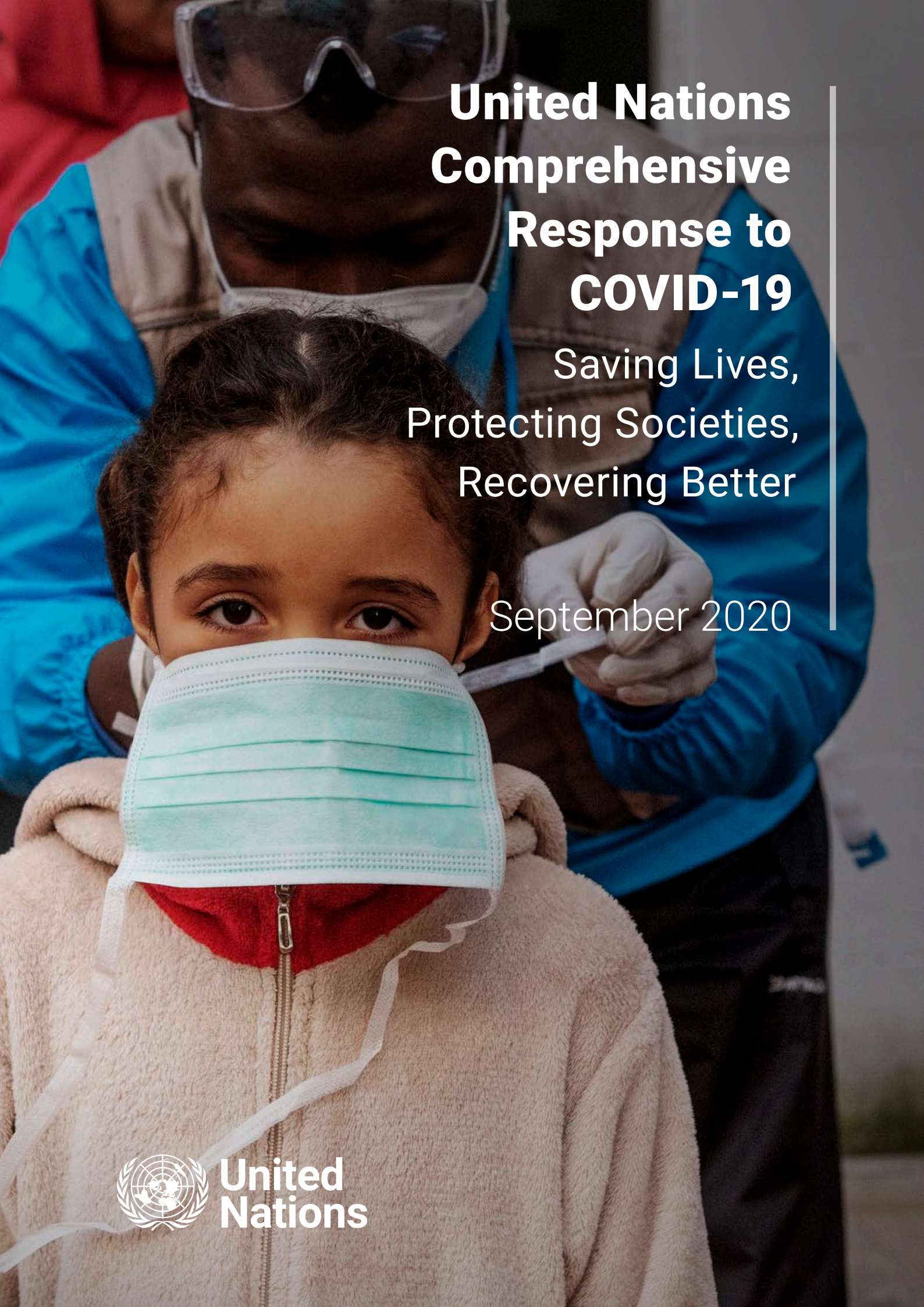




United Nations Comprehensive Response to COVID-19

Saving Lives,
Protecting Societies,
Recovering Better

September 2020



United
Nations

Credits

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Front Cover

On 31 March 2020, a seven-year-old child is given a protective mask by INTERSOS/UNICEF outreach worker, prior to a health screening in the informal settlement in Rome, Italy, where she lives. Credit: UNICEF/Romenzi.

Graphic Design

UN Office for the Coordination of Humanitarian Affairs
AHQY

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Food distribution of WFP in Bangladesh, Cox's Bazar, 21 May 2020.
Credit: WFP/Nihab Rahman

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Executive Summary

Over the course of 2020, the coronavirus disease, or COVID-19, has taken hundreds of thousands of lives, infected millions of people, upended the global economy and cast a dark shadow across our future. No country has been spared. No population group remains unscathed. Nobody is immune to its impacts.

From the outset of the pandemic, the United Nations system mobilized early and comprehensively. It led on the global health response, provided life-saving humanitarian assistance to the most vulnerable, established instruments for rapid responses to the socio-economic impact and laid out a broad policy agenda for action on all fronts. It also provided logistics, common services and operational support to governments and other partners around the world on the front lines of the pandemic, as they mounted national responses to this new virus and unprecedented global challenge.

Now, six months since the pandemic was declared, we issue this updated, comprehensive overview of the UN system response. The overview recounts our key guidance, lessons and

support in the first six months of the pandemic – and points the way to the crucial steps that must follow to save lives, protect societies and recover better, leaving no one behind and addressing the very fragilities and gaps that made us so vulnerable in the first place. It also points the way toward addressing future shocks – above all from climate change – and toward overcoming the severe and systemic inequalities that have been so tragically exposed and exacerbated by the pandemic.

It became clear early on that the pandemic was more than a health crisis; it is a socio-economic crisis, a humanitarian crisis, a security crisis, and a human rights crisis. It has affected us as individuals, as families, communities and societies. It has had an impact on every generation, including on those not yet born. The crisis has highlighted fragilities within and among nations, as well as in our systems for mounting a coordinated global response to shared threats. Our response will therefore also need to engender a deep reflection on the very structures of societies, both nationally and internationally, and the ways in which countries cooperate for the common

Secretary-General
António Guterres
(left) speaks with
Deputy Secretary-
General Amina
Mohammed ahead
of participating in
the high-level virtual
event on Financing
for Development in
the Era of COVID-19
and Beyond.
Credit: UN Photo/
Evan Schneider



good. Coming out of this crisis will require a whole-of-society, whole-of-government and whole-of-the-world approach driven by compassion and solidarity.

A THREE-POINT UNITED NATIONS SYSTEM RESPONSE

The United Nations response to COVID-19 and its impact has three overarching components:

1. A large-scale, coordinated and comprehensive **health response**, guided by the World Health Organization (WHO) and its [Strategic Preparedness and Response Plan](#), which aims to mobilize all sectors and communities in the response, control and suppression of the transmission of the virus, reduce mortality by providing care for those affected, and develop safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need. A world where COVID-19 is no longer a threat to humanity requires the most massive public health effort in history, that recognizes universal access to health as a critical global public good. Part of this response is a new global collaboration – the [Access to COVID-19 Tools \(ACT\) Accelerator](#) – the aim of which is to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The UN has also provided international coordination and operational support at the global, regional and country level, and supported the scaling up of country preparedness and response operations.
2. A wide-ranging effort to **safeguard lives and livelihoods** by addressing the devastating near-term [socio-economic](#), humanitarian and human rights aspects of the crisis with attention to those hit hardest. The focus is on saving lives, keeping vital services accessible, households afloat, businesses solvent, supply chains functioning, institutions strong, public services delivering and human rights at the forefront. This is achieved through immediate humanitarian support to the hardest-hit population in the most vulnerable 63 countries with life-saving assistance through a [Global Humanitarian Response Plan](#) (GHRP), as well as support to more than 120 countries for an immediate socio-economic response guided by the UN development system [framework](#). At global level, it includes the policy agenda contained in the series of policy briefs, as well as strong advocacy for support to developing countries, including a debt standstill, debt restructuring and greater support through the international financial institutions. Preventing and responding to the increased levels of violence against women and girls is also a critical feature.
3. A **transformative recovery** process that leads to a better post-COVID-19 world by addressing underlying fragilities and identifying opportunities for transformative change towards more just, equal and resilient societies and economies. Emerging from this crisis is an opportunity to address the climate crisis, inequalities, exclusion, gaps in social protection systems and the many other injustices that have been exposed and exacerbated. Instead of going back to unsustainable systems and approaches, we need to transition to renewable energy, sustainable food systems, gender equality, stronger social safety nets, universal health coverage and an international system that can deliver consistently, effectively and universally – with the Sustainable Development Agenda as our guide.

In order to enable this response and to create the conditions in which all people – especially those in precarious situations – can be reached, the Secretary-General has also strongly advocated for the following:

- [Global ceasefire and diplomacy](#): The Secretary-General's call for a global ceasefire, issued on 23 March, urged warring parties around the world to pull back from hostilities to facilitate the delivery of humanitarian assistance and open the windows for diplomacy. The appeal resonated widely and was endorsed by 180 Member States and one non-Member Observer State, over 20 armed movements and other entities, diverse regional organizations, religious leaders, NGOs and more than 800 civil society organizations. On 1 July, the Security Council adopted resolution 2532 calling for a 90-day humanitarian pause for all armed conflicts, with the exception of military operations conducted in the context of counter-terrorism operations. UN Special Representatives and Envoys continue their efforts to translate stated intentions into durable ceasefires and to pursue lasting political solutions.
- On 5 April, noting that violence was not confined to the battlefield, the Secretary-General issued a [global call](#) *emphasizing the need for an end to all violence against women everywhere, including in the home*. The call was positively received, including by 146 Member States which responded to the call and committed to including prevention and response to violence against women as part of their national COVID response plans, and by civil society.
- [“Verified” campaign on misinformation](#): Alongside the pandemic, the world is experiencing an ‘infodemic’ of misinformation – a war on science, a surge of stigma and hate, and ramped-up efforts to exploit young

people spending more time online. In this context, the Secretary-General has [appealed](#) for an end to all hate speech and the new United Nations “Verified” initiative aims to share clear, compelling content, and fight lies with fact-based advice and solutions. More than 18,000 individuals have signed up to regularly share content prepared in ten languages that is estimated to have cumulatively reached 400 million people worldwide. [EPI-WIN](#), WHO's Information Network for Epidemics, provides regular resources and updates aimed at both the public and the health-care, travel and tourism, business, food and agriculture sectors.

SHAPING THE GLOBAL RESPONSE

Solid science, reliable data, and analysis are critical for policy- and decision-making, especially for the tough choices required during a pandemic. The United Nations is helping to establish the knowledge base and providing support to national policymakers and other partners by marshalling its expertise to examine the diverse impacts of the pandemic and offering relevant information and advice, including through a series of [policy briefs](#) on:

- **Populations facing particular challenges**, including children, older persons, women (including as victims of violence), persons with disabilities, refugees, migrants and the internally displaced
- **Regional challenges and specificities**: Africa, Arab States, Latin America and the Caribbean, and South-East Asia
- **Key thematic areas**: women's leadership and gender equality, debt, shaping the socio-economic response, mental health, human rights, food security, the world of work, cities, tourism, education, and [universal healthcare/preparedness](#).

The UN Secretary-General has mobilized the world on the aforementioned and other critical issues, such as cooperation on a vaccine, financing and debt relief, and to highlight underlying issues, such as inequality. UN agencies are also supporting governments and partners with more in-depth analysis and recommendations on public health measures, aviation, education, shipping, tourism, technology, food supply and security, agriculture, and a host of other policy areas impacted by the pandemic.

SUPPORTING THE DELIVERY OF THE RESPONSE AT NATIONAL LEVEL

The UN system has mobilized its supply chains, assets, expertise and capacities around the world directly [to support the COVID-19 response](#):

- The entire UN system has mobilized behind the [WHO-led health response](#) to distribute medical supplies; train health workers; build testing and tracing capacities; prevent the spread of the virus, particularly among especially vulnerable populations; disseminate information widely about prevention and containment measures; and support national response planning and decision-making;
- Peace operations – both [peacekeeping operations](#) and [special political missions](#) – are providing support, within their mandates and capacities, to host country authorities in their efforts to contain the pandemic and have put in place [a series of mitigation measures](#) to continue helping to protect vulnerable communities while promoting the safety, security and health of all UN personnel and maintaining continuity of operations;
- [Humanitarian agencies](#) are aiming to assist more than 250 million people in the most vulnerable situations around the world and

UN AGENCIES' COVID-19 RESPONSES

[Food and Agriculture Organization](#) (FAO)

[International Atomic Energy Agency](#) (IAEA)

[International Civil Aviation Organization](#) (ICAO)

[International Fund for Agricultural Development](#) (IFAD)

[International Labour Organization](#) (ILO)

[International Monetary Fund](#) (IMF)

[International Maritime Organization](#) (IMO)

[International Organization for Migration](#) (IOM)

[International Telecommunication Union](#) (ITU)

[United Nations Entity for Gender Equality and the Empowerment of Women](#) (UN Women)

[Joint United Nations Programme on HIV/AIDS](#) (UNAIDS)

[United Nations Conference on Trade and Development](#) (UNCTAD)

[United Nations Development Programme](#) (UNDP)

[United Nations Environment Programme](#) (UNEP)

[United Nations Educational, Scientific and Cultural Organisation](#) (UNESCO)

[United Nations Population Fund](#) (UNFPA)

[United Nations Human Settlements Programme](#) (UNHABITAT)

[United Nations High Commissioner for Refugees](#) (UNHCR)

[United Nations Children's Fund](#) (UNICEF)

[United Nations Industrial Development Organization](#) (UNIDO)

[United Nations Institute for Training and Research](#) (UNITAR)

[United Nations Office on Drugs and Crime](#) (UNODC)

[United Nations Office for Disaster Risk Reduction](#) (UNDRR)

[United Nations Office for Project Services](#) (UNOPS)

[United Nations Relief and Works Agency for Palestine Refugees in the Near East](#) (UNRWA)

[World Tourism Organization](#) (UNWTO)

[Universal Postal Union](#) (UPU)

[World Bank](#) (WB)

[World Food Programme](#) (WFP)

[World Health Organization](#) (WHO)

[World Intellectual Property Organization](#) (WIPO)

[World Meteorological Organization](#) (WMO)

are placing high priority on continuing to provide life-saving help for the 100 million who already relied upon them, while also supporting the wider UN system's response to the pandemic;

- Guided by the UN [framework for immediate socio-economic](#) response to COVID-19 and the technical support of UNDP, United Nations Country Teams have developed UN socio-economic response plans that set out their collective support to countries in five main areas: health services; social protection; jobs; fiscal and financial stimulus; and social cohesion and community resilience. A green and sustainable recovery is a thread running through these plans.
- UN Country Teams have also supported governments in the development of national response plans, 69 of which have been finalized and another 50 of which are well underway. In many cases, they have also worked closely with governments, international financial institutions and other partners in undertaking rapid socio-economic impact assessments and implementing rapid solutions under a 'development emergency' mode. Additional funding of \$1.9 billion has been mobilized and \$2.8 billion of existing funding has been repurposed to support the COVID-19 response; and
- To measure the UN's progress in the COVID-19 response, a global indicator framework with 18 indicators will be used and publicly reported on through the COVID-19 data [portal](#).
- The socio-economic response is accompanied by research, analysis and policy advice from the [UN Department of Economic and Social Affairs](#) and the [Regional Commissions](#), as well as [statistics](#) on the impact of the virus across multiple domains from the Committee for the Coordination of Statistical Activities.

FUNDING THE RESPONSE

In addition to UN-agency-specific appeals, there are three major system-wide, costed response plans with accompanying appeals that guide what we as an Organization do to support people on the ground:

[Strategic Preparedness and Response Plan](#)

to address immediate health needs. The plan was produced by WHO and partners and is financed through government budgets, the UN Central Emergency Response Fund (CERF) and WHO's [Solidarity Response Fund](#), which is open to corporations and individuals and has raised over \$230 million so far, enabling WHO to execute its response plans for 2020. Significant additional resources are required to support governments to meet their national plans.

Resources needed:

\$1.74 BILLION

until December 2020

Resources raised to date:

\$1.44 BILLION

including pledges as of 3 September

[Global Humanitarian Response Plan](#) to ease the impacts in 63 highly vulnerable countries, which is being regularly updated. The plan is coordinated by OCHA with IASC partners, including WFP, FAO, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR and UNICEF, and complements appeals of the International Red Cross and Red Crescent Movement and NGOs.

