



Covid-19 and Fragile Contexts:

Reviving Multilateralism's Promise
to "Leave No One Behind"

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About the research

Covid-19 and Fragile Contexts: Reviving Multilateralism's Promise to "Leave No One Behind" is an Economist Intelligence Unit report, published by the International Rescue Committee (IRC). Through comprehensive desk research, literature reviews and expert interviews, the report investigates the critical failures of the multilateral system in protecting fragile populations during the covid-19 pandemic. Drawing comparisons between the covid-19 response and previous global crises, the report evaluates fundamental shortcomings of the system across three pivotal areas: (1) an absence of global leadership; (2) insufficient funding; and (3) a lack of co-ordination with regard to information-sharing, public health messaging, supply chain management and humanitarian access.

The report explores the grave repercussions of the multilateral system's failure to protect the world's most vulnerable populations despite its collective duty to do so. Lastly, the paper outlines seven actionable solutions that could safeguard fragile populations more effectively and strengthen their resilience to crises, both now and in the future.

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- **David Nabarro**, director-general's special envoy on covid-19, WHO; co-director, Institute of Global Health Innovation; and strategic director, 4SD
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IRC foreword

The staff of the International Rescue Committee (IRC) work on the front line of the world's worst humanitarian crises. From war-torn Yemen and Syria to refugee settlements in Bangladesh, Colombia and Kenya, we help people whose living conditions have been shattered by conflict and disaster not only to survive but also to recover and regain control of their lives.

Beyond dealing with the symptoms of political failure, we also contend with the failings of the global system to muster effective responses to the world's worst crises. The reaction to covid-19 certainly fits in that category given that this disease of the connected world has been met with a fragmented and inadequate response. This report documents how the lack of a co-ordinated global approach to the pandemic has had dire consequences for millions of people around the world. While the domestic response of finance ministries in richer countries has been extensive, the international effort has lagged behind, not just in terms of meeting critical needs but in comparison to previous global crisis response efforts. And that is before we get to the administration of vaccines, never mind the longer-term collateral damage to the drive against global poverty.

Bearing this in mind, our interest in this report is deeply practical. The consequences of an unco-ordinated global response to the pandemic are not felt equally. There is a widening gap between the needs of those caught up in humanitarian crises and the support they receive. This partly reflects the challenge presented by the growing number of people in need: more people were displaced by conflict and disaster in 2019 than at any time since the second world war. It is also indicative of co-operation efforts towards a common good that are too partial, too isolated and too weak. While multilateral co-operation has achieved significant gains since the UN was established 75 years ago, covid-19 has shed light on fundamental weaknesses of the multilateral system that need to be addressed.

The report's conclusions belong to its authors, not to us, but they point to issues that can only benefit from being aired. An absolutist vision of sovereignty compromises management of the global commons and sustenance of global public goods, like health security. The disjuncture between multilateral, state-based systems and "polylateral" networks that involve states, the private sector and civil society is stark and effective funding systems are urgently needed. With the

pressures of the climate crisis rising all the while, there is no time to waste.

The virtual nature of the UN General Assembly meeting this year is strangely symbolic. While the leaders have not been silenced, an important platform for co-operation has been diminished. The fact that this year's event marks the UN's 75th anniversary is ominous. Covid-19 has only served to expose trends that have been building for some time: we must now ensure that this crisis leads to their reversal rather than their reinforcement.

David Miliband

President and CEO

International Rescue Committee (IRC)



Executive summary



The covid-19 pandemic is projected to cause up to 3.2m deaths¹ in fragile contexts.² Low-income countries and fragile states are at risk of being disproportionately affected because they have the least resources and infrastructure to grapple with the pandemic's dire health and economic repercussions. While protecting the health and safety of those most in need is the collective responsibility of the multilateral system³, its response to covid-19 has been strikingly slow, ineffective and underfunded. Failure to mobilise the rapid, co-ordinated action required to contain the virus has resulted in nearly one million deaths⁴ on a global scale. It has also caused devastating disruption to

the lives and livelihoods of billions of people and precipitated a rollback of hard-fought progress towards global development goals.

This report aims to investigate the contributing factors to the multilateral system's failure to protect fragile populations from the worst impacts of covid-19. Drawing on comparisons with previous global crises, it will evaluate the pivotal response failures across three areas: a vacuum of global leadership; insufficient funding; and a lack of global co-operation. Lastly, it will outline seven solutions that could help global players to navigate covid-19 more effectively in the near term and strengthen collective preparation for future global crises.

1 Rescue.org, "Fragile countries could see 1 billion coronavirus cases. Here's why," April 29, 2020.

2 Fragile contexts are classified as: (1) countries with high levels of institutional and social fragility, and/or (2) countries affected by violent conflict. See World Bank, "Classifications of Fragile and Conflict-affected Situations", July 2020.

3 Multilateralism is defined as the coordination of multiple countries to act toward a common goal or solve a shared problem, typically through defined frameworks and institutions, such as the UN.

4 As of September 8, 2020. See COVID-19 Map - Johns Hopkins Coronavirus Resource Center.



Its key findings include:

Multilateralism has broken its promise to the world's most vulnerable. Rather than mobilising quickly and acting decisively to contain the outbreak, the early global response to covid-19 has been categorised by an absence of leadership, an inadequate fiscal response and a lack of co-operation and information-sharing. Stronger political will and international co-operation frameworks are required to mitigate the pandemic's adverse effects on lives and livelihoods globally, and in fragile settings in particular.

Nationalism, interstate competition and political instability fractured the foundation of the multilateral system, leaving many countries to “go at it alone”. When the pandemic hit, some of the world's most powerful nations retreated from their typical leadership roles. Pivoting inwards, they prioritised the safety and security of those within their borders: travel bans were enforced, information-sharing was neglected, export restrictions were implemented and WHO recommendations were ignored. Despite the multilateral mechanisms in place to navigate global public health emergencies and address their economic, social and political repercussions, heightened geo-political tensions and rivalries between China, Russia and the US at the UN Security Council in particular led many countries to adopt a unilateral approach.

While countries have allocated an almost unprecedented US\$8trn in domestic economic stimulus packages, financing for the global health emergency response has been slow and inadequate. As of September, just 25% of the US\$10.37bn Covid-19 Global Humanitarian Response Plan was funded, with just 18.7% going to NGOs.⁵ More broadly, just 11% (US\$1.1bn) of the US\$9.9bn covid-19 health funding pledged to date has been disbursed.⁶

Deficiencies in communication and co-ordination have hindered effective crisis response in fragile contexts. Insufficient data availability in fragile contexts due to limited laboratory and testing capacity combined with inadequate data-sharing practices have made it difficult to put together a truly global picture of the extent of the covid-19 crisis. Despite its mandate to co-ordinate responses to global health emergencies, many countries have also diminished the credibility and effectiveness of the WHO by flouting its guidance and recommendations. Examples of collaboration among scientists, however, show that models for better co-operation are possible.

Government leaders, policy makers and humanitarian actors must take co-ordinated, collective action to navigate covid-19 in the short term and mitigate its negative impacts in the long term.

This will require the revival of commitments to multilateralism's promise by recognising that collective problems require collective solutions. This includes short-term action as well as long-term reform to strengthen the ability of the multilateral system to respond to both the current pandemic and future crises.

⁵ FTS OCHA, “COVID-19 Global Humanitarian Response Plan”, September 2020.

