

COVID 19 preliminary scenarios for the humanitarian ecosystem

Opportunities to translate challenges into transformation

Over 6 million cases of COVID-19 have been reported by the beginning of June and the virus is continuing to spread around the world.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 deployment of surge capacity. As COVID-19 continues to spread around the globe, it poses 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, are disproportionately affected because they are directly exposed to the virus and indirectly at high risk of 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 social distancing and movement disruptions. Humanitarian actors must consider the wider implications of the pandemic at the same time as they respond 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). The economic costs of containment are likely to be severe. The International Labour Organisation (ILO) has suggested that the pandemic will affect four out of every five 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. The humanitarian needs associated with the pandemic and the policy responses to it are mounting and the funding for the response has been woefully inadequate.⁴ 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.⁵ 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:

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, K. (2020) [ABD warns coronavirus may halve GDP growth in developing Asia](#), Reuters 3 April 2020; McKinsey (2020) [Tackling COVID-19 in Africa](#); Dawkins, D. (2020) [Coronavirus to ravage India's economy with slump to 1% GDP growth forecast](#), Forbes.

⁴ UNOCHA (2020) [Global Humanitarian Response Plan: COVID-19](#)

⁵ 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](#).

- Humanitarian actors will have increasing difficulty accessing vulnerable communities as the humanitarian space is under significant restriction from national authorities.
- Limited experience in managing transnational/complex responses and in adopting equitable and effective remote partnering practices reduces the relevance of humanitarian actors capacity and expertise in localised crises in the face of a deepening ecosystemic crises which requires both local early action and collaborative longer-term strategies.
- Funding for humanitarian action is not keeping pace with the scale of need, leading to situations of high and prolonged distress.
- National and regional actors are superseding INGOs that are struggling to adapt quickly enough to maintain their relevance.
- Many states are not prioritising global development assistance 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 the following scenarios, however, there is potential for the pandemic response to drive change. The need for flexibility, 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.

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).⁶
2. It is understood that seasonality is likely to affect COVID-19 (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 middle of 2021.⁷
3. There will be a global economic turndown.

COVID-19 preliminary scenarios 2021-2022

Futuribles have researched and developed these preliminary scenarios.⁸ IARAN has adapted them to make them more global in focus. These will continue to be updated and amended if relevant, as new information becomes available. It is expected that all three scenarios will be occurring simultaneously in different countries and regions of the world.

⁶ Wu, L-p. et al. (2020) [Duration of antibody responses after Severe Acute Respiratory Syndrome](#), *Emerg Infect Dis.* 2007 Oct; 13(10): 1562–1564; Lee, B.Y. (2020) [Can you get coronavirus twice? How long are you immune after COVID-19?](#), Forbes 15 March 2020; Li, G. (2020) [Coronavirus infections and immune responses](#), *J Med Virol.* 2020; 92: 424– 432.

⁷ 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. Sajadi, M. M. (2020) [Temperature, humidity and latitude analysis to predict potential spread and seasonality for COVID-19](#), SSRN; Kissler, S.M. (2020) [Projecting the transmission dynamics of SARS-CoV-2 through the post-pandemic](#), Medrxiv; Baker, R.E. (2020) [Susceptible supply limits the role of climate in the early SARS-CoV-2 pandemic](#), Science

⁸ 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

Until the middle of 2021, most countries alternate between suppression tactics to control the virus (social distancing, and national or regional confinement) and a resumption of near normal economic and social activities.⁹ This strategy allows them to contain the spread and make strides towards developing herd immunity, while limiting social and economic disruption as much as possible. Although many people return to work (even if it could be repeatedly disrupted at the local level), all countries are suffering from the impact of the global recession. By the summer 2020, most countries hit first, finally manage to contain it.¹⁰

Lack of coordination delays various clinical trials (Recovery, Discovery, COLCORONA, etc.)¹¹ and a vaccine is not available before the second wave hits. Technical advances in COVID-19 testing allows for the tests to be systematically rolled out in developed countries from late summer 2020. These tests make it possible to prepare more effectively for the second wave, which strikes the northern hemisphere before a vaccine is made widely available in 2021. Prior to the release of the vaccine, where health systems can scale up widespread testing to the general public, the resurgence of the virus is kept in check as new cases are quickly identified and contained. However, hotspots have recurrent periods of imposed reduced movement or lockdown.