Resources needed:

\$10.31 BILLION

Resources raised to date:

\$2.48 BILLION

as of 3 September

The [UN COVID-19 Response and Recovery Fund](#) for the socio-economic response and recovery in middle- and lower-income countries. While a significant proportion of the UN's existing \$17.8 billion portfolio of sustainable development programmes has been repurposed towards COVID-19 needs, additional funds are required. Released in April, following the Secretary-General's call for Global Solidarity with developing countries, the Fund supports the rapid implementation at country level of the UN framework for the immediate socio-economic response to COVID-19.

Resources required:

\$1 BILLION

for the first nine months

Resources raised to date:

\$58 MILLION

secured as of 3 September

SUSTAINING THE RESPONSE

The world is still in the acute phase of the pandemic. Wide-ranging health measures and other efforts will be required for months and years to come. This challenge demands sustained political leadership, unprecedented levels of funding and rarely seen heights of solidarity within and among countries, notably as we emerge from this current crisis. The UN will continue to consult with Member States and all stakeholders to consider how best to support these efforts over the long term, including on possible arrangements needed for that purpose.

As part of a set of COVID-19 prevention and control measures at Suvarnabhumi International Airport, health workers from Department of Disease Control take the temperature of an incoming passenger in the airport's health control area. Credit: WHO/P. Phutpheng

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United Nations System Comprehensive Response to COVID-19

Seventy-five years after the last world war, the world has found itself again in a global battle. This time all of humanity is on the same side against a microscopic foe that has brought us to our knees, prompting the deepest global recession in nearly a century and pushing an estimated [70-100 million](#) more people into extreme poverty. [COVID-19](#) is caused by a newly discovered coronavirus, the characteristics of which are still not fully known. As of 11 September, the pandemic has reached every country and taken over 900 thousand lives with 27 million [cases](#). Many people experience no or only mild symptoms, but others fall seriously ill or die. The long-term health impacts are not yet understood. Countries around the world have restricted movement and economic activity in order to try to bring the virus under control.

The pandemic is more than a health crisis. It is fundamentally a human crisis that has laid bare severe and systemic inequalities. No one is untouched. No single individual, sector nor society has been spared. No economy has gone unscathed. Some of the most vulnerable communities have suffered disproportionate impacts. Our response will have consequences not only for all of us but for future generations. A whole-of-society, whole-of-government and whole-of-the-world approach driven by unity and compassion is required. Global solidarity is not only a moral imperative, it is a practical necessity in an interconnected world, where none of us is safe until all of us are safe.

Recognizing the many dimensions and far-reaching impacts of the crisis, the UN has pursued a [three-point response](#) focusing on health, on safeguarding lives and livelihoods, and on addressing underlying vulnerabilities with a view to emerging from the pandemic to a more resilient, equitable, inclusive and sustainable world.

First, the large-scale, coordinated and comprehensive **health response** has been guided by the [World Health Organization](#) (WHO) and the [Strategic Preparedness and Response Plan](#), emphasizing health as the quintessential global public good and calling for whole-of-society responses, solidarity with developing countries and special attention to people at greatest risk. Controlling the pandemic is the main prerequisite for global recovery. Ultimately, we need a COVID-19 vaccine, diagnostics and treatment that are affordable, safe, effective, easily administered and universally accessible; and we have to learn the lessons of COVID-19 and prepare more effectively for the next pandemic and other global challenges of similar magnitude.

Second, a wide-ranging effort has been undertaken to **safeguard lives and livelihoods** and address the devastating humanitarian, human rights and social and economic dimensions of the crisis with a focus on providing immediate humanitarian assistance, expanding services to the most vulnerable, keeping households afloat, businesses solvent, supply chains functioning, institutions strong, public services delivering and human rights at the forefront. With strong emphasis on supporting the most affected and least resilient, the United Nations has pushed for a comprehensive stimulus package amounting to at least 10% of global GDP and massive support to developing countries in the form of an across-the-board debt standstill, debt restructuring and greater support through the International Financial Institutions. At a national level, UN Country Teams have supported the development of national response plans and dedicated measures have been advocated to address the needs and rights of women, older people, children, low-wage earners, persons with disabilities and other vulnerable groups. The UN has also provided a wide range of concrete support, including food; medicine; water



and sanitation; hygiene kits; shelter; support with remote learning; psychosocial support; cash assistance; and extra protections (such as toll-free hotlines) for those at physical risk, including of domestic violence.

Third, the UN system is providing support to countries to ensure a recovery process towards a **better post-COVID world** that addresses underlying vulnerabilities and leads to more equal, inclusive, resilient and sustainable economies and societies, as well as an international system that can protect and deliver on critical global public goods. Recovery is an opportunity also to address the climate crisis, inequality of all kinds and gaps in our social protection systems. Instead of going back to unsustainable systems and approaches, we need to transition to renewable energy, green jobs and infrastructure, sustainable food systems, social inclusion, gender equality, and stronger social safety nets, universal health

coverage, and better preparedness for health emergencies and multi-hazard risks. The lessons of COVID-19 need to be learned and applied towards more resilient health systems and long-term preparedness. At the global level, we need an effective international co-operation architecture that is designed for the problems and challenges of the 21st century.

UNICEF staff at the Venezuela's main airport supervising the arrival of a planeload with 90 tons of medical and water, sanitation and hygiene supplies. Credit: UNICEF/Pocaterra

United Nations System Comprehensive Response to Covid-19

THE UN'S THREE-POINT COMPREHENSIVE RESPONSE



1 THE HEALTH RESPONSE

Guided by WHO and the Strategic Preparedness and Response Plan, the UN health response sets out to **control the virus, support the development of a vaccine, diagnostics and treatment, and strengthen preparedness**. As health is the quintessential global public good, the response focuses on whole-of-society responses, solidarity with developing countries and special attention to people at greatest risk.



2 SAFEGUARDING LIVES AND LIVELIHOODS

Addressing the devastating socioeconomic, humanitarian and human rights aspects of the crisis, the UN undertakes a wide-ranging effort to safeguard lives and livelihoods. With strong emphasis on supporting the most affected and least resilient, the UN has pushed for a comprehensive stimulus package amounting to at least 10 per cent of global GDP and massive support to developing countries.



3 A BETTER POST-COVID-19 WORLD

Guided by the Sustainable Development Agenda, the UN envisages **a recovery process that pursues a better post-COVID world** by addressing the climate crisis, inequalities, exclusion, gaps in social protection systems and the many other fragilities and injustices that have been exposed.

JOINT OPERATIONAL RESPONSE STRATEGIES FOR UN FAMILY AND PARTNERS

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP)

- 1 **Mobilize** all sectors and communities
- 2 **Control** sporadic cases and clusters and prevent community transmission
- 3 **Suppress** community transmission
- 4 **Reduce** mortality
- 5 **Develop** safe and effective vaccines and therapeutics

GLOBAL HUMANITARIAN RESPONSE PLAN (GHRP)

- 1 **Contain** the spread of the COVID-19 pandemic and decrease morbidity and mortality
- 2 **Decrease** the deterioration of human assets and rights, social cohesion and livelihoods
- 3 **Protect, assist and advocate** for refugees, internally displaced people, migrants and vulnerable communities

UN SOCIO-ECONOMIC RESPONSE FRAMEWORK

- 1 **Protect health services** and systems during the crisis
- 2 **Protect people:** Social protection and basic service
- 3 **Protect jobs**, small and medium-sized enterprises, informal sector
- 4 **Facilitate** macroeconomic response & multilateral collaboration
- 5 **Support** social cohesion and community resilience

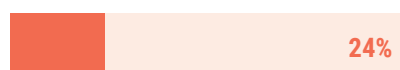
FUNDING

As of 3 Sep 2020

\$1.74 BILLION REQUIRED
\$1.44 BILLION RECEIVED



\$10.31 BILLION REQUIRED
\$2.48 BILLION RECEIVED



\$1 BILLION REQUIRED
\$58 MILLION RECEIVED



A nurse takes a girl's
temperature at a Primary Health
Care Centre in Beirut, Lebanon,
3 April 2020.
Credit: UNICEF/Choufany

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The Health Response

COVID-19 has left no region, country, nor population group untouched. Globally, more than [900 thousand people have died and 27 million](#) have been or are infected.

In the context of what is perhaps the largest ever global public health effort in history, the United Nations has led a large-scale, coordinated and comprehensive **health response** guided by the [World Health Organization](#) (WHO). This response has ranged from direct provision of medical supplies to affected countries to technical support and guidance for whole-of-society national responses with special attention to people at greatest risk, to scaling up country preparedness and coordinating a global quest for safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need. The priorities for the response are outlined in the [Strategic Preparedness and Response Plan](#) and include: mobilizing entire societies to ensure full ownership of and participation in the effort; suppressing community transmission through context-appropriate infection prevention and control measures; reducing mortality with appropriate clinical care and continuity of essential health and social services; and developing safe and effective vaccines and therapeutics that can

be delivered at scale and that are accessible based on need.

MOBILIZING TO CONTROL THE PANDEMIC, CONTAIN THE VIRUS

The most urgent aim during the first six months of the pandemic, and until effective vaccines or treatments for COVID-19 become available, has been to suppress transmission of the virus. To that end, countries have implemented public health measures, including restrictions on movement, public gatherings, and economic activity. The most effective approaches to date have been comprehensive efforts that mobilize entire communities and all sectors to actively detect, test, isolate and care for every case, and to trace and quarantine every contact. This requires physical distancing measures, fact- and science-based public information, expanded testing, increasing capacity of health-care facilities, supporting health-care workers, and ensuring adequate supplies. The goal of such measures – in which every person has a role to play – is to reach a situation where disease transmission is under control; health systems are able to detect, test, isolate and treat every case and trace every contact; outbreak risks are minimized in vulnerable places, such as nursing homes and health facilities; schools, workplaces and other essential environments have established preventive measures; the risk of importing new cases can be managed; and communities are fully educated, engaged and empowered to live under a ‘new normal’. Some countries can or have already achieved these conditions with their own resources but developing countries continue to need considerable support.

The UN system has mobilized fully to assist governments, partners, and communities in the effort to control the pandemic, including through:

UNICEF Egypt has delivered 809,000 essential medical supplies from masks to surgical gowns to the Ministry of Health and Population to support and protect Egyptian healthcare heroes who are fighting COVID-19 every day. Credit: UNICEF/Emad





Delivering medical supplies

The United Nations has mobilized its extensive procurement and logistics capacities and network of supply chains, especially WHO procurement and World Food Programme (WFP) delivery capabilities, to serve 172 countries, reaching over 80% of the globe. Under the guidance of the dedicated [COVID-19 Supply Chain Task Force](#) and with the support of key partners, essential supplies are procured and shipped through eight strategically located hubs, including on [United Nations “Solidarity Flights”](#). Through these efforts, medical supplies – personal protective equipment (PPE), testing and diagnostics supplies, and biomedical equipment such as ventilators – have been dispatched. Over 450 million items of PPE alone have been shipped or are in the process of being shipped by the supply chain team. Nearly 50,000 cubic meters of supplies are in a six week pipeline for shipment, equaling over 78 planeloads.

Supporting the front-line health response

At country level, the UN is providing medical supplies, installing hand-washing stations, training medical staff and, in some cases paying their salaries, constructing quarantine sites and medical checkpoints and supporting local contact-tracing efforts (e.g. by providing

motorcycles and fuel and by monitoring flows of especially vulnerable populations). Over 180 [emergency medical teams](#) have been deployed to support national efforts and over [29 million diagnostic items](#) have been procured, [with millions more in the pipeline](#). The UN is also boosting laboratory testing capacity, building hospitals with ICU facilities and supporting national and local authorities with public health messaging and information for communities. As part of this response, health-care and front-line workers must be equipped and protected. The United Nations is [supporting efforts to ensure](#) that they have adequate PPE and the resources they need to do their job. Since the onset of the pandemic, over 2.1 million healthcare facility staff and community health workers have been trained in infection prevention and control.

Providing technical support and guidance

The UN is sharing [emerging findings](#) about the virus itself to support countries in their health response. This support includes public health measures needed to slow or stop transmission of the virus, care for those with the disease and ensuring the continuity of essential health services. Knowledge is shared and staff and resources deployed through the [Global Outbreak Alert and Response Network](#),

UNDP delivering domestically produced face shields, financed by the EU, in Sarajevo, Bosnia and Herzegovina.
Credit: EU in BiH/
Sulejman Omerbasic

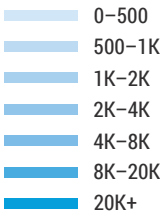
Global health impact of COVID-19

CONFIRMED CASES AS OF 14 SEP 2020

Total cases (% women)	28,918,900 (51%)
Daily new cases (average over past 7 days)	265,700
Countries with virus in 'community transmission'	109

Includes cases not assignable to regions

TOTAL CONFIRMED CASES PER MILLION PEOPLE



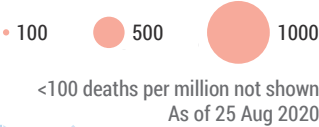
As of 25 Aug 2020

CONFIRMED DEATHS AS OF 14 SEP 2020

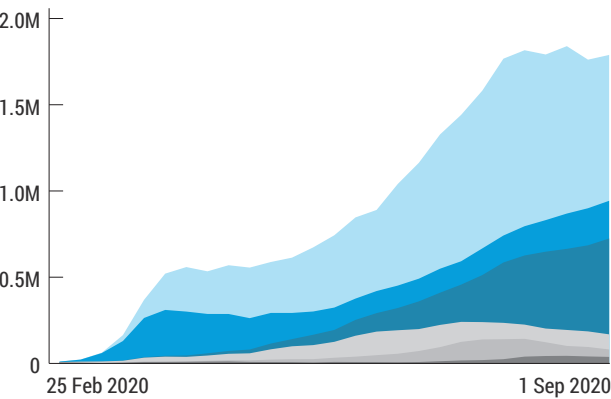
Total deaths (cumulative)	922,252
Daily new deaths (average over past 7 days)	5,265
Countries where % of deaths is on the rise in the past 3 weeks	69

Includes deaths not assignable to regions

TOTAL CONFIRMED DEATHS PER MILLION PEOPLE



NEW CONFIRMED CASES BY REGION AND WEEK



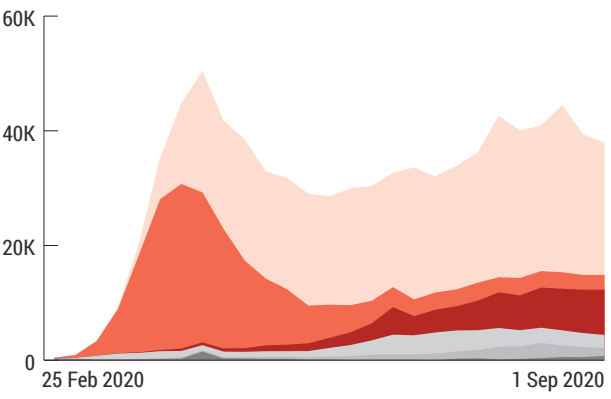
CONFIRMED CASES BY REGION BY TOTAL CASES AND 3-WEEK TREND

	Total cases	3-wk trend
Americas	14,815,178	-14%
South-East Asia	5,475,657	+32%
Europe	4,840,830	+34%
Eastern Mediterranean	2,116,189	+10%
Africa	1,119,641	-42%
Western Pacific	550,664	-25%

CONFIRMED DEATHS BY REGION BY TOTAL DEATHS AND 3-WEEK TREND

	Total deaths	3-wk trend
Americas	511,427	-12%
Europe	225,889	+6%
South-East Asia	93,649	+15%
Eastern Mediterranean	55,320	-12%
Africa	23,972	-45%
Western Pacific	11,982	+39%

NEW CONFIRMED DEATHS BY REGION AND WEEK



a network of over 250 technical institutions and networks globally that respond to acute public health events with the deployment of staff and resources to affected countries. [Unity studies](#) help countries to pool information and learn more about the virus while the [Strategic Preparedness and Response Plan](#) guides the efforts of national and international partners for context-specific [national and regional operational plans](#). More than 95 highly specialized experts have also deployed to advise national counterparts.