⁶ As of September 11, 2020 according to The Economist Intelligence Unit COVID-19 Health Funding Tracker.

Recommendations for immediate action include:

- **Commit to covid-19 vaccine development and distribution as a global public good.** Scientists are moving at an unprecedented speed to develop a covid-19 vaccine. Once ready, initial doses should be allocated equitably on the basis of need, not wealth, with healthcare workers and vulnerable populations first in line.
- **Remove bureaucratic constraints to the delivery of humanitarian action and services in fragile and war-torn contexts.** Restrictions on the export of personal protective equipment (PPE) and other crucial medical supplies should be lifted by all countries. Similarly, travel and movement restrictions put in place to contain the spread of covid-19 must make humanitarian exceptions in order to ensure the continued flow of essential resources and personnel to support response efforts in fragile states.
- **Leverage technology and new partnerships to distribute resources and supplies in a more transparent fashion.** Digital platforms provide an opportunity to engage a broader set of stakeholders and enable more affordable, efficient and transparent procurement of essential supplies.
- **Incorporate vulnerable populations in national covid-19 response plans and national development plans.** Given that vulnerable groups are disproportionately affected by covid-19, national pandemic response plans should ensure the inclusion of at-risk and displaced populations as a first step. Longer-term investments in building robust and resilient health systems in low- and middle-income countries should address the specific needs of vulnerable populations.

Recommendations to improve long-term crisis preparedness and resilience include:

- **Strengthen existing institutions to enhance their capacity to meet their global mandates.** Reforms should be made and additional investment allocated to the WHO, among other UN agencies, in order to strengthen their core activities, including effective pandemic response.
- **Make existing institutions and platforms for co-operation more accountable and responsive by incorporating a broader array of stakeholders.** Fostering partnerships between non-governmental organisations (NGOs), philanthropic bodies, research institutions and businesses can help to balance power within the multilateral system, drive change from the bottom-up, deepen trust in multilateral institutions and facilitate the collaboration required to develop innovative solutions to complex global problems.
- **Provide more rapid, sustainable and flexible financing to support vulnerable populations.** Multi-year financing and more agile financing mechanisms would enable government agencies and NGOs to respond more nimbly to emergencies. Additionally, reducing financing costs would incentivise governments to invest in longer-term preparedness across health systems and social assistance programmes.





Chapter 1

A broken promise to the world's most vulnerable

Vulnerable populations in low-income countries and crisis-affected areas are most susceptible to the impact of covid-19 on lives and livelihoods.

They are simultaneously the least prepared to respond to the dual health and socio-economic emergency.⁷ According to the 2019 Global Health Security (GHS) Index, none of the 195 countries assessed were fully prepared to face a pandemic,⁸ but the world's fragile and conflict-affected countries sat at the very bottom of this ranking. Of the 37 fragile and conflict-affected situations assessed as part of the index, nearly 80% were among the least prepared.⁹ Dire consequences will be felt in these communities as a result. According to International Rescue Committee (IRC) data produced by Imperial College London and the WHO, covid-19 could potentially cause as many as 3.2m deaths in fragile contexts.¹⁰

As international and humanitarian actors are often the sole providers of social assistance in fragile contexts, multilateral action is critical to helping these populations navigate a crisis of this magnitude. Yet emergency funding has been slow to materialise. "If you look at the Ebola epidemic and the 2010 earthquake in Haiti, the response was much faster," says Gayle Smith, president and CEO of the ONE Campaign to end extreme poverty and preventable disease by 2030.

Contributing to this initial setback was the outright refusal of leading global powers to leverage the multilateral system for its intended purpose: to deliver a robust and rapid global crisis response. "As a result, the response to covid-19's onset was very quickly shaped as 'every country for itself'," Ms Smith says.

7 UNDP, 2020 Human Development Perspectives, "Covid-19 and Human Development: Assessing the Crisis, Envisioning the Recovery", May 2020.

8 NTI, John Hopkins Center for Health Security and The Economist Intelligence Unit, "Global Health Security Index: Building Collective Health and Accountability", October, 2019.

9 Fragile and conflict-affected situations that rank as "least prepared" are highlighted in bold: Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of Congo, Eritrea, Gambia, Guinea-Bissau, Haiti, Iraq, Kiribati, Laos, Lebanon, Libya, Mali, Marshall Islands, Micronesia, Mozambique, Myanmar, Niger, Nigeria, Papua New Guinea, Solomon Islands, Somalia, South Sudan, Sudan, Syria, Timor-Leste, Tuvalu, Venezuela, Yemen, Zimbabwe. Note: There are 39 fragile and conflict-affected situations according to the World Bank (August 2020). Kosovo and West Bank and Gaza are not included in the Global Health Security Index, and are not included in this calculation.

10 Rescu.org, "Fragile countries could see 1 billion coronavirus cases. Here's why," April 29, 2020.



A wake-up call to revive multilateralism

The covid-19 pandemic has served as a grave wake-up call for a multilateral system seemingly ill-equipped to respond to the increasingly complex challenges of an interconnected world. Over the past 75 years, national governments, intergovernmental agencies and humanitarian institutions have established a structural framework of co-operative mechanisms to strengthen global prosperity, maintain peace, resolve crises and accelerate human achievement. Through this multilateral system, they bear the collective responsibility to protect the world's most vulnerable populations and "leave no one behind".

Five years ago, this fundamental principle was reaffirmed when 193 countries aligned on a global sustainability agenda. They set out to achieve 17 ambitious Sustainable Development Goals (SDGs) by 2030, from ending poverty and hunger to achieving gender equality and

mitigating climate change. Importantly, they pledged to "reach the furthest behind first".¹¹ However, in the face of covid-19, many nations have broken that collective promise.

While the pandemic has magnified disparities at every level, it is the world's most fragile populations—those living in regions with high levels of political instability, social insecurity or violent conflict—that are particularly at risk.¹² These settings are typically among the most impoverished in the world and home to sizable displaced populations, including refugees and internally displaced persons (IDP), who have limited access to sanitation or healthcare and minimal or zero economic safety nets. "[Covid-19] is very much a disease of inequity, a disease of poverty: perhaps even a disease of deprivation because it is more easily transmitted in those conditions," says David Nabarro, one of the WHO director-general's special envoys on covid-19, co-director of the Institute of Global Health Innovation and strategic director of 4SD.

Fragile populations are being further left behind by covid-19

As demonstrated by previous cholera and Ebola outbreaks, fragility compounded with inadequate crisis preparedness creates the perfect conditions for a pandemic to overpower containment efforts. Emerging evidence highlights the importance of responding to covid-19 in fragile settings not just as a public health crisis but as a complex "double emergency".¹³ A coronavirus outbreak will undoubtedly have devastating implications in overcrowded, unsanitary settlements and camps where fragile populations often reside.¹⁴ Already-weakened health systems in these contexts are ill-equipped to prevent the spread of the disease or to treat those afflicted by it.¹⁵ Beyond immediate health risks, the socio-economic ramifications of covid-19 include income loss, mobility restrictions and school closures. Testament to the severity of these impacts is the fact that, according to the Human Development Index, education, health and living standards are projected to decline in 2020 for the first time since 1990.¹⁶

11 United Nations, "Transforming our World: The 2030 Agenda for Sustainable Development", 2015.

12 World Bank, "Classifications of Fragile and Conflict-affected Situations", July 2020.

13 Rescue.org, "Covid-19 in Humanitarian Crises: A Double Emergency," April 2020.

14 In crowded conditions, risk of transmission is heightened. On the Princess Diamond cruise ship, the virus spread four times as fast as it did in Wuhan at the peak of its outbreak because of the ship's high population density. See IRC, "Coronavirus by the numbers," May 27, 2020.