For some developing countries, the pandemic has not been contained however, the death rate is not as high as previously expected. Many 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. This makes it impossible for much of the population to take time off work. In addition, the existence of extremely densely populated areas in almost every urban centre and the resulting poor infrastructure make social distancing unfeasible for hundreds of millions of people. Lower levels of hygiene among poorer members of society drive the spread of the virus. Nevertheless the ad hoc implementation of suppression tactics (which contribute to slowing the spread) and the lockdowns imposed in 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. A second wave and unpredictable peaks in the virus exacerbate this. The consequences of the COVID-19 outbreak for developing countries are more severe because it aggravates the higher level of the disease burden and diverts resources from existing health and social priorities. This is most extreme for populations, such as forcibly displaced populations, migrants and casual labourers, who are already marginalized and have limited access to formal support. 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. Food insecurity affects a significant percentage of the world's population because of the disruption to agriculture and restrictions on international trade. The contraction of the global economy compounds food shortages and the resultant price spikes increase the poverty rate. Unemployment across the world rises, driven by disruptions in supply chains, lower demand for some goods and services, reduced tourism and lower levels of Foreign Direct Investment) and

⁹ Pueyo, T. (2020) [Coronavirus: The Hammer and the Dance: What the Next 18 months can look like, if leaders buy us time](#), 19th March 2020. Medium..

¹⁰ The probability of this scenario would be greatly increased if the spread of the virus appeared to be sensitive to temperature changes.



the effects for developing countries are longer-term. Inequality both within and between states dramatically increases as the pandemic, and its response, 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 transmission 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 effectively on lessons learned or existing structures.
- ◇ The humanitarian ecosystem's workforce is reorganized, with a strengthening of local leadership and the acceleration of investments in local staff and partners. International staff provide virtual support where needed. 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.
- ◇ Recession in developed countries has an impact on the revenue streams for INGOs undercutting their business model and opening the opportunity for some to accelerate transformative processes and for others to reduce activities or considering merging with other NGOs. In all eventualities, INGOs will reduce their presence and international staff.

Controlling the pandemic

This scenario envisages that the pandemic will be brought under control in developed countries by the end of 2020 as the combined result of containment measures, increasingly systematic testing and the virus losing potency.¹³ This means that all subsequent COVID-19 peaks are better managed and there is no longer a need for recurrent lockdowns.

In most developing countries, the rate of infection gradually slows, 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 and is

¹² Middle case scenario, World Bank poverty level of \$3.20 per day. Sumner, A. Hoy, C. and Ortiz-Juarez, E.. (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.

¹³ Balmer, C. (2020) [New coronavirus losing potency top Italian doctor](#), Reuters.

continued in countries tempted by authoritarian abuses. This leads to additional risks for marginalized communities where anonymity is necessary for their safety.

At the international level, there is renewed coordination on access to scientific resources and on the development of regional or local capacities to produce treatments, tests and vaccines, etc. This production is done in agreement between countries, large companies, and foundations (such as the Bill and Melinda Gates Foundation). 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. Though resources continue to flow through larger organizations, the need for more local responses due to occasional travel restrictions pushes forward commitments to localize aid and move decision-making closer to communities. In addition to the immediate response, many countries can maintain most resources earmarked for existing projects, limiting resource diversion and ensuring pre-existing needs (both health and socio-economic) continue to be met at pre-COVID-19 levels.