Promoting effective communication and reliable information

Misinformation and disinformation have complicated the health response. ‘[Verified](#)’ is a UN initiative to combat COVID-19 misinformation by increasing the volume and reach of trusted, accurate information. The initiative produces a daily feed of compelling, shareable content around three themes: science – to save lives; solidarity – to promote local and global cooperation; and solutions – to advocate support for impacted populations. It calls on people around the world to

become “information volunteers” and share UN-verified, science-based content to keep their families and communities safe and connected. [EPI-WIN](#), WHO’s Information Network for Epidemics, provides regular resources and updates aimed at the public, as well as tailored information for health care, travel and tourism, business, food and agriculture sectors. It also aims to debunk myths that emerge, particularly on social media. At country level, the UN is supporting governments’ communications efforts in traditional and social media outlets, including by translating health information and guidance into languages accessible to indigenous communities, minorities, migrants and refugees and by [joining forces with musicians](#) who have broad followings (e.g. in West Africa) to produce content that promotes COVID messaging. Some [2.6 billion people](#) have been reached with [dedicated messaging on COVID](#). Around the world, [59 United Nations Information Centers \(UNICs\)](#) and up to 130 UNCTs covering 162 countries and territories are working with national institutions, civil society and local media to enhance UN messaging regarding COVID-19. More than [121](#)

UN-supported volunteers speak with a family about preventive measures to stem the spread of the novel coronavirus that causes COVID-19, in Hassakeh, Syrian Arab Republic.
Credit: UNICEF/Souleiman





[courses](#) on virus detection, management and treatment have been made available, especially to front line health workers, in 39 languages.

Ensuring extra support for the most vulnerable groups

Informal workers, migrants, refugees, internally displaced persons (IDPs), children, older persons, persons with disabilities, indigenous communities and those on low incomes are more likely to suffer devastating consequences from this pandemic, especially in 63 countries with weaker health systems and/or those facing conflict, natural disaster or other humanitarian challenges (those countries covered by the Global Humanitarian Response Plan). Women also face specific challenges as the vast majority of front-line health care workers. The United Nations has drawn attention and provided immediate assistance to these populations to prevent infection, for instance through the “[Hand Hygiene for All](#)” initiative highlighting the risks of COVID-19 infection for people in the least developed countries

due to a lack of [hand hygiene](#) facilities. Over [54.4 million](#) people have received critical water and sanitation supplies and services, including hygiene items, in 114 countries. Special attention has been paid to affected and high-risk areas and vulnerable locations, such as Cox’s Bazar, Bangladesh, where over 860,000 Rohingya refugees reside, and Lebanon in the aftermath of the explosion at the port of Beirut on 4 August.

Maintaining essential health services

COVID-19 is overwhelming health systems and has caused disconcerting interruptions in other essential health services, immunization campaigns and access to care. Disruptions were reported in [90% of countries](#) and disproportionately in lower income countries, with routine immunizations, dental services, noncommunicable diseases, rehabilitation, family planning and mental health most affected. Births at health facilities have dropped by as much as [60%](#) in some places, with potentially serious implications for maternal and

A UNICEF nutrition specialist carrying a malnourished baby in the nutrition rehabilitation center of Dar Naim in Nouakchott. Credit: UNICEF/Pouget

newborn mortality and morbidity. Vaccination efforts have been postponed in 38 countries, including measles immunization campaigns whose suspension have left approximately [148 million children at-risk](#) of missing out on vaccinations in 35 countries. With access and services resuming in some countries, planning is underway for previously suspended campaigns to be implemented in the coming months. Countries have responded to the adverse effects on essential health services in multiple ways, most commonly triage and telemedicine (more so in high income countries). WHO technical assistance to maintain essential health services has been made available to 80 countries at their request. Efforts are also underway to re-build community trust in health services and to reverse the drop in both availability and utilization of services. To date, at least, [40.7 million children and women](#) in 75 countries have been reached with essential healthcare services including antenatal, delivery and postnatal care, essential newborn care, immunization and support for common childhood illnesses. Essential healthcare services, equipment and information are being provided to migrants, IDPs, refugees and host populations. The eradication of the polio virus in Africa, after a sustained, coordinated campaign which concluded in the midst of this pandemic, is a major [milestone and an inspiration](#).

A VACCINE, DIAGNOSTICS AND TREATMENT FOR ALL

In addition to terrible loss of life and disruption of life for billions, COVID-19 is causing economic losses of over \$375 billion from the global economy each month. A solution is urgent. A world where COVID-19 is no longer such a threat to humanity ultimately requires a vaccine, diagnostics and treatment that are affordable, safe, effective, easily-administered

and universally accessible — for everyone, everywhere. To that end, data must be shared, production capacity prepared, resources mobilized, communities engaged, and politics set aside. The [General Assembly](#) has called upon the Secretary-General, in close collaboration with the WHO, to take the necessary steps to this end by promoting and ensuring global access to the necessary medicines, vaccines and medical equipment (A/RES/74/274).

Advocacy for universal access

Advocacy for universal access to vaccine, therapeutics and diagnostics: The fastest way to end the pandemic, and to reopen economies and societies, is to start by protecting the highest risk populations and healthcare workers everywhere, rather than the entire populations of a few countries. The Secretary-General has repeatedly [called](#) for a COVID-19 vaccine to be seen as a [global public good](#) and for every person, everywhere, to have access. This principle should also apply to treatments and diagnostics and requires cooperation in the development, production and equitable delivery stages. In this regard, WHO has launched a [Solidarity Call to Action](#) that lays out the actions needed to advance the pooling of knowledge, intellectual property and data that will benefit all of humanity.

Vaccine development

The quest to develop a safe and effective vaccine and treatment for COVID-19 is well underway and no effort is being spared. [31 vaccine candidates](#) are in clinical evaluation. The United Nations is working to align research and development, fast-track regulatory approvals, harness manufacturing, and work with funders so that all populations in all countries can access a vaccine as early as possible. A critical global collaboration endeavour — the [Access to COVID-19 Tools \(ACT\) Accelerator](#) — aims to accelerate development, production, and equitable ac-

UN Family Support on the Ground

Health

MEDICAL SUPPLY



452 MILLION ITEMS of **personal protective equipment (PPE)** have been shipped or will be shipped to **affected countries**¹

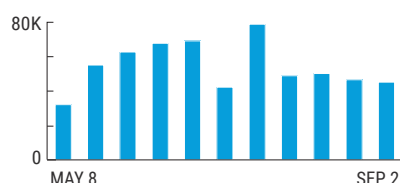
29 MILLION DIAGNOSTIC TESTS and collection kits have been shipped or will be shipped¹

187 THOUSAND UNITS of biomedical equipment have been shipped or will be shipped, including **22 thousand concentrators & ventilators**¹

172 COUNTRIES received **medical supplies** from the Global Supply Chain system, delivered through **1,148 WHO shipments** by 100 WFP common services on behalf of **52 organizations**²

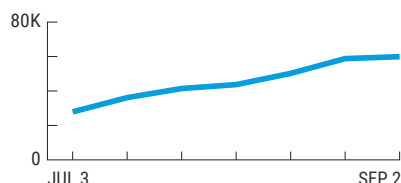
INCOMING CARGO

(6-week shipment pipeline), bi-weekly trend³ (in m³)



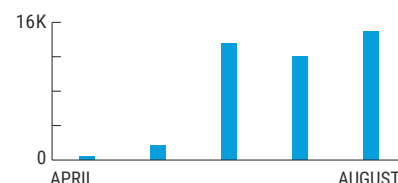
TOTAL CARGO DISPATCHED

via 8 airhubs established across the globe to 165 countries³ (in m³)



FREE-TO-USER CARGO

dispatched via airhubs, monthly trend³ (in m³)



SUPPORT TO INTERNATIONAL HEALTH RESPONSE, RESEARCH AND INNOVATION



189 COUNTRIES

have functional **coordination mechanisms** (97% of 195)⁴

184 COUNTRIES

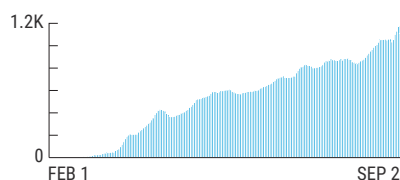
have community engagement plans (94% of 195)⁴

163 COUNTRIES

have **clinical referral systems** (84% of 195)⁴

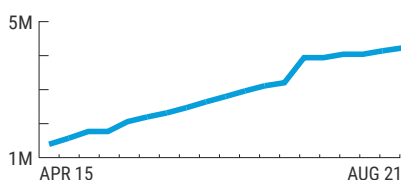
COVID TESTS

per 1 million people (across 93 represented countries), weekly average⁵



LEARNERS ENROLLED

in more than 90 specialized OpenWHO COVID-19 courses⁶



5,000 PATIENTS

are enrolled in solidarity trials of vaccines and **167 candidate vaccines** are in development, **31 of which** are in clinical evaluation⁴

INFECTION PREVENTION & CONTROL



2.6 BILLION PEOPLE

reached through **messaging on prevention and access** to health services with respect to COVID-19⁷

1.3 MILLION

healthcare workers in health facilities and communities provided with **personal protective equipment**⁷

2.1 MILLION

health & community **workers trained in detection**, referral and appropriate management of cases on the ground⁷

54 MILLION PEOPLE

reached with **critical water, sanitation and hygiene supplies and services** to help contain virus spread⁷

INTERNATIONAL COORDINATION



175 COUNTRIES

coordinating with WHO on strategic **preparedness and response** to the COVID-19 pandemic⁶

50 COUNTRIES

implementing WHO **Unity Studies** on transmission dynamics, severity, sero-prevalence, **47 countries** plan to start⁶

123 COUNTRIES

supported in formulating **national health plans** and registering financial **needs** on WHO Partners Portal⁸

95 EXPERTS

highly specialized health experts are assisting national authorities on complex medical response challenges⁸

Sources:

1. UN COVID-19 Supply Chain Task Force, 24 Aug 2020
2. WFP, 26 Aug 2020

3. WFP, 2 Sep 2020
4. WHO, 28 Aug 2020
5. Our World in Data, 2 Sep 2020

6. WHO, 21 Aug 2020
7. UNICEF, 23 Jul 2020
8. WHO, Aug 2020

cess to tests, treatments, and vaccines. The ACT-Accelerator is organized into four pillars of work: diagnostics, treatment, vaccines and health system strengthening. Each pillar is vital to the overall effort and involves innovation and collaboration. COVAX, the vaccines pillar, is convened by the Coalition for Epidemic Preparedness Innovations (CEPI), the Vaccine Alliance (GAVI) and [WHO](#) working in partnership with developed and developing country vaccine manufacturers. COVAX aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world by sharing the risks associated with vaccine development, by investing in manufacturing upfront so vaccines can be deployed at scale as soon as they are proven successful, and by pooling procurement and purchasing power to ensure the delivery of sufficient volumes of vaccine to end the acute phase of the pandemic during 2021. Nine vaccine candidates in the COVAX portfolio are currently going through Phase II or Phase III clinical trials. The aim is to deliver 2 billion doses globally for high-risk populations, including 1 billion which will be purchased for low- and middle-income countries to be fairly distributed by the end of 2021. To date, many countries have submitted expressions of interest in partnering with up to 90 lower-income countries through the facility, with support for lower-income countries through voluntary donations to Gavi's COVAX Advance Market Commitment. Together, this group of up to 172 countries represents more than 60% of the world's population. Among the group are representatives from every continent and more than half of the world's G20 economies. The amounts concerned are a tiny fraction of the [\\$12 trillion](#) that has gone to address the economic impact of COVID-19 and could prevent much more severe future losses.

LEARNING THE LESSONS AND BEING PREPARED

The pandemic has been an acid test for many countries and organizations, as well as for the [International Health Regulations \(2005\)](#), the legal instrument that governs preparedness and response for health emergencies. It has brought home in the starkest possible way that human health is the quintessential global public good and must be recognized and prioritized as such. Some researchers estimate that the costs of COVID-19 will be [hundreds of times](#) what it would have cost to prevent the pandemic. The world cannot afford another such failure. Moreover, there are [growing risks](#) of other epidemics that spread rapidly and are difficult to contain. Nor must we lose sight of concurrent emergencies or climate impacts. As we emerge from this crisis, it will be vital to strengthen pandemic preparedness, management and response at global and country levels and to learn the lessons of the COVID-19 response.

Global preparedness

To ensure that together we build a healthier, safer, fairer world, the Secretary-General is advocating for universal access to healthcare and, within that, pandemic preparedness to be seen as a global public good, with commensurate global and national-level investments. Preparedness is a continuous effort and not a one-off. Some of the investments in response capacity in the context of COVID-19 will have lasting value beyond the pandemic but there is much more to do. Public health systems need to evolve towards a more holistic focus on [universal health coverage](#) and primary healthcare, social protections, and affordable and sustainable access to essential services. The gaps should be closed in data, scientific information-sharing, pathogen-sharing, and epidemiology. Strong solidarity and support from G20/OECD countries are needed for pre-



vention and preparedness in lower income and fragile countries. The [Global Preparedness Monitoring Board](#) has identified vulnerabilities in global health security.

Country level pandemic preparedness

The United Nations, led by WHO, is supporting countries in strengthening their public health emergency management systems and to use opportunities arising from COVID-19 response to build longer-term health security. This ranges from provision of **technical and operational guidance and tools**, and approaches for emergency response planning, to coordination and financing, risk communications and community engagement, health surveillance, including case finding and contact tracing, clinical management, infection prevention and control and laboratory testing. An [Updated Country Preparedness and Response Status for COVID-19](#) identifies key response requirements as the situation evolves. [COVID-19 simulation exercise packages](#) support countries' preparedness effort on the COVID-19 outbreak. It is also crucial for countries to develop specific processes for [allocating budget funds](#) to the response. Updated [COVID-19 SPRP Operational Planning Guidelines](#) provide guidance to national authorities, UN Country Teams and partners on a set of targeted immediate actions that countries should consider across the eight pillars of public health, and a ninth

pillar on maintaining essential health services and systems - with the [COVID-19 Partners Platform](#) developed as an online tool to operationalize this document. [The COVID-19 Monitoring and Evaluation Framework](#) lists key public health indicators to monitor preparedness and response.

Learning lessons from COVID-19

COVID-19 has tested national systems and exposed dangerous gaps in preparedness and health coverage and access, including with respect to governance and coordination, community engagement and trust-building, communication of risks, supply chains and logistics, knowledge and innovation, and core health related requirements under International Health Regulations (2005). Member States have [mandated](#) an independent and comprehensive evaluation of the lessons learned from the international health response to COVID-19 and an [Independent Panel for Pandemic Preparedness and Response](#) has been established to evaluate the response. An International Health Regulations (2005) [Review Committee](#) made up of independent experts will also assess the functioning of the regulations during the pandemic.

Medical staff work in the 'red zone' of a temporary medical facility established for COVID-19 patients at the New Clinic in Baku, Azerbaijan. Credit: WHO/ Blink Media - Ehtiram Jabi

Nurses in Kosovo
immunizing children
when vaccination
programme was
resumed. Credit:
UNICEF/S.Karahoda



UNHCR staff help an elderly
Congolesse asylum-seeker reach
the health screening point in
Zombo, near Uganda's border
with the Democratic Republic of
the Congo.
Credit: UNHCR/Rocco Nuri

WE ARE ALL IN THIS
TOGETHER --- 27

ATTENTION TO HARDEST HIT
POPULATIONS --- 42

REGIONAL CHALLENGES
AND SPECIFICITIES --- 57

Safeguarding Lives and Livelihoods

We Are All in This Together

This is a human crisis. Not only have hundreds of thousands of lives been lost. The lives of billions of people have been disrupted. In addition to the health impacts, COVID-19 has exposed and exacerbated deep inequalities and necessitated difficult decisions for every country and society. The human impacts of lockdowns and suspensions of social and economic activity are disproportionately felt by the most vulnerable countries and segments of the population. Poverty could rise by [420-580 million](#) people – the first increase in three decades – with [70-100 million](#) at risk of falling back into extreme poverty. Gains on gender equality risk being reversed by decades. The pandemic has endangered the global economy, leading to a [record global recession](#) with a projected [contraction in global GDP in 2020 of 4.9 – 5.2%](#). It is estimated that developing countries stand to lose [\\$220 billion](#) in GDP in 2020 alone. Similarly, global flows of [foreign direct investment](#) are forecast to decrease by up to 40% this year as a result of the pandemic. Overall, global human development is on course to decline this year for the first time since the concept was first measured in 1990. While every country has faced enormous challenges in responding, developing countries lack the domestic resources necessary to mount a sustained response to the pandemic. To that end, the Secretary-General has called for [major solidarity with developing countries](#) and has issued a series of United Nations [policy briefs](#) to help guide Member States and other actors with regard to many of the critical decisions they face, in particular in terms of support to those most in need. He has called for governments to ensure that their decisions

are transparent, trusted and understood and that additional measures are undertaken to cushion the impact on people's lives, their livelihoods and the economy, to minimize inadvertent harms, and to keep human rights considerations to the fore.