15 In a global assessment of health security capabilities, many fragile states are at the bottom of the 195 countries assessed in Global Health Security Index's Health System category, which assess the capacity of the health sector to treat the sick and protect health workers. See NTI, John Hopkins Center for Health Security and The Economist Intelligence Unit, "Global Health Security Index: Building Collective Health and Accountability", 2019.

16 UNDP, "COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery," 2020.



According to INFORM—a collaboration between the Inter-Agency Standing Committee Reference Group on Risk, Early Warning and Preparedness and the European Commission—the worst humanitarian impacts of covid-19 are more often the result of broader socio-economic factors in fragile states than of age or pre-existing health conditions.¹⁷ For example, movement restrictions have had a detrimental effect on vulnerable populations as they are no longer able to flee from conflict or peril, which has further exacerbated existing humanitarian emergencies in countries like Syria, Yemen and South Sudan.

What's more, the covid-19 pandemic shines a spotlight on the interconnectedness of the 17 SDGs in that a reversal of progress towards one goal has a direct impact on others (Figure 1). For example, 70% of refugees live in countries where their work rights are already restricted¹⁸ and they are often forced to work in informal sectors. However, International Labour Organisation (ILO) estimates indicate that incomes of this informal nature fell by a striking 60% within the first month of the crisis due to lockdowns.¹⁹ The pandemic has also contributed to heightened food insecurity. According to the UN, ten of the world's most fragile countries could face famine in 2020 or in the first quarter of 2021.²⁰

Women are disproportionately affected by the crisis. For example, it is estimated that for every three months that containment efforts continue, around 15m additional cases of gender-based violence will occur.²¹ For already-vulnerable women living in conflict-affected countries, the risk of experiencing such violence is significantly higher.²²

Children are also disproportionately affected by the pandemic, especially in low-income countries. School closures in response to covid-19 have impacted approximately 1.6bn students globally.²³ In developing countries 86% of primary-school-aged children were left without access to education whereas this figure was just 20% in developed countries.²⁴ Reduced schooling is known to lead to a loss of earnings in the future.²⁵ This disruption to education also risks pushing children in fragile contexts out of the education system permanently. "School drop-outs will increase as a result of the double whammy of covid-19's socio-economic impacts and the lack of access to internet connectivity," says Saskia Blume, a policy specialist on migration and displacement at UNICEF.

The covid-19 pandemic shines a spotlight on the interconnectedness of the 17 SDGs in that a reversal of progress towards one goal has a direct impact on others.

17 INFORM, INFORM COVID Risk Index, Results and Analysis, April 17, 2020.

18 CGD, Refugees International & IRC, "Locked Down and Left Behind: The Impact of Covid-19 on Refugee's Economic Inclusion", July 2020.

19 ILO, "ILO Monitor: COVID-19 and the world of work. 3rd edition," ILO Briefing Note, April 29, 2020.

20 UN World Food Programme, "2020 - Global Report on Food Crises", April 20, 2020.

21 In the past 12 months, 243 million women and girls around the world have been subjected to violence by their intimate partners. UNFPA, "Interim Technical Note: Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage," April 27 2020.

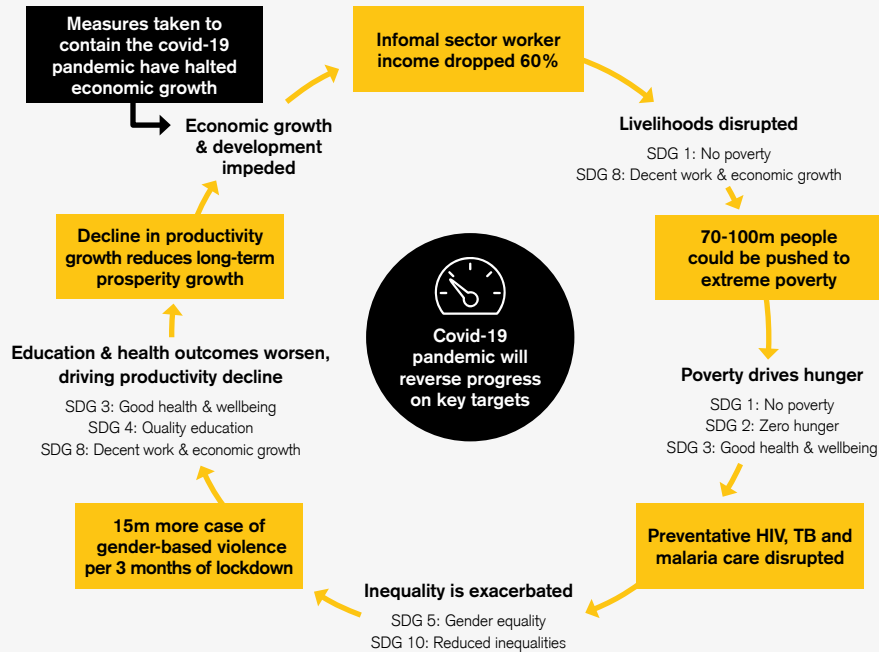
22 Georgetown Institute for Women, Peace and Security and Peace Research Institute Oslo, Women, Peace and Security Index 2019/20: "Tracking sustainable peace through inclusion, justice, and security for women", 2019.

23 UNESCO, "Reopening Schools When, Where, How?" May 13, 2020.

24 United Nations Coordinated Appeal, Global Humanitarian Response Plan Update, July 2020. https://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf

25 Psacharopoulos, George et al., "Lost Wages: The COVID-19 Cost of School Closures," World Bank Policy Research Working Paper 9246, May 2020, <http://documents1.worldbank.org/curated/en/702401598463119393/pdf/Lost-Wages-The-COVID-19-Cost-of-School-Closures.pdf>.

Figure 1: Measures enacted to contain the covid-19 pandemic and the resulting economic fallout will have knock-on effects for other key SDGs in fragile contexts



Source: ILO; UNFPA; UN Global Humanitarian Response Plan Update, July 2020; World Bank; The Economist Intelligence Unit.

"In a way, the whole sustainable development agenda is imperilled, but at the same time the current pandemic reminds us of its relevance," says Mr Nabarro. Even before covid-19 struck, only 18% of fragile and conflict-affected states were on track to meet key targets by 2030, according to a 2018 study conducted by the Overseas Development Institute (ODI).²⁶ There is no doubt that the current pandemic will set back progress even further.²⁷ Ms Smith underscores the consequences of this: "25 years' worth of progress will be lost, including huge opportunity costs in the short, medium and long term."

²⁶ Key goals analysed include SDG1, 2, 3, 4, 5, 8. See IRC & ODI, "SDG progress: Fragility, crisis and leaving no one behind", September 2018.

²⁷ The Economist, "The UN has too much on its plate," June 18 2020.



Chapter 2

A failed response to a global emergency



Since the outbreak of covid-19 six months ago, the multilateral system has not lived up to its collective promise to protect the world's most vulnerable. Its response has been marked by three critical failures: an absence of global leadership; an inadequate fiscal response; and insufficient co-operation and information sharing. To illustrate the extent to which the covid-19 response has fallen short, this chapter draws upon previous crises to offer points of comparison.