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.¹⁴ Dramatic increases in aid, provided through financial assistance, enables people affected by the pandemic and 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. 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, containment and fatality ratio estimates corrections,¹⁵ the mortality from COVID-19 turns out to be much lower than feared (less than 1% of the cases identified). Several vaccines are approved at the beginning of 2021 and production is quickly ramped up. The vaccine is widely spread as developed nations commit to preventing another pandemic, where at all possible. Health workers and caretakers will begin to have access to a vaccine in early 2021, subsequently it will be available to the general population, prioritising vulnerable groups.

Insights for the humanitarian ecosystem in controlling the pandemic

- ◇ There are substantial advances in how the incentive system for humanitarian actors is structured result from leveraging the capacities of different stakeholders, within and outside the formal humanitarian system, and demonstrating how a transnational collaborative approach can function with sufficient political will.
- ◇ 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. At the same time, considerations of the capacities and limitations of the operating environment dictate the approach. Locally led approaches are

¹⁴ Best case scenario, World Bank poverty level of \$3.20 per day. Sumner, A., Hoy, C. and Ortiz-Juarez, E. (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.

¹⁵ Verity, R. et al., [Estimates of the severity of coronavirus disease 2019: a model-based analysis](#). Lancet Infectious Diseases Vol. 20: 5. Published Online March 30, 2020 [https://doi.org/10.1016/S1473-3099\(20\)30243-7](https://doi.org/10.1016/S1473-3099(20)30243-7)

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.

- ◇ 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.
- ◇ Donors (who strive to ensure that existing priorities do not suffer) honour the appeal for contributions and it is agreed that a representative and accessible global fund for infectious disease is 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 recession in developed countries, constraining the resources of INGOs, drives interest in questioning their economic models, opening the opportunity for change and transformation.

The grand depression

The long-term effects of COVID-19 are more serious than originally thought and the socio-economic impact of the virus and its policy responses dramatically increases rates of poverty, inequality and food security. While Most cases still do not present with severe symptoms, but no satisfactory treatment has been found, and so mortality rates spike within successive waves, triggering lockdown measures at local and country levels at different times. 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 treatment becomes unrealistic because of the lack of coordination and countries focus on a vaccine. In this context, the containment measures implemented in developed countries 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 most 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 can 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 because 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 can 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.¹⁶ This eradicates years of gains across a multitude of development indicators but education is 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 not only correlated to how successful the immediate response and the effectiveness of social distancing has been, but also to the socio-economic consequences of the epidemic disruptions. The focus on COVID-19 affects access to health globally. In all countries non-COVID-19 mortality rates increase despite the success of the pre-pandemic programs. Generous economic countermeasures only somewhat mitigate unemployment, poverty and food insecurity, which have accelerated unsustainably.

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 pandemic. This forces them to keep borders closed or allow trade under very restricted conditions when the pandemic slows down. International trade is continually decreasing as protectionist policies are implemented to preserve resources for domestic use. There is a prolonged economic downturn because of the escalation of the pandemic and the corresponding responses. By 2021 there is a systemic and unprecedented financial crisis pushing millions of people back into poverty.

Insights for the humanitarian ecosystem in the grand depression

- ◇ Funding and political will for a coordinated international response is lacking and international tensions result from highly nationalistic policies implemented by most national governments.
- ◇ The response to the pandemic becomes highly securitized, making working according to humanitarian principles particularly 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 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 at a global level. Decision-making over 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, and people with disabilities, are subject to increased rates of violence and a further derogation of their rights.
- ◇ Because of the economic recession, some INGOs are forced to shut down and several reduce their global footprint, withdrawing from many fragile countries.

¹⁶ Worst case scenario at World Bank \$3.20 per day. Sumner, A., Hoy, C. and Ortiz-Juarez, E. (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.

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 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.

This crisis presents challenges that should not be underestimated, but for the humanitarian community it also provides space to try new things to increase effectiveness and act on some of the transformative commitments that have been made. 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.