A GLOBAL CEASEFIRE

On 23 March, the Secretary-General [called](#) on warring parties in all corners of the world to pull back from hostilities to help create cor-



ridors for life-saving aid, open windows for diplomacy and bring hope to those who are most vulnerable.

The call was endorsed by more than 180 Member States and one non-Member Observer State, as well as over 20 armed movements and other entities, along with diverse regional organizations, religious leaders and a broad coalition of more than 800 civil society organizations. A number of temporary truces were announced after the call, many of which expired without extensions. On **1 July**, the Security Council, adopted [resolution 2532 \(2020\)](#) expressing its support for the appeal for a global ceasefire, demanding a general and immediate cessation of hostilities and a humanitarian pause in most situations on its agenda and supporting the efforts undertaken by the Secretary-General and his Special Representatives and Special Envoys in that respect. The Council requested the Secretary-General to help ensure that all relevant parts of the United Nations system, including country teams, accelerate their response to the COVID-19 pandemic with an emphasis on countries in need, including those in situations of armed conflict or affected by humanitarian crises. It also acknowledged the critical role women are playing in COVID-19 response efforts, the disproportionately negative impact of the pandemic on women and girls, and called for the full, equal and meaningful participation of women in the development and implementation of adequate and sustainable responses to the pandemic.

The Secretary General's call for global ceasefire resonated across conflict settings where the UN is playing a leading role, and in others where it is not so directly engaged. At country level, United Nations envoys leading [special political missions](#), and [peacekeeping operations](#) have enhanced their engagement with all relevant parties to promote a ceasefire,

drawing on a guidance [note](#) on the opportunities and challenges presented by the appeal. However, these tentative steps away from violence have been fragile, with many ceasefires elapsing or being reversed. On 9 September, the Security Council was [updated](#) on the implementation of the resolution. In a number of conflict contexts, the violence has intensified as the COVID-19 toll has continued to mount. The impact of COVID-19 on conflict dynamics will continue to evolve in response to the varying trajectory of both the virus' spread and political and military developments. COVID-19 and the uneven implementation of ceasefires introduces new risks that could threaten fragile gains. This is particularly true where peace or security agreements are being negotiated, or in countries implementing political transitions or peace processes such as Sudan, Libya or Yemen. Many peace agreements rely on a close sequence of steps, from the demobilization of combatants to holding elections, which could be disrupted by efforts to fight the pandemic.

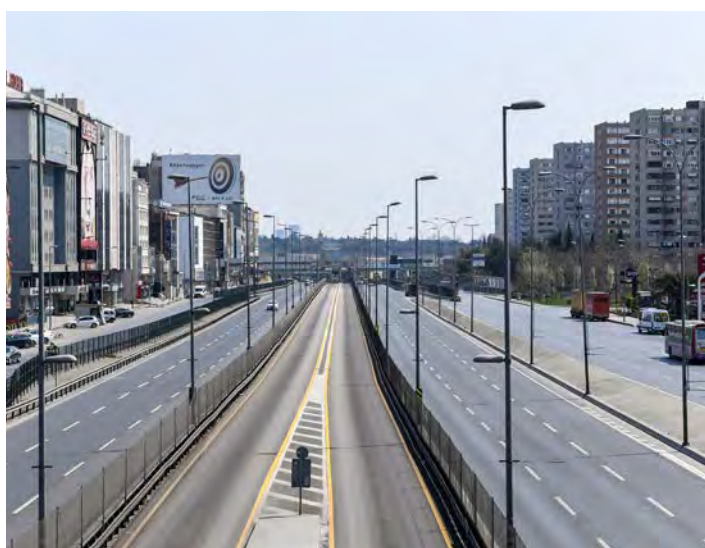
WE ARE ALL IN THIS TOGETHER: HUMAN RIGHTS APPROACHES ENSURE BETTER OUTCOMES

It became clear early on that a human rights lens is necessary to overcome the COVID-19 pandemic, putting a focus on those at risk of being left behind. The [policy brief](#) issued on 23 April underscores how governments and others can ensure better outcomes for everyone by keeping human rights considerations to the fore in their responses. This holds both for the public health emergency and the broader impact on people's lives and livelihoods. There are six key messages in the brief. First, the public health response should be acutely sensitive to unintended socio-economic impacts and care must be taken to mitigate those impacts where possible. Second, the response

must not discriminate; it needs to reach the most vulnerable and marginalized for if the virus persists in one country or one community, it remains a threat to us all. Third, an effective response requires people to be informed and involved in decisions that affect them. Compliance depends on transparency. Fourth, emergency measures should be necessary, reasonable, time-bound and proportionate, and be seen as such. The best response is one that responds proportionately to immediate threats while protecting human rights and the rule of law. The pandemic should not be used as a pretext for restrictions on civic space or other measures not warranted by the virus itself. Fifth, international solidarity is critical to an effective response. Sixth and finally, by respecting human rights in this time of crisis, we will build more effective and inclusive solutions for the emergency of today and the recovery for tomorrow, in keeping with the [Call to Action on Human Rights](#).

At country level, the United Nations has worked to embed human rights at the heart of the response of states, UN partners, civil society and the private sector, including through [targeted guidance for states](#) on key issues and monitoring specific human rights concerns that take on added urgency in the context of COVID-19, such as crowded conditions in prisons. The policy brief bolstered efforts to decrease the vulnerability of prisoners and detainees, workers, persons with disabilities, women, migrants, indigenous peoples, and children, and provided an advocacy tool to engage with decision-makers, push back on corruption, ensure public participation, access to education, information and justice. In relation to detainees, many countries have implemented the recommendations on early release, release on furlough, and release of pre-trial detainees on bail. Countries also took special measures to mitigate the impact on workers, to protect the rights of refugees and

migrants, to ensure the rights of people with disabilities were not overlooked, and to assist women to access health, justice, information and financial packages. The policy brief also assisted in protecting children at risk. Meanwhile, additional guidance was issued on [racial discrimination](#) in the context of COVID-19, highlighting recommended policy actions and promising practices. Member States were updated on the [human rights implications](#) of the pandemic and a [checklist](#) for a human rights-based approach was developed to provide guidance for the development of Socio-economic Response Plans.



THE IMMEDIATE SOCIO-ECONOMIC RESPONSE

In March 2020, the UN Secretary-General launched [Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of COVID-19](#) to describe the immediate social and economic impacts of the pandemic and provide the evidence and analytical framework to inform the UN Development System's (UNDS) response. This policy brief directly informed the development of [A UN Framework for the Immediate Socio-Economic](#)

Istanbul, Turkey.
First day of curfew
for 48 hours at
Istanbul against
corona pandemic.
Credit: UNDP
Turkey/Levent Kulu

Global socio-economic impact of COVID-19



NEGATIVE GDP GROWTH

170 countries are projected to experience **negative GDP per capita growth**, compared to their 2019 averages. These projections imply a **cumulative loss to the global economy** over two years (2020–21) of over **\$12 trillion**.

Source – IMF WEO, April 2020 Update



UNEMPLOYMENT

Global working-hour losses are projected at 14% in Q2 of 2020 (relative to 2019), which is equivalent to nearly **500 million full-time jobs**. Lower-middle-income countries are expected to be the hardest hit, with a decline of 16.1%.

Source – ILO Monitor 5th Edition, June 2020 Update



GOVERNMENT DEBT & DEFICITS

Global public debt is expected to reach an all-time high in 2020–21, **exceeding 101% of GDP**, 19 percentage points higher than 2019. The average overall **fiscal deficit** is projected to reach **14% of GDP** in 2020, 10 percentage points higher than 2019.

Source – IMF WEO, June 2020 Update



TRADE CONTRACTION

Global trade is projected to fall sharply in 2020 by 11.9%, reflecting a weaker demand for goods and services, including tourism.

Source – IMF WEO, June 2020 Update



REMITTANCES IN DECLINE

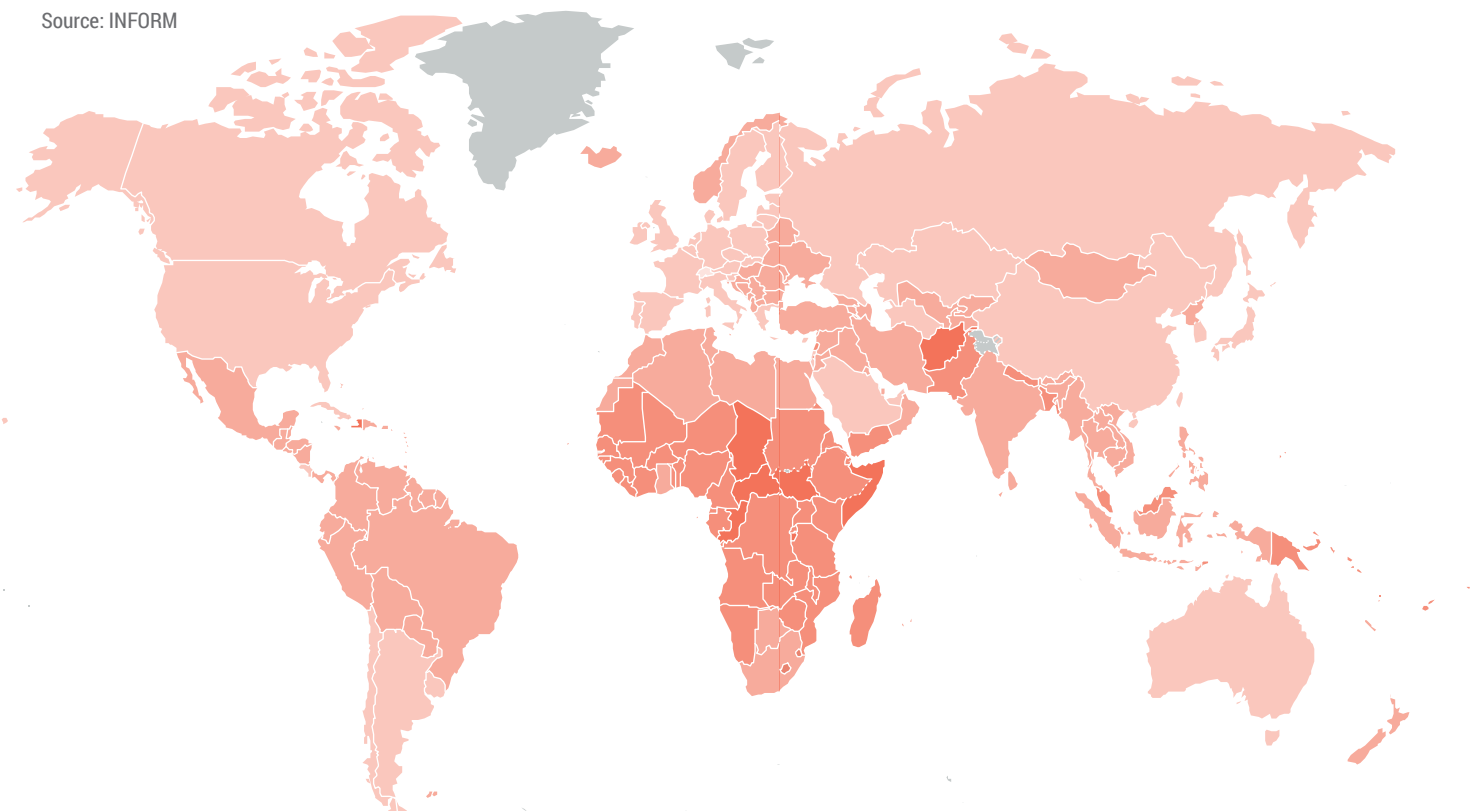
Remittance flows to low- and middle-income countries are expected to **decline by \$109 billion** in 2020, or 19.7%, relative to 2019.

Source – World Bank, COVID-19 Crisis Through a Migration Lens, April 2020

INFORM COVID-19 RISK CLASS

Very Low Very High

Source: INFORM

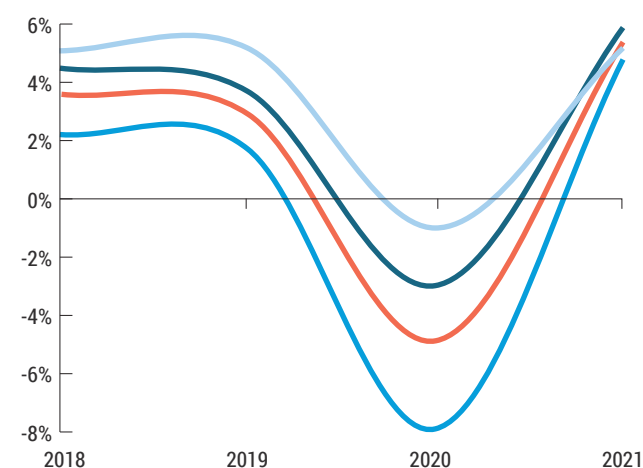


* INFORM is a collaboration of the Inter-Agency Standing Committee Reference Group on Risk, Early Warning and Preparedness and the European Commission. The INFORM COVID-19 Risk Index is a composite index that identifies: "countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity, and therefore lead to a need for additional international assistance". The INFORM COVID-19 Risk Index is primarily concerned with structural risk factors, i.e. those that existed before the outbreak.

IMPACT ON GLOBAL GROWTH RATE

Real GDP, projected annual per cent change

World Emerging Market Economies
Advanced Economies Low-Income Developing Countries

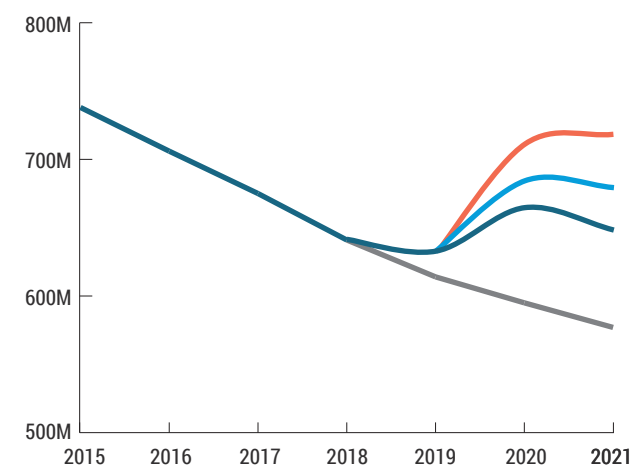


Source – IMF WEO, June 2020 Update

IMPACT ON GLOBAL EXTREME POVERTY

Projected number of people, in millions, to be in extreme poverty (defined as the number of people living on less than \$1.90 per day)

Pre-COVID projection June baseline projection
April projection June downside projection



Source – World Bank GEP, June 2020



POVERTY

COVID-19 is estimated to push between **70 to 100 million** into **extreme poverty**, measured at the international poverty line of people living on less than \$1.90 per day.

Source – World Bank GEP, June 2020



FOOD INSECURITY

The number of people in **food crises** is expected to **double**, with about **270 million people** in low- and middle-income countries expected to face acute food insecurity by the end of 2020.

Source – WFP



SCHOOL CLOSURES & MEALS

As of September 2020, an estimated 827 million learners, or 47% of the total enrolled, are **affected by school closures**. As a result, **346 million children** are estimated to be **missing school meals**, 47% of which are girls.

Source – UNESCO / WFP



REFUGEES AT RISK

COVID-19 continues to disproportionately impact **people on the move**. As of mid-August, there were over **12,000 reported COVID-19 cases** and **125 deaths** of refugees, asylum seekers and Internally Displaced Persons (IDPs) across 86 countries.

Source – UNHCR



TOURISM LOSS

850 million to 1.1 billion fewer international tourist arrivals are expected in 2020, representing between a \$910 billion to \$1.2 trillion loss in export revenues, and **100 to 120 million tourism jobs lost**.

Source – UNWTO, June 2020

[Response to COVID-19](#), co-led by the Development Coordination Office and UNDP, released in April 2020. This framework articulates five pillars to tackle the socio-economic aspects of COVID-19. These include: 1) ensuring all essential health services are still available and protecting health systems; 2) helping people cope with adversity, through social protection and basic services; 3) protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes; 4) guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and 5) promoting social cohesion and investing in community-led resilience and response systems. These five streams are connected by a strong environmental sustainability and gender equality imperative to build back better.