According to WHO director-general Tedros Adhanom, the response to the current pandemic exposed a “lack of leadership and solidarity at the global level”.

A vacuum of global leadership

The building blocks of an effective global crisis response include timely acknowledgement of the threat posed, collective agreement between government leaders on a co-ordinated strategy and a shared political will to execute it. According to WHO director-general Tedros Adhanom, the response to the current pandemic has exposed a “lack of leadership and solidarity at the global level”.²⁸ There are two identifiable driving forces behind this absence of leadership.

Firstly, whereas the US spearheaded a global campaign to contain the 2014 Ebola outbreak, it downplayed the potential threat of covid-19. Rather than a source of global leadership, the country failed even in its domestic response and is now home to the highest number of covid-19 cases in the world.²⁹ Once the severity of the outbreak became resoundingly clear, the US

then pivoted its focus to blaming the WHO for its ineffective response. This culminated in its decision to withdraw from the organisation altogether in July 2020—at the height of the crisis. As a result, the very multilateral agency responsible for co-ordinating the global response was stripped of the political backing and resources necessary to do so, including critical funding and technical expertise.^{30,31}

²⁸ Paul Schemm & Adam Taylor, “Tearful WHO director calls for global unity to fight the virus following U.S. pullout,” Washington Post July 9, 2020.

²⁹ COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), as of August 13, 2020.

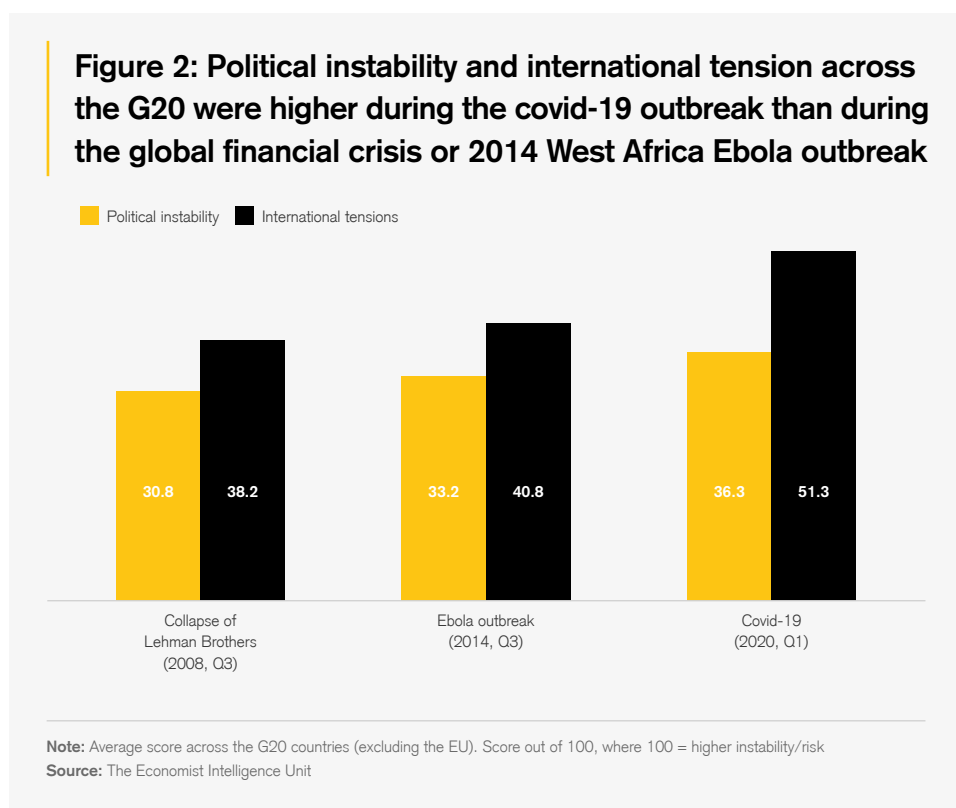
³⁰ The Economist, “The new world disorder,” June 18 2020.

³¹ Branswell, Helen, “Experts warn of dire global health consequences if U.S. withdraws from the World Health Organization”, STAT News, May 30, 2020.

Secondly, heightened economic competition between the US and China has fuelled trade tensions and hindered co-operation in other areas, such as technological innovation. Further exacerbated by an increasingly assertive Russia, geopolitical rivalry has effectively paralysed multilateral bodies from the UN Security Council to the G7, both of which have proven unable to provide the leadership required to respond to the pandemic quickly and decisively.³² The rapid spread of covid-19 underscores the importance of international co-operation to combat global health emergencies. Its ramifications cover everything from global trade, debt and financial flows to security, migration and the climate crisis.³³

These growing geopolitical rivalries are reflected in the data. According to Economist Intelligence Unit country risk data, international tension among G20 countries was higher when the covid-19 pandemic began than during the 2014 Ebola outbreak (26% higher) and the crash of Lehman Brothers (34% higher) which spurred the global financial crisis in 2008 (Figure 2). Similarly, a decline in global peace and democracy levels tracks with declining emergency response decisiveness. According to the 2020 Global Peace Index, global peace has been deteriorating since 2008, during which time the level of democracy has also declined.³⁴ According to the Economist Intelligence Unit Democracy Index, the average global democracy score in 2019 was the lowest it has been since the report's inception in 2006.³⁵

In August 2014, the WHO director-general declared the outbreak of Ebola in West Africa a “public health emergency of international concern” (PHEIC).³⁶ One month later, the UN Security Council (UNSC) unanimously passed a resolution that pronounced it “a threat to



international peace and security” and urged UN member states to provide more resources to fight the outbreak.³⁷ In the case of covid-19, on the other hand, the time lag between outbreak and response was markedly longer. Covid-19 was finally declared a PHEIC on January 30th 2020—after over 7,700 cases and 179 deaths were confirmed in mainland China and 107 cases were confirmed in 21 other countries³⁸—but the UNSC took over three months to agree on a much more limited resolution for a 90-day ceasefire in conflict-affected countries. As the novel coronavirus continued to spread at an unprecedented rate, this resolution was further delayed by a disagreement between the US and China when US president Donald Trump referred to covid-19 as “the Chinese virus” and “the Wuhan virus”,

32 Brookings, “The Purpose of Multilateralism: A Framework for Democracies in a Geopolitically Competitive World”, September 2019.

33 Anthony Dworkin, “How to repair multilateralism after covid-19,” European Council on Foreign Relations, May 22, 2020, https://www.ecfr.eu/article/commentary_how_to_repair_multilateralism_after_covid_19.

34 Visions of Humanity, Global Peace Index 2020, June 2020.

35 The Economist Intelligence Unit, Democracy Index 2019, January 22, 2020.

36 WHO, “Six months after the Ebola outbreak was declared: What happens when a deadly virus hits the destitute?” March–September, 2014.

37 Jon Cohen, “U.N. Security Council passes historic resolution to confront Ebola”, Science Magazine, September 18, 2014.

38 Durrheim, David N., Laurence O. Gostin and Keymanthri Moodley, “When does a major outbreak become a Public Health Emergency of International Concern?”, The Lancet, Volume 20, Issue 8, May 19, 2020.

among other non-neutral terms.³⁹ This lack of action at the UNSC occurred against a backdrop of growing violence globally. According to analysis by *The Economist*, political violence has increased in 43 countries since the beginning of the pandemic.⁴⁰ Nations that were particularly impacted were Libya, Yemen and Mali, each enmeshed in their own civil wars.

