindering evacuations. As COVID-19 response is organized in areas with existing humanitarian coordination



mechanisms, such as U.N. humanitarian country teams, existing infrastructure should be strengthened, taking into account lessons learned from previous disease outbreaks, such as the Ebola response in DRC. Responding to the spread of COVID-19 will stretch—or in some cases, redirect—already limited resources for humanitarian response. Unfortunately, vulnerable people amid crises will bear the brunt of resourcing gaps.

WATER, SANITATION, AND HYGIENE (WASH)

Handwashing is a proven way to prevent the spread of COVID-19, and it is the only line of defense in some less developed countries. Yet, around the world, [2.1 billion people](#) live without access to safe drinking water, and [3 billion people](#) lack access to basic handwashing facilities. Globally, [42%](#) of health care facilities have no hand hygiene at points of care, only [55%](#) of health care facilities have access to basic water services, and only [53% of schools](#) have basic hygiene facilities with soap and water. Handwashing is not an established practice in every community; encouraging it may require education and behavior changes. Maintaining continued access for existing WASH services and integrating WASH into all COVID-19 response efforts is critical to preventing further spread of the disease.

ABOUT INTERACTION

InterAction is a convener, thought leader and premier network of NGOs working to eliminate poverty, strengthen human rights and citizen participation, safeguard a sustainable planet, promote peace, and ensure dignity for all people. Learn more at [InterAction.org](https://www.interaction.org).