Guided by this [framework](#), UN Country Teams have also supported governments in the development of national response plans. Country Teams also worked with governments and other partners to undertake rapid socio-economic impact assessments and implement rapid solutions under 'development emergency' mode. The socio-economic impact assessments and response plans benefitted in many instances from input of the International Financial Institutions, including but not limited to the World Bank, the IMF and regional development banks. This collaboration has allowed for more effective joint resource mobilization; joint policy advocacy on urgent macroeconomic measures to provide relief, especially for the poorest and conflict-affected countries and for those that are at high risk of or in debt distress; effective programme design and delivery; and longer-term sustainable development. As of 3 September, Country Teams have developed Socio-economic Impact Assessments (SEIAs)

in 88 countries and Socio-economic Response Plans (SERPs) in 92 countries, with another 30 plans under development. Additional \$1.9 billion have been mobilized and \$2.8 billion in existing funding repurposed to support the COVID-19 response. More than 22,000 [households](#) have been reached with cash grants and 36 million are receiving additional social assistance from governments with UN support. A [call to action](#) has also been launched to declare remittances as essential services and reduce transfer costs so as to mitigate their projected 20% pandemic-related decline in 2020.

DEBT RELIEF AND OTHER SUPPORT FOR DEVELOPING COUNTRIES

As a result of the pandemic, in addition to the approximately 5% anticipated drop in global GDP, foreign direct investment and remittances are estimated to drop in 2020 by [40%](#), and [20%](#), respectively. While advanced economies have implemented an unprecedented fiscal and monetary policy response to address the crisis, the policy response in developing countries has been weakened by their need to continue servicing their external debts amid declining foreign exchange inflows. In this context, developing countries face the dual challenges of financing the response to the pandemic and avoiding a major debt crisis that could set back progress towards the achievement of the Sustainable Development Goals for many years.

Given the urgency of providing relief, prevent a wave of defaults, and ensure access to markets and liquidity for developing countries, the Secretary-General released [Debt and COVID-19: A Global Response in Solidarity](#) in April 2020. The policy brief recommended a three-pronged approach to debt including: a debt standstill; targeted debt relief; and ad-

UN Family Support on the Ground

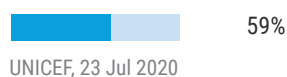
Humanitarian & Development

SOCIAL PROTECTION & SUPPORT

HOUSEHOLD SUPPORT

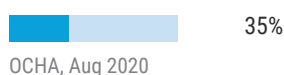
36 M HOUSEHOLDS

benefiting from **additional social assistance** provided by governments with UN family support



>430,000 PEOPLE

have accessed **protection services**



CHILD PROTECTION

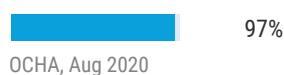
227 MILLION CHILDREN

assisted with distance or **home-based learning**



58 COUNTRIES

in which minimum **child protection services** are operational



11.5 MILLION CHILDREN AND ADULTS

provided with safe and accessible channel to **report sexual exploitation and abuse**



1.27 MILLION CHILDREN

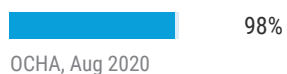
aged 6-59 months admitted for **treatment of severe acute malnutrition**



WOMEN PROTECTION

48 COUNTRIES

where **gender-based violence services** have been maintained or expanded in response to COVID-19



>5 MILLION WOMEN

reached with services, information and supplies for **sexual and reproductive health***



*47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives

REFUGEES, IDPS, MIGRANTS

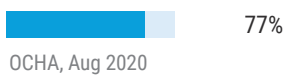
45.3 MILLION REFUGEES,

IDPs and migrants who are particularly **vulnerable** to the pandemic and received assistance*



49 COUNTRIES

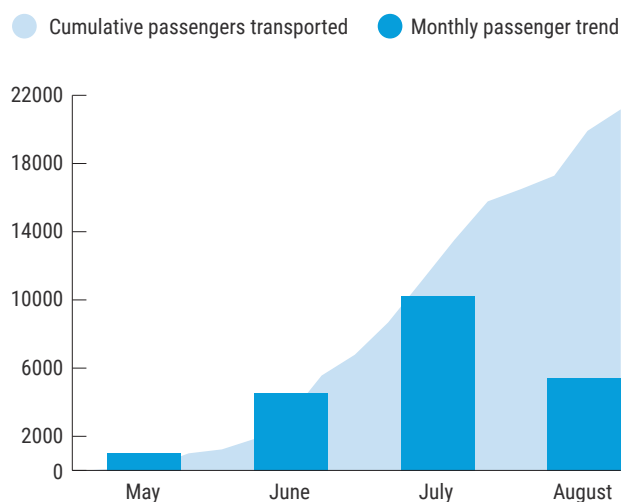
where refugee, IDP, migrant areas and host communities reached by **information campaigns** about pandemic risks



*Includes targets from UNHCR August 2020 reports

LOGISTICS SUPPORT

Number of health and humanitarian workers transported to the frontlines of the COVID-19 response (on behalf of 306 organizations)



DCO, 3 Sep 2020

DEVELOPMENT

SOCIO-ECONOMIC RESPONSE PLANS

92 UN Country Teams completed **socio-economic response plans**, 56 are in the drafting process

\$31.9 billion in estimated costs of socio-economic response plans, provided by 96 UN Country Teams to date

\$11 billion is the estimated total funding gap of the costed plans, \$139 million on average per plan

NATIONAL RESPONSE PLANS

84 UN Country Teams are jointly **supporting national socio-economic response plans**

69 governments completed **national response plans**, 50 governments are in the drafting process

SOCIO-ECONOMIC IMPACT ASSESSMENTS

88 UN Country Teams completed **socio-economic impact assessments**, 42 are in the drafting process

\$1.9 billion in additional funding mobilized by 73 UN Country Teams, \$27 million on average per country

\$2.8 billion in existing funding repurposed by 95 UN Country Teams, \$29.9 million on average per country

DCO, 3 Sep 2020

addressing structural issues in the international debt architecture. While the efforts made by the IMF and the World Bank to release emergency financing and the Debt Service Suspension initiative have been commendable, further action is needed. In this regard, the policy brief on debt informed the analytical frame of the [High-Level Event on Financing for Development in the Era of COVID-19 And Beyond](#) held on 28 May to discuss critical issues, including financing and debt relief. Six Discussion Groups were established as an outcome of this event to produce a final menu of concrete and actionable policy options for consideration by [High-Level Meetings of](#)

others, with the objective of creating the fiscal space necessary to guide the response to the COVID-19 pandemic and recover better with sustainability.

In the context of possible debt relief, the United Nations has also offered [proposals](#) for how governments can support the 2.7 billion people living below or just above the poverty line in 132 developing countries with a time-bound [temporary basic income](#) that would allow them to meet their basic needs while adhering to physical distancing and other requirements necessary to bring the virus under control. This measure would be especially relevant in developing countries, where seven out of ten workers, most of them women, make a living through informal markets, and are thus not covered by social insurance programmes and cannot earn money if they are stuck at home. A temporary basic income would give them the means to buy food and pay for health and education expenses. It would require 12% of the total financial response to COVID-19 expected in 2020, equivalent of one-third of what developing countries owe, in external debt payments through 2020.

The Secretary-General also launched a series of roundtables of renowned economists to address critical issues in the aftermath of the COVID-19 pandemic. [The first roundtable](#) focused on three pressing areas profoundly affected by the crisis: external debt, external finance and international trade. The second roundtable gave voice to young women economists on two defining issues of our time: jobs and climate action.

FOOD SECURITY AND NUTRITION

The COVID-19 crisis threatens the food security and nutrition of millions of people. Nearly 690 million people were already chronically



WFP is assisting 50,000 vulnerable people in Oruro, La Paz and Cochabamba through Food Assistance for Assets programmes in Bolivia. Credit: WFP/Morelia Eróstegui

[Ministers of Finance on 8 September](#) and a Heads of State and Government Meeting on 29 September focusing on: 1) [external finance and remittances, jobs and inclusive growth](#); 2) [recovering better for sustainability](#); 3) [global liquidity and financial stability](#); 4) [debt vulnerability](#); 5) [private sector creditors engagement](#); and 6) [illicit financial flows](#). The outcomes of the High-Level events will feed into both the UN's existing workstreams and other forums such as the G20, annual meetings of the IMF and World Bank, among

undernourished when the pandemic began, further impacting people's food security and nutrition. Recent analysis estimates that the impact of the COVID-19 pandemic and mitigation measures may push [270 million people](#) into acute hunger in 2020. Around [70-100 million people](#) may fall into extreme poverty. Were this to happen, the total number of people who are acutely food or nutrition insecure would rapidly expand, and we would be facing a large global food emergency. In the longer term, we face possible disruptions to the functioning of food systems, with severe consequences for health and nutrition, as well as for economies. The world's food systems were already in crisis due to such factors as climate change, instability, locust plagues and other stresses. With concerted action, we can not only avoid some of the worst immediate impacts but do so in a way that supports a transition to more sustainable food systems that are in better balance with nature and that support healthy food and nutrition, and ultimately better health prospects - for all.

The [policy brief](#) issued on 9 June recommends a focus on 1) Saving lives, focusing attention where the risks is most acute with life- and livelihood-saving assistance, better surveillance, proactive pre-positioning, keeping trade corridors open, designating food and nutrition services as essential, ensuring the safe passage of humanitarian personnel and cargo, and meeting liquidity needs of small producers; 2) strengthening social protection systems, safeguarding access to nutritious food, especially for young children, pregnant and breastfeeding women, older people and other at-risk groups; 3) investing in transforming food systems, with a shift towards more sustainable food systems practices.

Since the brief was issued, further data has been published demonstrating how COVID-19 is deepening food insecurity in the world's

hunger hotspots and creating new epicentres of hunger across the globe, including the [State of Food Security and Nutrition in the World 2020](#) and early warning analysis of [acute food insecurity hotspots](#). The number of acutely food insecure people in crisis-affected countries is predicted to increase from 149 million pre-COVID-19 to 270 million before the end of the year if assistance is not provided urgently. The gendered impacts cannot be overstated, with women and girls exposed to further risks of gender-based violence and sexual exploitation and abuse as they desperately look for ways to survive. United Nations agencies continued to refine their tools and programming, such as the FAO [COVID-19 Response and Recovery Programme](#) and the [Open-access tool](#), which shows how the pandemic is impacting the food chain and supports decision making at country level. There is also the IFAD [COVID-19 Rural Poor Stimulus Facility \(RPSE\)](#), which aims to build the resilience of the estimated 63% of the world's poor people who work in agriculture, as well as the WFP [framework](#) to integrate emergency, development and prevention programming in support of national systems and service delivery. Also, at country level, UN agencies have stepped up assistance in places where markets have been affected by COVID-19, including emergency livelihoods assistance to 2 million households in 34 countries.

Combinations of in-kind and cash assistance have been scaled up as has technical support to governments for shock responsive social protection measures, [tools to support policy analyses at country and global level](#) and assessing the impact of COVID-19 on food systems. But [27 countries remain at risk](#) of significant food security deterioration in the next six months, with COVID-19 compounding existing vulnerabilities. Food processing, storage, marketing and transport are particularly affected by COVID-19 containment measures

and, in some regions, the United Nations is launching initiatives to provide a bridge between producers who cannot sell their food products because of COVID-19 related restrictions and households that are facing food and nutritional insecurity. The Food Systems Summit to be hosted by the Secretary-General in 2021 is another opportunity to mobilize multi-stakeholder action to end hunger by 2030.

THE WORLD OF WORK

As of late August, 90% of the world's workers were living in countries with some type of workplace closure measures in place to respond to the COVID-19 pandemic. While certain sectors and industries have successfully moved online, pointing the way towards exciting innovations in the world of work, the magnitude of labour market disruption is unprecedented. Globally, work-hour losses have been massive, equivalent to [nearly 500 million full-time jobs](#) in the second quarter of 2020 compared to the pre-crisis quarter (fourth quarter of 2019). The unprecedented increase in unemployment and underemployment is having a dramatic impact on the livelihoods, well-being and mental health of workers and their families. Small and medium-sized enterprises – the engine of the global economy – are suffering immensely and many may not recover. Decades of progress on women's labour force participation may also be set back. Impacts vary considerably between groups of people and countries and depend to a large extent on government interventions. The most vulnerable groups are at risk of becoming even more vulnerable, and poor countries risk falling even further behind. The sectors that have been among the worst affected – service, hospitality, tourism and the informal sector - all disproportionately employ women, who have also borne the brunt of the increase in care burdens and unpaid work.

The [policy brief](#) issued on 19 June highlights the needs for 1) immediate support for at-risk workers, enterprises, jobs and incomes to avoid enterprise closures, job losses and income decline, and mitigate the shift in work and labour into the domestic sphere; 2) attention to both health and economic activity upon the return to work, with safe workplaces and provisions for the rights and needs of women and populations at risk; and 3) pursuing a recovery with better jobs through a human-centred, green and sustainable, inclusive approach that harnesses the potential of new technologies to create decent jobs for all. At country level, the United Nations, with ILO at the forefront of these efforts, is providing policy advice, analysis and training to governments and other related institutions, often focusing on measures to support vulnerable groups in the labour market (e.g. refugees, women and workers in informal employment) or to raise their awareness about their specific exposure to the virus and to put in place measures to protect them (e.g. efforts to raise awareness amongst farm workers).

The policy brief has served as a guide for rapid impact assessments followed by policy dialogue to find the right policy mix to overcome the crisis and recover better. Subsequent analysis has been released on the particular vulnerability of [informal domestic workers](#) and on the varying impact of COVID-19 on the [labour markets](#) of developed countries. Guidance has also been issued on how to [transform the care economy](#) in COVID-19 response and how to support governments in rethinking policies that undervalue the contribution to society of unpaid care work. Even prior to the crisis, women were already spending [close to 3 times as much time on unpaid care work](#) compared to their male counterparts; this burden is now increasing on women and girls, often at the expense of their own employment or education. Not

recognizing and valuing the care economy, in turn, negatively impacts GDP.

EDUCATION

Education is the bedrock of just, equal and inclusive societies and a main driver of development. The COVID-19 pandemic has disrupted education and training for 1.6 billion learners (94% of the world's student population) and has exacerbated education disparities, in addition to social and economic ones. The pandemic and learning losses due to prolonged school closures threaten to erase progress made in recent decades, not least in support of girls' and young women's access to education. The [funding gap](#) for achieving SDG 4 (quality education) in low- and lower-middle-income countries risks increasing by one third – from US\$148 billion to US\$200 billion annually. An additional 24 million children risk not returning to school at all. This will have lasting implications, not only for those children and their families, but for societies as a whole. At the same time, we have also seen tremendous resilience

and adaptation in many countries. Yet it is clear the most vulnerable risk being left behind by these developments. Teachers and communities across the board need to be better supported – and prepared – to deal with the challenges posed by COVID-19 and to guarantee equitable and inclusive learning, in and beyond classrooms.

The [policy brief](#) on *Education During COVID-19 and Beyond* was issued on 4 August. It conveys the need to support educators, learners and communities in the near term while investing in more equitable and inclusive education and training systems for the longer term. It offers four sets of recommendations. First, governments need to focus on suppressing virus transmission and look to reopen schools safely, listening to the voices of key stakeholders and coordinating with relevant actors. Second, governments need to protect the education budget in national budgets, in international development assistance and through greater cooperation on debt. Third, governments should build resilient education systems with equitable and sustainable development. Fourth, changes in learning and teaching

Syaiful, 12, a child with a physical impairment, studies with his teacher Fatikhatus at his grandfather's home in Banyumas, Central Java, Indonesia. Credit: UNICEF/Ijazah



should be further accelerated by continuing efforts to ensure that education systems are more flexible, equitable, and inclusive – especially bridging the severe digital divide.

Many countries produced education response plans that were in line with the recommendations of the policy brief. Twenty countries have specific strategies for the most-at-risk learners, while twenty are providing special support for teachers. But the long-term impact of the global disruption in education is nevertheless likely to be significant. More than [one third of school children](#) – 463 million – were unable to access remote learning during the period of school closures and, of the 900 million (out of a total of 1.5 billion) pre-primary to secondary students who were due to return to classrooms between August and October, only half of them – [433 million in 155 countries](#) – will likely do so. Taking into account the 128 million students in the middle of their academic year, only [one in three students will attend classes](#) during this period. 827 million students, 47% of the global student population, face either school closures or uncertainty. The most vulnerable populations, particularly girls, are especially at risk and many children remain unable to access not only education but associated child-protection programmes. Tertiary education is likely to experience the highest drop-out rate, while an additional 57 million students completing lower-secondary school may not achieve minimum learning by 2030.