Further UNSC infighting has drastically impacted fragile populations. For example, two out of four cross-border supply routes delivering humanitarian aid to Syria were shut down in January 2020. Following this, Russia and China vetoed a July resolution to keep the two remaining supply routes open for the coming year, which resulted in just one route left open at Syria's border with Turkey. These closures affect the delivery of critical aid to 1.3m people, including 800,000 IDPs who live in the Aleppo area, in the midst of a pandemic.^{41,42}

Of the many criticisms the UNSC faces, some member states (particularly those from the developing world) complain that the council's structure does not reflect current geopolitical realities. While moves have been made to expand rotating membership to make the UNSC more inclusive, veto power unique to the five permanent members (coined as the "P5" and comprised of China, France, Russia, the UK and the US) enables them to prioritise their political interests, often leading to incongruous response efforts in the face of global catastrophes.



In fact, use of vetoes among the P5 has surged over the past five years, with the US wielding two, China five and Russia fourteen (most of which relate to Syria), compared with one (US), four (China) and five (Russia) from 2010-2014 (the UK and France have not employed vetoes since 1989).⁴³ Great-power rivalries between these three countries have demonstrated a prioritisation of national concerns over global security issues and the multilateral system's ability to fulfil its collective responsibility to navigate the crisis has suffered as a consequence.⁴⁴

Great-power rivalries between these three countries have demonstrated a prioritisation of national concerns over global security issues and the multilateral system's ability to fulfil its collective responsibility to navigate the crisis has suffered as a consequence.

39 The Economist, "The UN's structures built in 1945 are not fit for 2020, let alone beyond it," June 18 2020.

40 The Economist, "Horsemen of the apocalypse - Covid-19 raises the risks of violent conflict | International," June 18, 2020.

41 Permanent Mission of the Federal Republic of Germany to the United Nations, "Explanation of vote by the co-penholders for the Syria humanitarian file – Germany and Belgium – following the extension of the cross-border resolution on Syria", July 11, 2020.

42 Michelle Nichols, "Russia, China veto Syria aid via Turkey for second time this week," Reuters, July 10, 2020.

43 Dag Hammarskjöld Library, "UN Security Council - Veto List," 1946-2019.

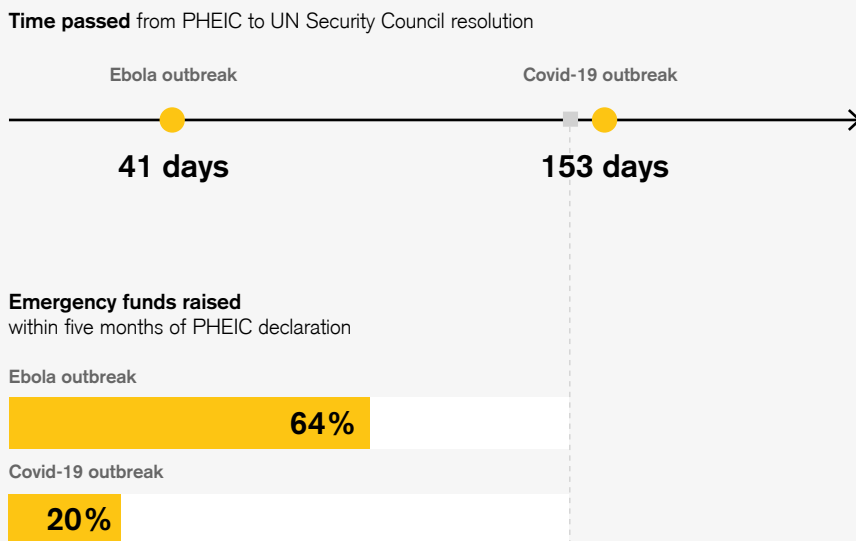
44 The Economist, "The UN's structures built in 1945 are not fit for 2020, let alone beyond it," June 18 2020.

Financing the global health response has lagged behind the pace and scale of previous crises

Mobilising and directing financial support to mitigate the socio-economic impacts of global emergencies is another central responsibility of the multilateral system. Despite UN secretary-general António Guterres's urgent plea for the G20 to adopt a "wartime" plan to mobilise the resources necessary to help developing countries combat the pandemic, covid-19 emergency funding has not been delivered at the speed or scale required. This was due, at least in part, to high-income donor countries being among the first to experience the devastating health and economic impacts of covid-19. What's more, the inadequate fiscal response exposed gaps in anticipatory financing measures required to strengthen crisis preparedness in the long term. While various national governments and multilateral bodies have implemented economic stimulus packages at home, this financial aid often excludes vulnerable populations, especially undocumented minority groups and those working in the informal sector who rarely have access to official social safety nets.

Four months after launching the UN Covid-19 Global Humanitarian Response Plan (GHRP) to support 63 of the world's most vulnerable countries⁴⁵ and seven months after covid-19 was declared a PHEIC, the GHRP only achieved about a quarter (23%) of its updated US\$10.3bn appeal. This significantly lags behind funds raised during previous crises. For example, the 2014 Ebola Response Plan achieved approximately two-thirds (64%) of its US\$2.27bn target within four months of it being declared a PHEIC (Figure 3).⁴⁶

Figure 3: The global response to covid-19 lagged behind the pace of the 2014 Ebola response



Note: PHEIC = Public Health Emergency of International Concern

Source: United Nations Office for the Coordination of Humanitarian Affairs; The Economist Intelligence Unit

Yet the global community has risen to the occasion in some respects. With the support of the multilateral system, governments had allocated approximately US\$8trn of economic stimulus by April 2020 (with US\$7trn coming from G20 countries compared with the US\$4trn secured to revive economies during the 2008 global financial crisis).^{47,48} The IMF has made US\$1trn available in lending capacity for crisis response (four times more than at the start of the global financial crisis).⁴⁹ Similarly, the World Bank has committed US\$160bn to low- and middle-income countries⁵⁰ in the form of emergency assistance packages, credit lines, debt relief and grants.

45 United Nations Secretary-General, "Launch of Global Humanitarian Response Plan for COVID-19," March 25, 2020, <https://www.un.org/sg/en/content/sg/press-encounter/2020-03-25/launch-of-global-humanitarian-response-plan-for-covid-19>.

46 Financial Tracking Service, OCHA Services. <https://fts.unocha.org/appeals/453/summary>

47 Vitor Gaspar, W. Raphael Lam, and Mehdi Raissi, "Fiscal Policies to Contain the Damage from Covid-19", IMFblog, April 15, 2020.

48 Council on Foreign Relations, "The Group of Twenty," June 10, 2019.

49 Kristalina Georgieva, "A Global Crisis Like No Other Needs a Global Response Like No Other", IMFblog, April 20, 2020.

50 World Bank, "World Bank Group Launches First Operations for COVID-19 (Coronavirus) Emergency Health Support, Strengthening Developing Country Responses," April 2, 2020.



After the fall of Lehman Brothers in September 2008, the G20 assembled to mobilise US\$850bn in multilateral financing for developing countries.⁵¹ Since then, there has been a distinct increase in economic stimulus being distributed towards social assistance. As of July 2020, for example, 200 governments pledged funding towards social assistance, and among them 36 were fragile or conflict-affected countries.⁵² According to Moizza Binat Sarwar, research fellow at the Overseas Development Institute (ODI), this has been one of the most effective response measures to insulate vulnerable populations from covid-19's economic shock.

