

# Addressing the Second-Order Impacts of COVID-19: Recommendations to the Biden-Harris Administration

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For over a year, the COVID-19 pandemic has devastated countries and communities across the world. As of early January 2021, over 88 million people have contracted the disease globally, resulting in over 1.9 million deaths - even this is likely an underestimate due to inadequate testing and disease surveillance systems.<sup>1</sup> Beyond the direct health impacts of the virus, the pandemic has had disastrous effects on global inequality and threatens to roll back decades of development gains. A recent report by the Gates Foundation found that global health progress was set back by 25 years in just 25 weeks.<sup>2</sup>

The spread of COVID-19 has also obliterated economic opportunity around the world. With global economic activity dropping as much as 7.6 percent in 2020, country-wide shutdowns and border closures exacerbated dire livelihood situations in a number of already-fragile countries.<sup>3</sup> Government expenditures of over \$12 trillion so far in the pandemic response continue to place heavy strain on countries, especially those with limited political and financial resources to expend.<sup>4</sup>

Some of the most severe and long-lasting impacts of the pandemic will be those on food security, employment, local markets, gender equality, and sustainable peace. For the first time in two decades, extreme poverty is expected to rise. The World Bank estimates that because of COVID-19's spread, an additional 150 million people -- just under 10% of the world's entire population -- could be pushed into extreme poverty.<sup>5</sup>



***“There is a serious risk of a grand reversal of the substantial global progress over the last 50 years in reducing poverty, increasing life expectancy, improving literacy and access to education and reducing hunger.”***

— Mark Lowcock

The Biden-Harris Administration must take decisive action to prevent the backsliding of decades of progress and to address the aftershocks facing vulnerable communities worldwide. The incoming Administration must:

**Leverage the World Health Organization (WHO) for a stronger response.**

<sup>1</sup> <https://coronavirus.jhu.edu/>

<sup>2</sup> <https://www.gatesfoundation.org/goalkeepers/report/2020-report/#GlobalPerspective>

<sup>3</sup> <https://www.undp.org/content/undp/en/home/blog/2020/secondary-impact-modelling--long-term-learning-from-covid-19.html>

<sup>4</sup> <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-governments-d3e314e1/>

<sup>5</sup> <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>

The Biden-Harris Administration has already committed to rejoining the WHO, but this alone is insufficient. The United States must assert its voice and vote in the WHO to push for a more effective COVID-19 response. Specifically, the United States should encourage the WHO to invest in and strengthen its community engagement team to ensure that plans include direct dialogue and planning exercises with affected communities. To support this effort, the U.S. government should second community engagement experts to the WHO and other relevant multilateral bodies to provide technical expertise throughout the vaccine rollout. The U.S. government should also urge the WHO to work with Ministries of Health to ensure that vulnerable and marginalized populations are included and active participants in efforts, planning, and interventions related to vaccine distribution and community engagement.

**Robustly fund the ACT-Accelerator, including the COVAX facility and the health systems strengthening pillar, in support of global equitable vaccine delivery.**

Recent modelling shared by GAVI, the Global Vaccine Initiative, found that if wealthy countries stockpile vaccines, we will see [twice as many global deaths](#) than if vaccines are shared worldwide. While the Biden-Harris Administration has recommitted to re-joining the WHO, it has not made similar commitments to make robust financial commitments to the COVAX facility, which supports equitable vaccine distribution worldwide. The United States should ensure that part of its contribution to COVAX supports the “humanitarian buffer stock” of vaccines, which will ensure that vulnerable populations like refugees and asylum seekers also have access to the vaccine. While \$5.8 billion in funding has been committed to the ACT-Accelerator thus far, the initiative will require [\\$23.7 billion](#) in 2021 to ensure deployment of all ACT-Accelerator tools. Moreover, support for the Health Systems Strengthening pillar is needed to train civil servants and front line health workers to incorporate diverse community needs and perspectives into vaccine rollout plans in order to build trust and expand the reach of the vaccine.

**Request no less than \$20 billion in supplemental appropriations to address the COVID-19 pandemic and its secondary impacts.**

While robust investments in global health systems strengthening and vaccine distribution are critical, it is equally urgent that we address the compounding crises that are decimating decades of global development progress. The Biden-Harris Administration must make the international response a priority in its first budget request and request no less than \$20 billion across health, humanitarian and development accounts to address skyrocketing food insecurity, vanishing livelihoods, fraying peace, and other second-order impacts. As current crises show no signs of abating and diseases like malaria and tuberculosis are ravaging collapsed health systems, any COVID-19 foreign aid needs to be additive to base foreign assistance funding.

**Direct USAID’s Global Health Bureau, Bureau for Humanitarian Affairs, and other relevant U.S. agencies to fund locally established NGOs, local partners, and CSOs to conduct comprehensive community engagement programs.**

The United States must ensure that vaccines -- and the people providing them -- are trusted. From responding to Ebola in Liberia and Democratic Republic of Congo, we know that community engagement increases public confidence and ultimately saves lives. USAID should launch new initiatives built on deep and inclusive local participation and these efforts should be implemented and

adapted throughout the full duration of global vaccine roll out. Specifically, these campaigns should incorporate best practices, including:

- Partnering with a broader range of community, civil society, and INGO partners beyond solely public health including partners with backgrounds in social and behavior change, governance/trust building and peacebuilding/conflict mitigation;
- Supporting government decision makers on how to incorporate diverse community needs and perspectives in vaccine rollouts;
- Applying evidence-based practices by incorporating audience segmentation, assessments of local perceptions and beliefs, two-way dialogue with communities and ongoing monitoring into communication efforts about vaccines to ensure public health solutions are co-created with communities to reflect their needs, concerns and ideas; and
- Messaging to combat disinformation and increase acceptance of accurate public health information and prevention behaviors including vaccine adoption.

### **Expand debt relief to low-income countries.**

Governments in low income countries are currently facing an impossible choice between paying off debt or investing in social protection programs for their citizens. The United States should lead by example and expand bilateral debt relief to those countries facing debt distress and work together with G20 allies to ensure that international financial institutions are doing their part to support fragile and conflict affected countries.

## **CONTACT**

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