There remains an urgent need to ensure continuity of learning for all in the face of this unprecedented crisis, including through compensatory and remedial programmes. The United Nations has provided critical support to many of these children, as well as providing policy support to governments and other authorities [to guide decisions about reopening schools safely](#). [Seven million schoolchildren in 45 countries](#) affected by school closures

have been provided with take-home rations, while [227 million children and youth](#) have been supported with distance learning in 55 countries. Close to 800,000 refugee children have also been supported. A [Framework for Reopening Schools](#) was developed to guide decisions on when and how to reopen schools. The framework encourages governments to consider incorporating distance learning into the education system as sustainable solutions to reach children, especially the most marginalized, beyond the current crisis.

CITIES

Cities are at the epicentre of the COVID-19 pandemic, accounting for an estimated 90% of cases. However, there is no evidence that urban density *per se* correlates with higher virus transmission. In fact, most of what has made cities vulnerable is a result of choices about how cities are organised and how people live, work and travel in and around them. The crisis has exposed deep inequalities and showed that tackling the virus is more challenging in urban areas where access to quality healthcare is uneven, housing inadequate, water and sanitation lacking, transport infrastructure patchy and jobs precarious. While local governments play a critical role as front-line responders, they also face a significant financial strain from declining tax revenues, especially considering that urban economies account for approximately 80% of global GDP. On the other hand, cities are hubs of resilience and human ingenuity, and this crisis has shown how city dwellers can adapt overnight to new ways of working and functioning while demonstrating extraordinary solidarity and support for one another.

With these factors in mind, the [policy brief](#) on COVID-19 in an Urban World issued on 28 July offered new data on the impact of COVID-19 in



Customers must wear a mask and submit to a temperature check before shopping for groceries in Kyiv, Ukraine. Credit: UN Ukraine

cities, concrete solutions underway in urban environments and three key recommendations. First, all phases of the pandemic response should seek to tackle the inequalities and long-term development deficits that have been so cruelly exposed and that have made certain communities so vulnerable. This implies understanding inequalities and committing to disaggregated data. Second, the capacities of local governments should be strengthened to avoid disruptions to essential public services in the near-term and enable them to effectively steer sustainable urban development in the coming decades. Third, we should pursue a green, resilient and inclusive economic recovery in urban areas, which builds on some of the innovations we have seen during lockdowns. The brief built on substantial analysis and programmatic work developed by several UN entities in cities and with local governments since the beginning of the pandemic – ranging from WHO's [urban preparedness report](#) to the multi-stakeholder [Cities for Global Health](#) platform in which UNDP, UN-Habitat and UNDRR are heavily engaged.

Since its publication, national governments and cities have implemented policies and launched investments in line with the recommendations of the policy brief, which resonated widely. These include efforts to make permanent reductions in air pollution, alternative, clean and safe means of transportation, such as cycling and walking, investments in and subsidies for small businesses and enterprises, investments in reliable, safe and energy efficient housing and expanded areas of green, public spaces. City-level impacts and innovations in response to COVID-19 are still evolving. Throughout all stages of the pandemic, national and subnational governments will need to make a concerted effort to prioritize equity, innovation and environmental sustainability, ensuring that the SDGs guide all preparedness, response and recovery efforts in urban areas.



In response to the recent global spread of COVID-19, UNICEF launched an awareness-raising campaign across cities in Hassakeh and Raqqa governorates in northeast Syria
Credit: UNICEF/Souleiman

TOURISM

Tourism provides livelihoods for millions, accounting for 10% of all employment worldwide, and allows all of us to develop a deeper understanding of and appreciation for other cultures, as well as for the natural world. For some developing countries, it can represent over 20% of GDP. As a sector, it has been badly affected by the unprecedented shutdown of global travel and trade in the context of COVID-19. Losses amount to US\$320 billion in the first five months of 2020, with knock-on effects on livelihoods on all continents. One hundred million direct tourism jobs are at risk, many in small businesses that employ women and young people. Informal workers are especially vulnerable. This drop in tourism is a major shock for some developing countries, especially Small Island Developing States, Least Developed Countries and African countries, for whom tourism represented 10% of all exports in 2019. The impacts threaten to increase poverty and inequality and reverse natural and cultural conservation efforts.

The [policy brief on COVID-19 and Transforming Tourism](#) issued on 25 August notes that,

while sustaining the livelihoods dependent on tourism needs to be a priority, restarting and rebuilding tourism is also an opportunity for transformation towards a sustainable, carbon-neutral and responsible sector with decent jobs that is in balance with host communities, workers, nature, climate and the economy. Its benefits should be equally distributed and harmful impacts minimized through five priority measures: 1) manage the crisis and mitigate the socio-economic impacts on livelihoods, particularly on women's employment and economic security; 2) boost competitiveness and build resilience; 3) advance innovation and the digitalization of the tourism ecosystem; 4) foster sustainability and inclusive green growth; and 5) promote partnerships and coordinate recovery so as to transform the sector and its contribution to achieve the SDGs.

COMBATING MISINFORMATION AND HATE SPEECH

Since the start of the pandemic there has been an alarming surge in hate speech and incitement, both online and offline, targeting vulnerable communities or those perceived to be spreading the virus. This has included xenophobic rhetoric against foreigners, migrants and refugees, hate speech against ethnic and religious groups, antisemitic conspiracy theories and anti-Muslim attacks. COVID-19 related hate speech is closely connected to, and is often the result of, misinformation and disinformation. Tackling COVID-19-related hate speech is therefore closely linked to efforts to tackle misinformation and disinformation around the pandemic.

The Secretary-General has [appealed](#) for an all-out effort to end hate speech globally and called on everyone to spread kindness, building on his [strategy and plan of action](#)

[on hate speech](#). In the context of COVID-19, he specifically called on: political leaders to show solidarity with all members of their societies and build and reinforce social cohesion; educational institutions to focus on digital literacy at a time when billions of young people are online – and when extremists are seeking to prey on captive and potentially despairing audiences; the media, especially social media companies, to do much more to flag and, in line with international human rights law, remove racist, misogynist and other harmful content; civil society to strengthen outreach to vulnerable people, and religious actors to serve as models of mutual respect. Journalists and media workers are crucial to helping the public make informed decisions. The United Nations is calling on governments – and others – to guarantee that journalists can do their jobs throughout the pandemic and beyond. Every person must fight the stigma, discrimination, racism and xenophobia created by this pandemic. Trust in science and institutions are the necessary vaccines against [misinformation](#) that impedes the fight against the virus.

Since the Secretary-General's appeal, multiple initiatives have been taken to bring communities together to stand up against hate and to ensure that accurate information guides decision-making. A guidance note was issued to support partners in implementing the appeal and round table discussions were held with technology and social media companies to identify areas of collaboration. On 28 May, the United Nations convened religious leaders and faith-based organizations to discuss areas of collaboration to address the impact of COVID-19 on societies, resulting in a global pledge and declaration by the participating religious leaders to support UN efforts to tackle the impact of the pandemic. On 30 June, the [Verified](#) initiative launched the *Pause* campaign, which aims to interrupt the spread of misin-

formation at the moment when an individual is thinking of sharing content with the people around them. A series of easily accessible and comprehensive visual learning resources were also launched to [raise awareness of the existence and consequences of conspiracy theories linked to the COVID-19 crisis](#). At country level, UN Country Teams and UN Information Centres are engaging with local communities to provide verified information on COVID-19, for instance by running [social media campaigns](#), engaging local storytellers, holding [online workshops](#) for journalists, government officials, youth leaders, and others on the frontlines of the response to the virus.

A 29-year-old asylum-seeker from the Democratic Republic of the Congo, sits with her children after undergoing a health screening near the border crossing in Zombo, Uganda. Credit: UNHCR/ Rocco Nuri



Attention to hardest hit populations

The United Nations has since the outset of this pandemic advocated for special attention to those countries and groups with least ability to cope with the virus and its repercussions. This includes the 63 countries already facing a humanitarian or refugee crisis, or with high levels of vulnerability, and the hardest-hit groups (women, children, older persons, those with disabilities, those with mental health considerations, those who are on the move and others).

IMMEDIATE HEALTH AND HUMANITARIAN NEEDS IN THE MOST VULNERABLE 63 COUNTRIES

The COVID-19 [Global Humanitarian Response Plan](#) is the international community's primary planning and fundraising vehicle for an urgent and coordinated response to the pandemic in the world's most fragile settings, i.e., [63 countries](#) already facing a humanitarian or refugee crisis, or with high levels of vulnerability. The plan covers the actions of UN agencies and NGOs and is articulated around three interrelated strategic priorities, namely to 1) contain the spread of the COVID-19 pandemic and decrease morbidity and mortality; 2) to decrease the deterioration of human assets and rights, social cohesion and livelihoods; and 3) to protect, assist and advocate for refugees, internally displaced persons, migrants and host communities particularly vulnerable to the pandemic. The scope and the scale of the [third iteration of the GHRP](#) released on 17 July show the increasing reach – and devastating consequences – of the COVID-19 pandemic. The plan targets 250 million people,

over twice the number of people targeted for humanitarian aid in December 2019. Funding requirements have risen to \$10.3 billion (for more details see chapter on Resource Mobilization). The impacts of the pandemic on the lives and livelihoods of the most vulnerable people have worsened dramatically, while funding shortfalls, travel restrictions and increased attacks on health workers have impeded support to them.

Nevertheless, the [United Nations and its partners](#) have continued to deliver life-saving assistance in infection prevention and control, delivery of essential medical supplies and emergency care, gender-based violence interventions, global humanitarian support services, food security and livelihoods, cash-based programming, child protection and education, protection, assistance and advocacy for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic. In addition to the interventions reported in other sections of this report, health workers have been trained in infection prevention and control and provided with personal protective equipment. Over 1 billion people in 59 countries covered by the GHRP have been reached with messaging on COVID-19 prevention and services. 6.9 million children and adults have been provided with a safe place and accessible channels to report sexual exploitation and abuse. More than 21,000 health and humanitarian personnel have been transported on special flights on behalf of 325 organizations into affected countries where safe and reliable commercial operations are not available. Emergency livelihoods assistance has

been provided to 2 million households in 34 countries and 3 million people have benefited from cash-based programming as a method to provide livelihoods support. Child protection services have been kept going in 58 countries and some additional 3.3 million people have been able to access health services in June and July, including in refugee and IDP camps and in remote areas. Gender-based violence (GBV) services have been maintained in 40 countries, with GBV actors adopting referral pathways and bolstering community-based protection. 77% of areas inhabited by refugees, IDPs and migrants have been reached with risk communication. A [COVID-19 Population Vulnerability Dashboard](#) has also been launched to provide UN agencies, governments and policymakers, public health and frontline workers, and the public with access to data on populations vulnerable to COVID-19 to improve and inform the COVID-19 response and save lives. The [UN's Central Emergency Response Fund](#) (CERF) and Country-Based Pooled Funds have allocated \$309 million to support humanitari-

an partners in their response to COVID-19. This funding has enabled humanitarian actors to quickly deliver interventions at scale, including health awareness campaigns and risk communication activities that have reached over 20 million people and the delivery of over 4 million units of personal protective equipment, health kits and medical supplies.

COUNTERING TERRORISM AND SUSTAINING PEACE

[In April and in July 2020, the Secretary-General cautioned](#) that terrorist groups see the uncertainty created by the pandemic as a tactical advantage and a window of opportunity to strike while the attention of most governments is turned towards the pandemic. They are exploiting the disruption and negative socio-economic and political impacts and there has been a consequent upsurge in terrorist attacks in parts of Africa and the Middle East, undermining efforts to combat

Peacekeeping
operations providing
civilian protection
during COVID-19.
Credit: United
Nations



Top messages of the Secretary General's policy briefs on COVID-19



As part of the UN comprehensive response to COVID-19, the UN Secretary-General has issued policy briefs to provide ideas to governments on how to address the consequences of this crisis. This is a summary of the key messages.

BY THEME



1. HUMAN RIGHTS

- A human rights lens on COVID-19 response ensures better outcomes for everyone
- Health responses should be sensitive to unintended socio-economic impacts
- A threat to one is a threat to all: **do not discriminate or leave anyone behind**
- Inform people and be transparent for more impact
- Emergency measures must be necessary, reasonable, time-bound and proportionate
- International solidarity is essential
- A recovery that respects **human rights will get us closer to the SDGs and a better world**



2. INEQUALITY (MANDELA LECTURE)

- COVID-19 has laid bare deep structural inequalities worldwide that define peoples' life chances
- Climate change and digital transformation risk widening inequalities further
- We need a **new social contract that creates equal opportunities and respects rights**
- This includes a new generation of social protections and safety nets
- Education and digital technology must be enablers and equalizers
- Shift the tax burden from payrolls to carbon and ensure that everyone pays their fair share
- A **new global deal** is also needed based on fair globalization and rights
- Take into account nature and future generations
- Measure success in human rather than economic terms



3. SHARED RESPONSIBILITY; GLOBAL SOLIDARITY

- Protect and strengthen health services
- Help people cope** with social protections and continuing basic services
- Protect jobs, informal workers and small businesses
- Make fiscal stimulus work for **the most vulnerable**
- Prioritise **social cohesion**, resilience and community-led responses



4. DEBT

- Debt relief should be based on vulnerability, not income
- Consider an **across-the-board debt standstill** for countries in need
- More options for debt sustainability
- Address structural issues** in the international debt architecture



5. FOOD SECURITY AND NUTRITION

- COVID-19 may send millions into acute hunger and extreme poverty
- Focus on where the risks are most acute to **save lives**
- Strengthen social protections and **safeguard access to food**
- Invest in transforming food systems** with a shift towards more sustainability



6. THE WORLD OF WORK

- An unprecedented drop in employment, even as some sectors successfully shifted online
- Worst-affected sectors disproportionately employ women
- Provide immediate support** for at-risk workers, enterprises, jobs and incomes
- In reopening, provide safe workplaces
- Pursue a **recovery with better jobs for all** through a human-centred, green and sustainable, inclusive approach



7. EDUCATION

- Education is a human right** and bedrock of just, equal and inclusive societies
- COVID-19 disruption may have lasting impacts
- Reopen schools safely**, listening to all stakeholders
- Protect the education budget in national budgets
- Build **flexible, equitable, resilient education systems**
- Changes and innovation in learning should be accelerated and inclusive



8. CITIES

- Cities are the epicentre, not because of density per se but **choices about how people live, work and travel**.
- Cities are also hubs of resilience, innovation and solidarity in COVID response
- Tackle inequalities and long-term development deficits
- Strengthen the capacities of **local governments** to keep services going
- Build on innovations and pursue a **green, resilient and inclusive economic recovery**



9. TOURISM

- One of the world's biggest economic sectors with millions of lives and livelihoods affected
- Recovery as an **opportunity to rethink tourism** and its impact on people and nature
- Cushion the impact** on livelihoods
- Reopen safely with **people at the centre**
- Build a more **resilient, innovative, sustainable and fair sector** for the future



10. MENTAL HEALTH

- The COVID-19 crisis has caused wide psychological distress
- Address mental health in response plans
- Ensure **widespread availability of mental health support**
- Build mental health services for the future and include mental health in universal health coverage

BY POPULATION GROUP



11. PEOPLE ON THE MOVE

- COVID-19's harsh impact on refugees, IDPs and migrants contrasts with their outsize role in many economies (e.g. as health and food workers)
- Include refugees, IDPs and migrants in response plans
- Protect their human rights
- No-one is safe until everyone is safe** – provide humanitarian assistance
- They are part of the solution – **leverage peoples' full potential**



12. WOMEN

- Women bear the brunt of the crisis** in forms such as increase in unpaid care needs and in rates of domestic violence
- Women are also the **backbone of recovery**
- Include and place women at the centre of both response and recovery efforts
- Designate domestic violence shelters as essential services and move support services online
- Socioeconomic response plans should **intentionally focus** on the lives and futures of women and girls
- Work towards **inclusive and equal economies** that take account of unpaid care work, enable women's increased labour force participation and close the gender pay gap



13. CHILDREN

- COVID-19 could have lasting impacts on children's **education, nutrition, safety and health**
- Harmful effects will **impact the most vulnerable** disproportionately
- Minimize the impact of physical distancing and lockdown strategies on children
- Prioritize the **continuity of child-centred services**
- Provide practical support to parents and caregivers



14. OLDER PERSONS

- Tackle health crisis **without discriminating on the basis of age**
- Reduce social isolation during physical distancing
- Include their needs and rights in response plans
- Ensure they **participate in decisions** that affect them
- Don't overlook their enormous contributions to society
- Consider that the **majority of older people are women**



15. PERSONS WITH DISABILITIES

- COVID-19 has hit persons with disabilities especially hard not only in terms of health
- It has also intensified their challenges with access and inclusion
- Combine **mainstreamed and disability-specific measures** across COVID response
- Ensure accessibility** of information, facilities, services and programmes
- Meaningfully consult** and include persons with disabilities
- Establish accountability and commit to **investments** that support disability-inclusive outcomes

BY REGION



16. AFRICA

- Provide **support and solidarity for Africa's health systems** and ensure equitable access to vaccines and treatment
- Take economic measures to **protect livelihoods**
- Safeguard food access and keep the agriculture sector functioning
- Maintain peace and security**
- Ensure the inclusion and participation of women and girls, as well as respect for human rights of all across all areas.
- Consider an across-the-board debt standstill for African countries, as well as a global **\$200 billion response package**



17. ARAB STATES

- Slow the spread of the disease, **end conflict** and attend to the most vulnerable.
- Address underlying inequalities** and gaps in social protections.
- Reimagine the region's economic model** in favour of more diversified, productive, green and innovative economies and invest in human capital and infrastructure.
- Prioritize human rights** and foster more effective, responsive, accountable public institutions



18. SOUTH-EAST ASIA

- Tackle inequality** with both short-term stimulus measures and long-term policy changes
- Bridge the digital divide
- Green the economy**
- Respect human rights and **protect civic space**



19. LATIN AMERICA AND THE CARIBBEAN

- Transform the region's development model**
- Take immediate measures, such as emergency basic incomes and anti-hunger grants
- Expand the multilateral response** to all LAC countries, including potential debt relief, concessional funding, trade exemptions and humanitarian assistance.
- Aim for low-carbon growth** with decent jobs and universal social protection

the virus. Extremist groups in the Sahel region have called upon their followers to intensify attacks. The pandemic has also impeded efforts to repatriate individuals with suspected links to terrorist groups from conflict zones, including women and children. Vital services for victims of terrorism, such as criminal justice processes and psychological support, have been interrupted, delayed or ended. The pandemic has also highlighted vulnerabilities to new and emerging forms of terrorism, such as bioterrorism, the misuse of digital technology, including cyberattacks against critical infrastructure, and the growing threat from hate groups. The virtual counter-terrorism week (6-10 July) focused on these challenges and the need for vigilance and stronger international counter-terrorism cooperation and assistance to the most affected countries.