Some of this social assistance is reaching those working in “informal sectors”—a critical accomplishment—with an estimated 136.7m informal workers in 19 countries being supported through cash transfers.⁵³ That said, these schemes often exclude undocumented populations such as refugees, IDPs or asylum seekers.⁵⁴ “Most governments are stringent about only providing these benefits to citizens,” says Dr Sarwar. “Unfortunately, the most marginalised people are the least likely to receive support, such as Rohingya adolescents with disabilities in Bangladesh camps or refugee women from Syria in Jordan and Lebanon.” When multilateral financing plans do not prioritise those with complex or uncertain citizenship statuses, beneficiary countries have limited incentive to expand funding access to these marginalised populations.⁵⁵

Another promising example of effective co-ordination among multiple stakeholders is the collective political will and financial support towards covid-19 vaccine development, manufacturing and delivery. For example, the Coalition for Epidemic Preparedness

Innovations (CEPI), national governments and the European Commission have pledged the majority of the US\$1.3bn funding dedicated to vaccine development initiatives. They have mobilised this funding through the Access to Covid-19 Tools (ACT) Accelerator, a global collaboration, representing approximately 13% of the total US\$9.8bn covid-19 health funding pledged to date.⁵⁶

When multilateral financing plans do not prioritise those with complex or uncertain citizenship statuses, beneficiary countries have limited incentive to expand funding access to these marginalised populations.

⁵¹ G20 Communique: London Summit Leader's Statement. April 2, 2009.

⁵² They disbursed 57 social assistance measures, complemented by 9 and 4 social insurance and labor market programs, respectively. Ugo Gentilini et al, “Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures,” World Bank, July 10, 2020.

⁵³ The 19 countries are: Argentina, Bhutan, Cabo Verde, Chile, Cote d'Ivoire, Colombia, Ecuador, Egypt, El Salvador, Honduras, Laos, Lesotho, Morocco, North Macedonia, Philippines, Sierra Leone, Togo, Tunisia and Zimbabwe. See Ugo Gentilini et al, “Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures,” World Bank, July 10, 2020.

⁵⁴ CGD, “Refugees International & IRC, Locked Down and Left Behind: The Impact of Covid-19 on Refugee's Economic Inclusion”, July 2020.

⁵⁵ Rescue.org, “Leaving No One Behind: Refugee Inclusion in the World Bank's Response to Covid-19,” June 2, 2020.

⁵⁶ As of September 11, 2020 according to The Economist Intelligence Unit COVID-19 Health Funding Tracker.

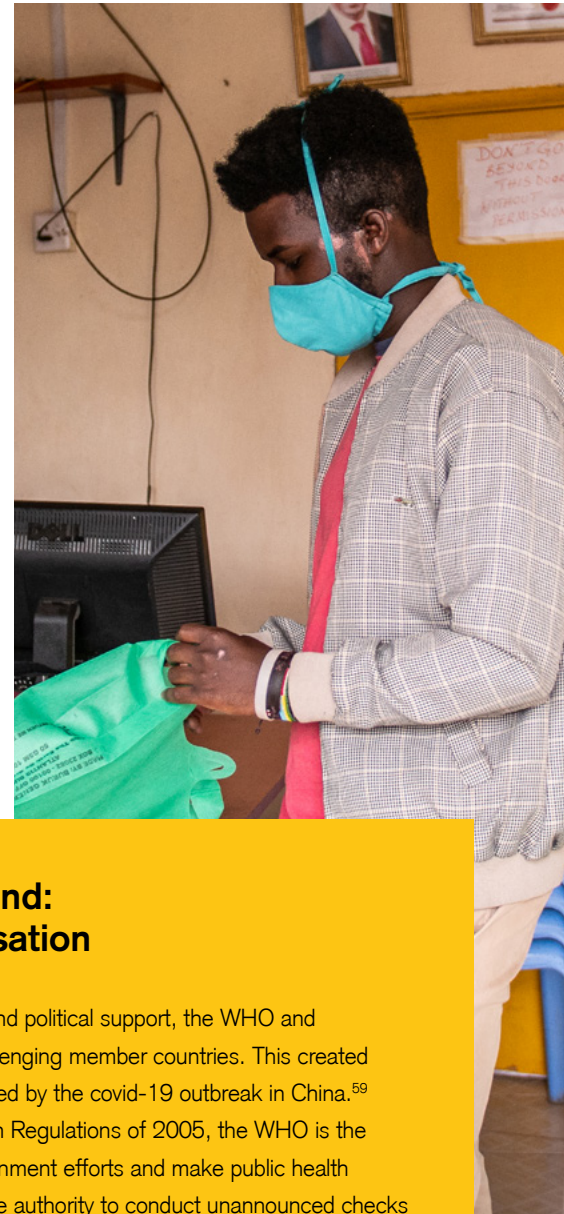
A disconnected response to a disease of an increasingly-connected world

A discernible lack of co-ordination with regard to information-sharing, public health messaging, supply chain management and humanitarian access was a pivotal contributing factor to the failures of the global covid-19 response. The unwillingness or inability of some countries to share their information hindered the ability of both domestic and international players to comprehend the extent of the outbreak and mitigate its spread. Insufficient epidemiological data, disrupted supply chains and inconsistent public health messaging also contributed to the devastating impact on fragile populations.

In order to protect the world's most vulnerable from a pandemic, sufficient and accurate data is crucial to assess the scope of the outbreak and fill the resource gaps. "People often look at the low number of cases reported in countries like Syria or Yemen and assume there haven't been extensive covid-19 outbreaks," says Andrew Hudson, executive director of Crisis Action. "The problem is we just don't have the data to discern infection or mortality rates in these countries."

Shortages of testing and reporting capacity in fragile contexts is well documented. Take Afghanistan for example. In early August 2020, its Ministry of Public Health announced that around 10m people were likely to have contracted covid-19 (based on a survey conducted with the WHO and Johns Hopkins University), 300 times the number of confirmed cases in the country.⁵⁷

Real-time data, epidemiological analysis and risk assessments are crucial to achieve the level of monitoring and surveillance required to manage a pandemic. However, slow information-sharing by China with the WHO at the outset of the pandemic obstructed the global community's ability to comprehend the nature and full scope of the crisis in its early stages when every day is critical to effective containment of an outbreak.⁵⁸ This information gap prompted a chain reaction in terms of the delayed containment of covid-19.



Limited capacity to respond: The World Health Organisation

Dependent on member states for financial and political support, the WHO and other multilateral bodies are cautious of challenging member countries. This created difficulties in evaluating the global threat posed by the covid-19 outbreak in China.⁵⁹ Under the legally-binding International Health Regulations of 2005, the WHO is the global body designated to co-ordinate containment efforts and make public health recommendations. In spite of this, it lacks the authority to conduct unannounced checks on national health systems which limits its ability to reach independent conclusions. The WHO's mandate to co-ordinate the global pandemic response and support those most severely affected is being curtailed in part by inadequate resources. Only 24% of its projected funding needs have been raised for 2020 (US\$1.7bn).⁶⁰

⁵⁷ Czachor, Emily, "Afghanistan Estimates Coronavirus Cases More Than Double U.S. Confirmed Infections", Newsweek, August 5, 2020.

⁵⁸ CFR.org editors, "What Does the World Health Organization Do?", June 1, 2020.

⁵⁹ David Miliband and Jonas Gahr Store, "Global Health Security Needs New Thinking," Newsweek, July 28, 2020.

⁶⁰ Lukas Alpert, "World Health Organization Projects \$1.3 Billion Shortfall in Fighting Covid-19," The Wall Street Journal, May 2020.

While the WHO has partnered with the World Food Programme (WFP) to co-ordinate and scale up humanitarian efforts through a covid-19 Supply Chain Taskforce, the disjointedness of the global supply chain and increased competition between countries for resources has hindered its efforts. According to Saskia Blume of UNICEF, humanitarian access has been made more difficult by covid-19 travel restrictions. “It would have helped to have a common global agreement for how to deal with humanitarian aid, access and supplies during this crisis rather than addressing it in a country-by-country, context-by-context manner,” she says.



“It would have helped to have a common global agreement for how to deal with humanitarian aid, access and supplies during this crisis rather than addressing it in a country-by-country, context-by-context manner.”

Despite the WHO’s responsibility to provide public health messaging and guidance in global crises, countries have chosen to assemble their own domestic health advisories and undertake measures that contradict WHO recommendations. For example, many nations disregarded WHO guidance by implementing international travel restrictions.⁶¹ “If there had been better co-ordination, policymakers and researchers could have started disseminating clearer, more consistent public health information and guidelines earlier,” says Paula López Peña, postdoctoral associate and lecturer in economics at Yale University.

However, there have also been some leading-edge examples of co-ordination and collaboration in the global community’s covid-19 response efforts. According to David Nabarro of the WHO, the scientific community has led the way by demonstrating that information-sharing and co-operation at the global level is possible. “The level of co-operation and willingness to work together and share information that’s not yet in the public domain is very much there,” he says. He accredits this to the awareness of public health scientists that it is paramount to understand a new pathogen regardless of political dynamics.

⁶¹ Selam Gebrekidan, “The World Has a Plan to Fight Coronavirus. Most Countries Are Not Using it,” *New York Times*, March 12 2020.



Chapter 3

Reviving the promise of multilateralism

National response efforts will remain central to navigating the covid-19 pandemic and governments will continue to play the leading role in preparedness and risk reduction.⁶² However, pathogens and other transnational crises like climate change or conflict-driven displacement know no borders. Responding to these cross-border challenges requires collective solutions. While it is indeed the role of national governments to take action to address health security risks at home, they also need to engage with international organisations to address fast-moving threats that transcend borders and to protect those who have been displaced.⁶³

The breakdown of the multilateral system during the covid-19 response is symptomatic of the underlying challenges its member

states face. The current pandemic has highlighted its inability to meet the needs of 21st-century emergencies due to three critical failures: a lack of solid leadership; inadequate funding; and insufficient co-ordination. As a result, covid-19 serves as a wake-up call to strengthen frameworks for co-operation and revive multilateralism's collective commitment to "leave no one behind".

Against this backdrop, the following chapter outlines actionable solutions that national leaders, policymakers, international institutions and humanitarian officials can implement to improve crisis response efforts in the near term and ensure preparedness and resilience in the long term.

Covid-19 serves as a wake-up call to strengthen frameworks for co-operation and revive multilateralism's collective commitment to "leave no one behind".

62 The Economist, "Politicians ignore far-out risks: they need to up their game," June 25, 2020.

63 NTI, John Hopkins Center for Health Security and The Economist Intelligence Unit, "Global Health Security Index: Building Collective Health and Accountability", October, 2019.



In the short term, these leading global players should:

Commit to covid-19 vaccine development and distribution as a global public good:

Scientists are moving at unprecedented speed to develop a covid-19 vaccine. Defeating the pandemic requires equitable access to the vaccine at a global level.⁶⁴ As such, the development, distribution and deployment of covid-19 vaccines should be viewed as an international, not national, objective. Once the vaccine is ready to be distributed, initial doses should be allocated on the basis of need, not wealth, with healthcare workers and vulnerable populations first in line.⁶⁵

There are already various initiatives making considerable headway in this area. For example, over 170 countries have either joined or expressed interest in the COVAX Facility,

a joint effort co-ordinated by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the vaccine alliance, to pool financial and scientific resources to provide every country with access to a portfolio of vaccines.⁶⁶ This financing arrangement incentivises higher-income countries to directly invest in the initiative and encourages donors to channel their funds towards lower-income countries to ensure they have equitable access to vaccine procurement. However, the success of this effort hinges on high-income countries living up to their pledges to use the COVAX Facility and to provide sufficient funds to prevent lower-income countries from being “boxed out” of initial supplies.⁶⁷

Remove bureaucratic constraints to the delivery of humanitarian action and services in fragile and war-torn contexts:

The unabridged flow of medical supplies, food and other critical goods and services across borders is integral to an effective covid-19 response.⁶⁸ Restrictions on the export of PPE and other crucial supplies should be lifted by all countries. These export restrictions run contrary to WHO recommendations and could inadvertently disrupt the supply chains delivering critical materials to vulnerable populations most in need.⁶⁹ Similarly, travel and movement restrictions to contain the spread of covid-19 must take humanitarian considerations into account to ensure the continued flow of resources and personnel to support response efforts in fragile contexts.

64 World Health Organization, “172 countries and multiple candidate vaccines engaged in COVID-19 vaccine Global Access Facility,” August 24, 2020.

65 The Economist, “The world is spending nowhere near enough on a coronavirus vaccine,” August 8, 2020.

66 Gavi, “COVAX, the act-accelerator vaccines pillar,” 2020.

67 Helen Branswell, “Plan to expand global access to Covid-19 vaccines nears fish-or-cut-bait moment,” STAT, August 28, 2020.

68 Arndt Freytag von Loringhoven, “COVID-19 and the Alliance for Multilateralism,” UN Chronicle, April 23, 2020.

69 Chad P. Bown, “EU limits on medical gear exports put poor countries and Europeans at risk,” Peterson Institute for International Economics, March 19, 2020.



Significant investments will be necessary to close critical gaps in national disease surveillance and health system capacity.

Leverage technology and new partnerships to distribute resources and supplies in a more transparent fashion:

Digital platforms provide an opportunity to engage a broader set of stakeholders and enable more affordable, efficient and transparent procurement of essential supplies. For example, in an effort to reduce supply chain volatility the Africa Centres for Disease Control established the Africa Medical Supplies Association, an online platform that enables African Union member states to purchase certified medical equipment from manufacturers and procurement partners.

Connecting a wide range of philanthropic and private-sector partners, the online platform facilitates access to critical supplies for African governments. It allows them to avoid volatile global markets and instead purchase essential supplies at fair and transparent prices.⁷⁰ This model can be replicated in other regions to introduce more cost-effective, timely and transparent procurement processes.

Incorporate vulnerable populations in national covid-19 response plans and national development plans:

Given that vulnerable groups are disproportionately affected by the health and economic impacts of covid-19, national pandemic response plans should incorporate at-risk and displaced populations as a first step to ensure equitable access to healthcare and social assistance services. Longer-term investments in building robust and resilient health systems in low- and middle-income countries are also required and should be tailored towards the specific needs of vulnerable populations.