The pandemic has underlined the importance of social cohesion and conflict sensitivity and the United Nations has worked with Member States and the International Financial Institutions to ensure that COVID-19 responses are

conflict-sensitive and contribute to sustaining peace. The Secretary-General's Peacebuilding Fund (PBF) has adapted existing programming and introduced new initiatives to provide support to countries to reinforce crisis management and communications capacities; ensure inclusive and equitable response and recovery; strengthen social cohesion; counter hate speech and stigmatization and address trauma; and support the Secretary-General's call for a global ceasefire. The Peacebuilding Commission meets virtually regularly on mitigating the impact of COVID-19 in peacebuilding contexts.

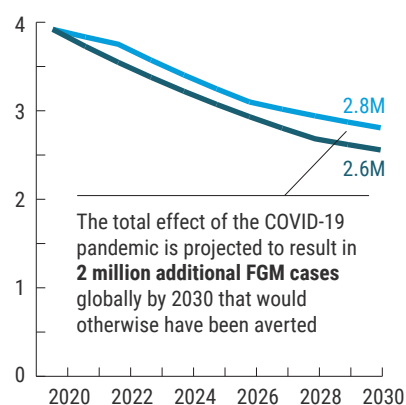
ENDING VIOLENCE EVERYWHERE – INCLUDING IN THE HOME

Building on his call for a global ceasefire, the Secretary-General has also urged all governments to make the prevention and redress of violence against women and girls a key part of their national response plans. On 5 April, he issued a [global call](#) emphasizing the

IMPACT OF COVID-19 ON WOMEN & GIRLS

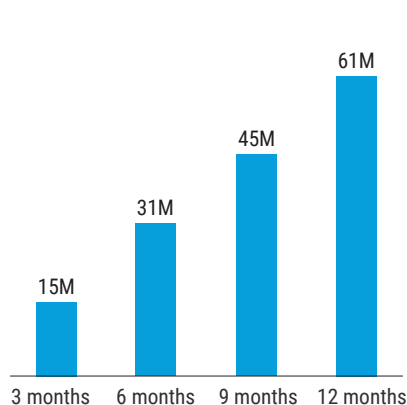
IMPACT OF COVID-19 ON ENDING FEMALE GENITAL MUTILATION

Projected number of global cases (million)



IMPACT OF COVID-19 ON ENDING GENDER BASED VIOLENCE

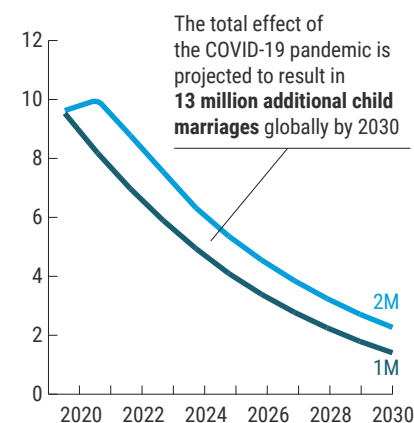
Projected cases of gender based violence for every 3 months of global lockdown



— With COVID-19 — Without COVID-19

IMPACT OF COVID-19 ON ENDING CHILD MARRIAGE

Projected number of global cases (million)



Source: UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia)

need for an end to all violence against women everywhere, including in the home.

There is increased demand on domestic violence helplines and emergency shelters and a reported increase in all forms of violence and harmful practices, including child marriage, exploitation, and sexual violence. Since the beginning of the pandemic, the number of calls to dedicated hotlines has increased by up to 770% in some cases while the provision of services has regrettably been curtailed. Nearly one in five women worldwide has experienced violence in the past year. Many are trapped at home with their abusers. Over 140 governments have supported the Secretary-General's call.

At country level, the United Nations is undertaking rapid assessments of violence against women and girls, as well as strengthening access to essential and quality services for women survivors of violence. But current [estimates](#) indicate that for every 3 months of lockdown, an additional 15 million women are expected to be subjected to violence. Seven million unintended pregnancies can be expected if the lockdown continues [for at least 6 months](#) and an additional 13 million child marriages may consequently take place between 2020 and 2030 that could otherwise have been averted. UN agencies have issued [a joint statement](#) providing a common platform to address gender-based violence in the context of COVID-19. The platform is centered around four core strategies: funding, prevention, response and data collection. The largest targeted international investment to end violence against women and girls, the EU-UN Spotlight Initiative, has redirected US\$21 million to COVID-19 response [and made an additional 9 million available to support women's organizations](#).

Preliminary data suggests that 36 countries have adopted measures to integrate response to gender-based violence into COVID-19 response planning. These range from dedicated funding to ensure services that address violence against women remain open to developing protocols for service provision that observe physical distancing and deliver support. Eighty-four countries are supporting measures that strengthen services, including support to helplines, shelters, access to justice, health and coordination. The United Nations is providing technical support at the country level for the inclusion of GBV prevention and response services as essential in COVID-19 response and recovery plans and adapting services to the realities of lockdown, for instance by switching hotlines from voice to text. As a result of these efforts, over [11.5 million children](#) and adults have access to safe and accessible channels to report sexual exploitation and abuse.

PEOPLE ON THE MOVE

The impact of COVID-19 is disproportionately hard for millions of people on the move, such as migrants in irregular situations, victims of trafficking in persons, as well as refugees and internally displaced persons fleeing persecution, war, violence, human rights violations or disaster. The [policy brief](#) launched on 3 June details how this impact presents itself as three interlocking crises: First, a health crisis whereby people on the move may lack the tools to protect themselves against the virus. Many migrants and refugees are often confined to camps and settlements, or living in urban slums suffering from overcrowding, poor sanitation, and overstretched or inaccessible health services. Second, a socio-economic crisis exacerbating the risks to their already precarious livelihoods as many refugees and migrants are overlooked by countries in their

response to the pandemic and are left out of social protection mechanisms. Third, a protection crisis that impacts their ability to enjoy their basic human rights and exposes them to stigmatization and xenophobia. The tightening of border controls and travel restrictions have in many instances infringed on the right of asylum-seekers to seek protection and left many migrants stranded in precarious situations. This harsh impact contrasts with the outsized role many people on the move continue to play in responding to the crisis, for instance, as essential workers in the health sector and in keeping our food supply going.

The policy brief on COVID-19 offers four basic tenets to guide our collective response. First, excluding people on the move from our COVID-19 response is costly in the long-run whereas inclusion pays off for everyone. Only an inclusive public health and socio-economic response will help suppress the virus, help to restart our economies and ensure we stay on track to reach the Sustainable Development Goals. Second, an effective response

to COVID-19 and protecting the human rights of people on the move are not mutually exclusive. Third, no-one is safe until everyone is safe. Lifesaving humanitarian assistance, social services and learning solutions must remain accessible, as must safe diagnostics, treatment and vaccines, without discrimination based on migration status. Fourth, people on the move are part of the solution and we should use this crisis as an opportunity to leverage their full potential.

Since the brief was issued, COVID-19 continues to affect global mobility in complex and unprecedented ways. As of mid-August there were 12,000 reported COVID-19 cases and 125 deaths of refugees, asylum-seekers and Internally Displaced Persons (IDPs) across 86 countries. There is also evidence that despite the COVID-related mobility restrictions, migrants continue to undertake dangerous journeys. Over 1,200 persons have lost their lives while attempting to reach their destination during the first half of 2020. Border closures, including for those seeking asylum,

Volunteers raising awareness of COVID-19 at the Abnaa Mhin IDP camp, home to over 1,800 internally displaced families. Credit: OCHA



continued in several countries, leading to a number of pushbacks in contravention of the principle of *non-refoulement*, while returns of migrants to states with no effective health screening remained a serious concern. Despite these challenges, there has been important progress in a number of areas, in line with the four recommendations in the policy brief. 108 states have adopted measures to issue new or extend the validity of existing asylum documentation, while others have resumed the issuance of visas for family reunification purposes, contributing to reducing the risk of family separation for people on the move. At country level, the United Nations has continued to scale up its assistance to people on the move, including cash assistance, emergency food supply, health surveillance and treatment. A total of 73 shipments of personal protective equipment and medical items were delivered to UNHCR operations, which were used to support national responses in meeting the needs of people on the move. 27 million people received assistance with access to health services and inclusion in the national health response. IOM has also ramped up its cross-border coordination and capacity building to strengthen health surveillance at entry and exit points in dozens of states.

To address the specific needs of women and children on the move, call-in centers and hotlines were established or strengthened in several countries, allowing enhanced counselling and referrals to specialized service providers. In addition to facilitating the safe return of 3,000 migrants to their home countries, IOM and partners provided humanitarian aid to more than 24,000 returning migrants. Remote learning for forcibly displaced children was also further strengthened in a number of countries, through broadcasting of lessons on national TV and distribution of solar-powered radios for school children. As essential and frontline workers, people on the move contin-

ued to make important contributions to national COVID-19 responses. In recognition of these efforts, some countries have decided to grant permanent residency to asylum-seekers in the healthcare sector who have worked on the frontlines of the country's COVID-19 response.

WOMEN

The crisis is having a substantial impact on women. Women play a disproportionate role in responding to the virus, including as frontline healthcare workers and carers at home. Women disproportionately work in insecure labour markets and are harder hit by the economic impacts of COVID-19. By 2021, around [435 million](#) women and girls will be living on less than \$1.90 a day – including 47 million pushed into poverty as a result of COVID-19. Nearly 60% of women work in the informal economy and are at greater risk of falling into poverty. Women's unpaid care work has increased as a result of school closures and the increased needs of older people. And while early reports reveal more men are dying as a result of COVID-19, the health of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services. Public health messaging needs to target women and partner with women's civil society organizations to reach communities more effectively. To help recovery, women need to lead with equal representation and decision-making power. Measures to protect and stimulate the economy need to target women, and unpaid care work should be recognized as a vital contribution to the economy.

The [policy brief](#) launched on 9 April provides greater details on the differential and disproportionate socio-economic impacts of the pandemic on women. It details specific actions on prevention of violence against

women – including designating domestic violence shelters as essential services, moving support services online, increasing investment to organizations on the front line of response, and undertaking widespread prevention and awareness campaigns. On the economic front, stimulus packages should specifically target women by putting more cash in their hands, providing tax breaks for their businesses and enlarging social protections related to health, education, and care work. In the longer term, it is important to rebuild economies that are inclusive, equal and resilient. This should include placing unpaid care work as valued and recognized in the formal economy. At country level, the United Nations, is supporting [women-owned enterprises](#), focusing on economic sectors impacted by COVID-19 that employ women, including tourism and hospitality, the agriculture sector and from rural communities, and offering virtual learning courses through online classrooms.

Since then, the United Nations has undertaken gender assessment surveys on the impacts of COVID-19 in 37 countries, with many more currently underway. The results confirm that the COVID-19 pandemic is feeding on pre-existing gender inequalities and deepening gender-based discrimination and vulnerability. A [gender disaggregated data hub](#) has been launched to better identify the impact of the pandemic on women. Initial indications show that women are more likely to lose their jobs or sacrifice their work to take on the additional burden of care in the home, in addition to the increasing rates of gender-based violence. A preliminary analysis of government responses to COVID-19 captured in the [COVID-19 Global Gender Response Tracker](#) indicated that 42% of the 1577 measures 195 countries have taken in response to COVID-19 are gender sensitive. However, these actions vary greatly in range and effectiveness, with the majority being in areas of social protection and addressing gen-

der-based violence, followed by measures on women's economic empowerment and unpaid care. These measures need to be increased, embedded across policies and financed.

GENDER & HEALTH SERVICES DURING THE PANDEMIC



42% of the **1,577 policy measures** taken by 195 countries in response to COVID-19 are **gender-sensitive**



20% of **health and social services** are **out of reach** to mothers, newborns, young children and adolescents due to the pandemic



30% of **leaders in the global health sector** are women



70% of **global health and social workers** are women

Source: UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia)

CHILDREN

Children may well be among the biggest victims of the crisis in the long term because their education, nutrition, safety and health will be significantly undermined by the socio-economic impact and by unintended consequences of the pandemic response. Credit: UNDP Bangladesh/ Fahad Kaizer

Children may well be among the biggest victims of the crisis in the long term because their education, nutrition, safety and health will be significantly undermined by the socio-economic impact and by unintended consequences of the pandemic response. Moreover, the harmful effects of this pandemic will not be distributed equally but will be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or precarious situations, including children already at risk of abuse, stricken by poverty, caught up in conflict or displaced from their homes. More than 1.1 billion children and youth are still out of school (from a high of 1.6 billion). Nearly 346 million (down from 360 million) children who rely on school meals must now look to other sources for daily nutrition. [59% of priority countries](#) (38 of 64 countries) have postponed at least one of their regular vaccination campaigns, which creates tremendous risks for the emergence /

re-emergence of other critical illnesses down the line. The world must act urgently, and collectively, to prevent a broader child-rights crisis. Hundreds of thousands of additional children could die this year as a result of the looming global recession. This would reverse the 2-3 years of progress in reducing infant mortality. Governments must preserve opportunities for young people, especially those already living in difficult circumstances.

The [policy brief](#) issued on 16 April proposes measures to minimize the impact, including: rebalancing the combination of interventions to minimize the impact of standard physical distancing and lockdown strategies on children in low-income countries and communities and expanding social protection programmes to reach the most vulnerable children; prioritizing the continuity of child-centred services, with a particular focus on equity of access – particularly in relation to schooling, nutrition programmes, immunization and other maternal and newborn care, and communi-



ty-based child protection programmes; and providing practical support to parents and caregivers, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning. At country level, the United Nations is providing significant support, such as UNICEF support to access to remote learning and cash assistance for families via mobile cash transfers, as well as online and offline learning materials, including for physical exercise, to help improve children's physical strength, health and mental wellbeing during school closures.