Significant investments will be necessary to close critical gaps in national disease surveillance and health system capacity.⁷¹ Countries with stronger healthcare systems in place should share their expertise and resources with countries with limited health system capacity through financial support and knowledge-sharing. As such, reinforcing health diplomacy and investments in development co-operation should be a top priority, argues Arancha González, Spain's Minister of Foreign Affairs.⁷²

⁷⁰ Africa Medical Supplies Platform. See: <https://amsp.africa/about-us/>

⁷¹ Marco Schäferhoff and Gavin Yamey, "Ending The COVID-19 Pandemic Requires Effective Multilateralism," Health Affairs, May 27, 2020.

⁷² González Laya, Arancha, "Coronavirus: Could the pandemic revive multilateralism?", World Economic Forum, April 20, 2020.



To improve long-term crisis preparedness and resilience, global leaders should:

Strengthen existing institutions to enhance their capacity to meet their global mandates:

Examples of successful global crisis management in recent history are testament to the fact that multilateral institutions can be effective. While some multilateral bodies, such as the UN Security Council, have achieved mixed results, others have proficiently responded to the challenges of covid-19.⁷³ The World Food Programme, for instance, announced in late June that it would help fund and deliver aid mostly in the form of cash transfers and vouchers to populations facing food shortages. Altogether, they are driving aid to a record number of food insecure, famished people— 138m compared with just 97m in 2019 (a previous record).⁷⁴

As the multilateral body responsible for co-ordinating global public health emergency response, the WHO plays a critical role in planning and executing outbreak prevention and preparedness, disseminating public health guidelines and delivering critical health, economic and social aid to those in need. As a leading example of these efforts in action, the WHO recently co-ordinated over 100 participating countries in the Solidarity Trial, an international clinical trial to help find effective treatments for covid-19.⁷⁵ Despite this, the WHO has been criticised by many countries for lacking the “teeth” to compel countries to share critical data and implement its pandemic health recommendations.

In light of this, significant investments should be made and structural reforms adopted in order to strengthen the WHO’s ability to respond to future pandemics.⁷⁶ This WHO revival may also necessitate amendments to the International Health Regulations.⁷⁷ On the financial front, mobilising considerable funding will enable the WHO to more effectively convene experts, provide scientifically-backed guidance and develop crisis preparedness plans to strengthen resilience moving forward, especially in fragile contexts with high levels of political instability.^{78,79,80}

⁷³ The Economist, “The UN’s structures built in 1945 are not fit for 2020, let alone beyond it,” June 18, 2020.

⁷⁴ World Food Programme, “World Food Programme to assist largest number of hungry people ever, as coronavirus devastates poor nations,” June 29, 2020.

⁷⁵ World Health Organisation, ““Solidarity” clinical trial for COVID-19 treatments,” March 18, 2020.

⁷⁶ Marco Schäferhoff and Gavin Yamey, “Ending The COVID-19 Pandemic Requires Effective Multilateralism,” Health Affairs, May 27, 2020.

⁷⁷ The International Health Regulations, or IHR (2005), is an agreement between 196 countries to work together for global health security, and to build their capacities to detect, assess and report public health events. The WHO plays the coordinating role in IHR and, together with its partners, helps countries to build capacities. For more, please see: <https://www.who.int/ihr/about/en/>

⁷⁸ NTI, John Hopkins Center for Health Security and The Economist Intelligence Unit, “Global Health Security Index: Building Collective Health and Accountability”, October, 2019.

⁷⁹ González Laya, Arancha, “Coronavirus: Could the pandemic revive multilateralism?”, World Economic Forum, April 20, 2020.

⁸⁰ Marco Schäferhoff and Gavin Yamey, “Ending The COVID-19 Pandemic Requires Effective Multilateralism,” Health Affairs, May 27, 2020.

Make existing institutions and co-operation platforms more accountable and responsive by incorporating a broader array of stakeholders:

As noted in this report, while structural reforms to the UN system are necessary, the road to implementation remains complex and prolonged. Its configuration must be tailored and sustainable funding systems must be built to deliver on promised efficiencies and mutual accountabilities. That said, these obstacles should not dissuade UN leaders from embracing a more inclusive form of multilateralism. In fact, UN secretary general António Guterres stated that multilateralism needs to become more networked and inclusive as the convening power of UN organisations with other international institutions, civil society, businesses and cities can facilitate the collaboration necessary to develop innovative solutions to complex global problems (eg antimicrobial resistance or genetic engineering).⁸¹

Fostering partnerships with a broader range of stakeholders—such as frontline responders, philanthropic organisations, research centres and the private sector—can help to balance power dynamics within the multilateral system and drive change from the bottom up in order to better meet the needs of vulnerable populations. According to *The Economist*, participation from a wider array of actors can also instil a deeper level of trust in multilateral institutions which can in turn provide more opportunities to hold governments accountable.⁸²

Provide more rapid, sustainable and flexible financing to support vulnerable populations:

Expanding access to financing is critical to both the management of near-term covid-19 challenges and to strengthen preparedness for future crises. Multi-year financing as well as more flexible funding mechanisms can equip government agencies and NGOs with the necessary agility to respond rapidly to health, economic, climate and humanitarian emergencies. For example, anticipatory finance mechanisms can bolster future crisis preparedness and response efforts in fragile states. Additionally, reducing financing costs can incentivise governments to invest in longer-term pandemic preparedness across health systems and social assistance programmes.

More broadly, universalised and inclusive social assistance programmes are necessary to facilitate rapid and equitable access for fragile populations, especially undocumented and minority groups. Both UNICEF and the United Nations High Commissioner for Refugees present a leading example of an inclusive social protection programme that is already being piloted in ten countries. Their initiative assists refugees and other vulnerable groups to transition from the humanitarian system to the national system with the ultimate aim of augmenting system efficiency and inclusion.

81 United Nations, "Secretary-General's full transcript of his Press Conference on the launch of the UN Comprehensive Response to COVID-19 [as delivered]," June 25, 2020.

82 *The Economist*, "The UN is mobilising for the next quarter-century," June 18, 2020.

Conclusion

Covid-19: A poster child for collective solutions to collective challenges

Covid-19 has laid bare fissures in the multilateral system with far-reaching implications. From climate change to economic recessions, geopolitical tensions to AI disruption, truly global challenges are only going to become more frequent in our increasingly-interdependent world. Every country is only as strong as the weakest link in the chain. After all, the gaps in domestic and international safety nets are not just a threat to the world's vulnerable populations but also to the functioning of the global economy and society as a whole. As such, multilateral actors must connect international co-operation with improved domestic wellbeing.

The year 2020 marks the UN's 75th anniversary—an institution with an enduring vision for a better future based upon the principles of equality, solidarity and international co-operation. It is precisely in moments of crisis that silver linings can present themselves and new opportunities can be seized. Covid-19 has presented a strong case for a revival of multilateralism that makes good on its promise to protect those most in need of protection and “leave no one behind”.

A reimagining of multilateralism could indeed be the answer to snapping the world out of what UN secretary-general António Guterres characterised as a “sleepwalking state on a slide towards an ever-greater danger”. To rise to the occasion, however, national governments, multilateral actors and humanitarian leaders must heed covid-19's wake-up call and unite to give multilateralism the “teeth” it needs to strengthen global resilience both now and when the next crisis emerges.





The International Rescue Committee helps people affected by humanitarian crises to survive, recover and rebuild their lives. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls. Founded in 1933 at the call of Albert Einstein, we now work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas.

International Rescue Committee

122 East 42nd Street
New York, NY 10168-1289

Rescue.org

For more information, please email: Communications@Rescue.org