Since that date, the safety and wellbeing of children has remained a grave concern. The socio-economic impact – and of the containment and mitigation measures – has been potentially catastrophic for millions of children. It is further estimated that COVID-19 might push 117 million children into poverty, increasing the number of boys and girls living in poor household to 700 million by the end of the year. 1.8 billion children live in the 104 countries where violence prevention and response services have been disrupted due to COVID-19. Up to [1.2 million children and 56,700 mothers could die in 6 months](#) due to disruption in basic interventions and 36 million children may go hungry in 2020. Millions of children also risk being pushed into [child labour](#) as a result of the pandemic and there has been an alarming decline in the number of [children receiving vaccines](#) due to disruptions in the delivery and uptake of immunization services caused by the pandemic. Children living in conflict situations are amongst the most vulnerable. It is particularly concerning that recent trends show an increase in the denials of humanitarian access to children, which would multiply the impact of the pandemic for them and further reduce their access to life-saving services.

In the face of these alarming trends, many countries have introduced new or scaled-up social protection services for children. As of July 2020, [at least 60](#) countries had strengthened social protection for children and families as a response to COVID-19, including by setting-up new child grant programmes, increasing the value of existing child grants, and extending the coverage of targeted cash transfer programmes. These interventions have mitigated the risk of children falling into poverty and given impetus to calls to establish permanent systems of social protection, including through universal child grants, that can support vulnerable children and their families and restorative justice. The United Nations has continued to monitor and report to the Security Council on the impact of COVID-19 on the situation of children and armed conflict, and on the amplifying effect the pandemic and the related lockdown has had on the most vulnerable of children.

The United Nations has also launched the [#CovidUnder19](#) campaign to bring together children, academia, child human rights activists, experts and other key stakeholders, to work together in understanding what children are experiencing during the COVID-19 pandemic. Over half of children report that they have experienced, heard of or witnessed the same degree or more violence, both in the real world as well as online since the pandemic started. Some groups experienced higher levels of violence, including children from minorities, children from migrant and refugee communities, children with disabilities, and LGBT children. Almost half of children who reported feeling less safe where they live, also said they have less knowledge now than before lockdown on how to get help and support.

OLDER PERSONS

In addition to being at highest risk from a health perspective, older persons are also facing social isolation, discrimination, difficulty accessing services and a variety of other knock-on effects of the virus and the response. The threat to older persons in developing countries and fragile settings is especially worrisome. Older people have the same rights to life and health as everyone else. They may face great suffering and isolation under lockdowns and restrictions. We should not treat older people as invisible or powerless. Many older people depend on an income and are fully engaged in work, in family life, in teaching and learning, and in looking after others. Their voices and leadership count. They contribute immeasurably to their families and communities in various roles, and commonly sacrifice their own well-being as care workers or in helping children and grandchildren. This is especially true of older women.

The [policy brief](#) issued on 1 May calls for tackling the threat to their lives and health without discrimination on the basis of their age; strengthening their social inclusion so as to avoid isolation during physical distancing; integrating their needs and rights in overall socioeconomic and humanitarian responses; and ensuring that they participate in the decisions that affect their lives and, to that end, prioritizing disaggregated data and best practices. Policies must consider that the majority of older people are women, who are more likely to enter this period of their lives in poverty and without access to healthcare.

The policy brief created an immediate political impact with 146 Member States endorsing a [joint statement of support](#) and expressing commitment to fully promoting and respecting the dignity and rights of older people and to mitigate the negative impacts during and

after the COVID-19 pandemic on their health, lives, rights and wellbeing. A joint letter of support to the Secretary-General was signed by 122 civil society organizations and networks around the world, and the brief also served as advocacy tool and guidance for civil society and national human rights institutions which promoted it through numerous webinars and national-level discussions.

The brief also galvanized an unprecedented level of global and regional initiatives to protect older persons in the pandemic and to support Member States in building a more equal and just post-COVID-19 world. For instance, government and civil society leaders expressed strong commitment to protect the rights of older persons in the pandemic, through increased collaboration and coherence and building on existing initiatives such as the Decade of Healthy Ageing 2020-2030. A [checklist](#) was developed to support UN Country Teams in integrating older persons in developing socio-economic impact assessments, responses and recovery plans with a human rights-based approach to help countries tackle the devastating social and economic dimensions of the pandemic, with a focus on older persons as a priority group. Older persons were specifically included in the Global [Protection Dashboard](#), in human rights monitoring, in the [Global Humanitarian Response Plan](#) and in the [COVID-19 Population Vulnerability Dashboard](#) which includes age-specific data. A [policy brief issued by WHO](#) provides 11 policy objectives and key action points to prevent and manage COVID-19 in long-term care facilities.

PERSONS WITH DISABILITIES

The pandemic is intensifying the inequalities experienced by the world's one billion people with disabilities. Persons with disabilities are



less likely to access education, healthcare and income opportunities or participate in the community, and now are among the hardest hit in this crisis in terms of fatalities. We must guarantee the equal rights of people with disabilities to access healthcare and lifesaving procedures during the pandemic. Governments must consult and engage with people with disabilities and put them at the centre of response and recovery efforts.

The [policy brief](#) launched on 5 May sets out ways in which the virus is disproportionately impacting people with disabilities - who constitute one billion of the world's population - both on the health and socio-economic fronts. It identifies four priorities that should guide COVID-19 response and recovery programmes if they are not to overlook this population: 1) combining mainstreamed and disability-specific measures across the response; 2) ensuring that information, facilities, services and programmes are accessible; 3) meaningful consultation with and active participation of persons with disabilities and their representative organizations; and 4) establishing

accountability and committing to investments that support disability-inclusive outcomes. Including persons with disabilities in the COVID-19 response and recovery will better serve everyone and is a vital part of achieving the central promise of the 2030 Agenda - to leave no one behind. In sum, responses to the pandemic must be disability-inclusive and accessible.

Since then, 146 Member States and Observers issued a joint statement of support to the policy brief and disability inclusion was further mainstreamed in the United Nations COVID-19 response and recovery work. A dedicated working group and [online resource](#) site have supported UN country teams and governments in their achievement of disability-inclusive health, socio-economic, funding and humanitarian response and recovery. UN Country Teams have been active in building the capacity of services and communities to prevent violence against persons with disabilities, particularly women and girls, and to propose solutions to mitigate the increased risk of persons with disabilities of contract-

The pandemic is intensifying the inequalities experienced by the world's one billion people with disabilities. Credit: UNDP Bangladesh/ Fahad Kaizer

ing COVID-19. Through the multi-partner trust fund UN Partnership on the Rights of Persons with Disabilities, national efforts towards disability-inclusive COVID-19 response and recovery are being supported in more than 20 countries, and technical and financial assistance is being provided to more than 15 ongoing country programmes. Meanwhile, worryingly, substantial drops in support services for persons with disabilities continue to be reported. Children with disabilities are substantially affected by social and economic impacts related to COVID-19.

MENTAL HEALTH

Although the COVID-19 crisis is, in the first instance, a physical health crisis, it also has the seeds of a mental health crisis. Psychological distress in the face of this pandemic is widespread with some populations particularly affected. Good mental health is critical to the functioning of society at the best of times. Mental health services are therefore an essential part of all government responses to COVID-19. They must be expanded and fully funded. Policies must support and care for those affected by mental health conditions and protect their human rights and dignity. Lockdowns and quarantines must not discriminate against those with poor mental health.

The [policy brief](#) dated 13 May recommends three areas for action in this respect: 1) consciously including this issue in response plans taking a whole-of-society approach; 2) ensuring widespread availability of emergency mental health and psychosocial support; and 3) building mental health services for the future, overcoming the long-standing under-investment in this area. As we recover, we must shift more services to the community, and make sure mental health is included in universal health coverage.

A joint statement of support for the policy brief was signed by 95 Member States and submitted to the President of the General Assembly. The statement strongly supports the appeal to put mental health front and centre of responses to and recovery from the COVID-19 pandemic. The policy brief also had impact at the country level; in some cases, it was widely disseminated and quoted in news reports in major media outlets leading to bolstering of mental health capacity and services. UN agencies also bolstered their efforts in this regard, including through Mental Health and Psychosocial Support programmes in 120 countries reaching over [50 million](#) children, adolescents, caregivers and frontline responders and greater emphasis in reporting to UN bodies on the severe impact of the pandemic on children's mental health and psychosocial wellbeing ([A/HRC/43/39](#)). Helplines are crucial for providing mental health and psychosocial support and referring children to other services. A number of states have introduced or strengthened the capacity of such helplines. These measures have also been complemented by awareness-raising initiatives and the provision of guidance for children, parents, caregivers and professionals on how children can stay safe during the pandemic - both online and offline - and where to report incidents of violence.

OTHER VULNERABLE COMMUNITIES

Many other vulnerable communities have been hard hit by the pandemic or its knock-on effects on societies and economies. Gay, lesbian, transgender, and bisexual people are discriminated against and face violence in many countries, including from their families, which can intensify under movement restrictions. COVID-19 is exacerbating difficulties for LGBTI people, including discrimination and stigma. We must ensure LGBTI people can

fully enjoy their human rights, notably access to health care services, and are protected from violence and persecution. People affected by HIV must have uninterrupted access to HIV prevention services. Those living with HIV, tuberculosis and other chronic illnesses must be given at least 3 months or more of lifesaving medicines.

On the International Day of the World's Indigenous Peoples, the Secretary-General [appealed](#) for more attention to the devastating impact of COVID-19 on more than 476 million indigenous people around the world, noting that, throughout history, they had been decimated by diseases brought from elsewhere, to which they had no immunity and recalling that they were already suffering from entrenched inequalities, stigmatization and discrimination before the pandemic. Lapsed enforcement of environmental protections during the crisis has also hit these communities disproportionately. Their vulnerability is exacerbated by inadequate access to health care, clean water and sanitation. Indigenous women, who are often the main providers of food and nutrition for their families, have been particularly hard hit with the closures of markets for handicrafts, produce and other goods, considering that their work is primarily in traditional occupations and subsistence economies or in the informal sector. Indigenous children tend to lack access to virtual learning opportunities. The Secretary-General urged their inclusion and participation in COVID-19 response and recovery strategies.

The Secretary-General has [advocated](#) for measures to address the plight of the world's two million seafarers. As a result of COVID-19 related travel restrictions, hundreds of thousands of them have been stranded at sea for months. The Secretary-General has advocated for all countries to formally designate seafarers and other marine personnel as "key workers" and ensure crew changeovers can safely take place.



Ecuador, Imantag rural area, Imbabura Province, 22 July 2020. The impact of COVID-19 varies across the different regions of the world. Credit: WFP/Ana Buitron

Regional Challenges and Specificities

The pandemic had varying impacts on different regions and the UN drew attention to select regions and sub-regions by issuing policy briefs capturing the specific challenges they faced.

AFRICA

The full impact of COVID-19 on Africa will not be known for some time. Initially it was thought that early and decisive responses at regional, national and community levels, guided in part by recent experience of Ebola and HIV/AIDS, had kept numbers lower than the worst-case scenarios but the pandemic is now accelerating in some countries. The risks for the continent are considerable, with low testing, poor sanitation and limited medical capacities and difficulties in applying sanitary and physical distancing measures. Indirect consequences are likely to include food insecurity, loss of incomes and livelihoods, a debt crisis, and political and security risks.

The [policy brief](#) issued on 30 May calls for strong solidarity with and support for Africa's health systems and equitable access to vaccines and treatment once they have been developed; economic measures to protect livelihoods and sustain businesses, including in the informal sector; safeguarding food access for the most vulnerable and keeping the agriculture sector functioning; and maintaining peace and security. Across all these areas, it is important to ensure inclusion and participation of women and girls, as well as respect for human rights of all. It underlines the importance of an across-the-board debt

standstill for African countries, as well as a global response package amounting to at least 10% of the world's Gross Domestic Product. For Africa, that means more than \$200 billion for an effective response and foundations for recovery.

As of July, a total of [245 social and economic measures](#) have been implemented across Africa with each country implementing at least one of the following: social safety nets such as tax relief and cash transfer; improved access to essential services such as reduced mobile money charges, utility bill freezes, distribution of food and/or water; income protections such as regulations preventing worker dismissals, financial support to agriculture and tourism sectors; and gender focused policies such as cash transfer specifically to new mothers and women's protection programs. On August 11, the COVID-19 Action Fund for Africa was launched to raise up to \$100 million to supply PPE to community health workers in as many as 24 African countries for approximately one year - the largest mobilization of PPE so far. In partnership, WFP has committed to provide donated freight and logistics worth more than \$1 million.

The policy brief has been a key instrument for raising global awareness on the impact of the COVID-19 pandemic on Africa, and the need for enhanced and coordinated global response. The still-developing Africa UN Knowledge Hub for COVID-19, hosted by the Economic Commission for Africa, will serve as a repository for the policy briefs for better advocacy and awareness of their content. UN support



Woman taking care of a 10 days old baby at the Regional Hospital of Korhogo, in the North of Côte d'Ivoire. Credit: UNICEF/ Frank Dejongh

to countries in Africa, meanwhile, included a range of actions, such as boosting hospital and testing capacities, providing medical supplies, job creation schemes and innovative schemes to encourage women entrepreneurship during lockdown, while addressing the needs of children out of schools. Efforts are also underway to boost agriculture, support distance learning, and transfer cash to families, as a temporary measure to prevent them from falling into poverty. In countries stricken by conflict, people also received critical water and sanitation supplies and services, distance learning via radio, mobile money cash assistance and in-kind food and vouchers.

LATIN AMERICA AND THE CARIBBEAN

Parts of the Latin America and the Caribbean (LAC) region have been hit hard by the COVID-19 pandemic, exacerbated by weak social protection, fragmented health systems and profound inequalities. The health crisis is expected to result in the worst recession in a century and a sharp rise in unemployment, poverty, and extreme poverty. Due to existing

social and economic inequalities, groups that were already in a situation of greater vulnerability are now disproportionately affected, e.g. indigenous peoples and Afro descendants, with women at an even greater disadvantage.

The [policy brief](#) issued on 9 July calls for a transformation of the development model in the region and recommends some immediate measures, such as emergency basic incomes for people living in poverty complemented with anti-hunger grants for those living in extreme poverty. It also advocates for the multilateral response to be expanded to all LAC countries, even those considered as middle-income, including potential debt relief, concessional funding, trade exemptions and humanitarian assistance. Longer term, it calls for a transformation of the development model to build back better with equality, including in gender and with special attention to the most vulnerable groups, anchored in a human rights perspective and the protection of the region's rich natural eco-systems. It also advocates for new policies aiming for low-carbon growth with decent jobs and universal social protec-

tion based on environmental sustainability and civil participation.

Since the brief was issued, parts of the region have continued to suffer from high rates of COVID-19, as well as deep impacts for their economies and societies. Many countries have taken up recommendations from the policy brief. Some have extended current cash transfers to compensate for the fall of household incomes and to protect employment in small businesses. Most countries in the region have reduced interest rates, along with liquidity injections to the financial system. Regarding the proposals for emergency basic incomes for people living in poverty complemented with anti-hunger grants to those living in extreme poverty, most Latin American and Caribbean countries have expanded non-contributory social protection measures in response to COVID-19. These transfers have aimed to provide income and consumption protection to the most vulnerable households and populations, including previously overlooked groups, such as informal workers. By July 10th, 2020, 30 countries of the region had implemented 199 social protection measures providing support to poor and vulnerable individuals and households, among which 108 measures consisted of cash transfers in 29 countries. These measures vary widely in terms of their scope, target population and level of sufficiency. Support has been extended to critical businesses. Measures have also been taken that recognize the importance of the care economy as a driver of recovery. Along these lines, governments have adopted travel permits for care work during the confinement period, to guarantee the rights, the safe mobility and income of domestic workers and caregivers in addition to cash transfers, access to unemployment insurance benefits and access to credit. Moreover, campaigns on co-responsibility of unpaid and care work at home have been widely disseminated. In

most of the countries of the region, strong policies and investments have been made to prevent and combat violence against women. The UN has extended support to indigenous peoples' leaders in the Amazon and local and national authorities for a coordinated response, including increased hospital and testing capacity in the Amazon region. UN teams have distributed personal protective equipment and food, with an inter-agency effort to disseminate prevention campaigns in several indigenous languages. Migrants in the Amazon region, including those coming from Venezuela, have also been assisted with mobile health units for testing and treatment, distribution of PPE, food and temporary shelter.

ARAB STATES

COVID-19 has magnified many underlying challenges in this region of 436 million people, with impacts that are likely to be deep and long-lasting. The economy, simultaneously affected by the drop in oil prices, could contract by over 5% and one quarter of the total Arab population may end up in poverty, with destabilising consequences in an already fragile and deeply unequal region. All countries – whether oil-rich, middle-income or least developed – face difficulties in responding. Those caught in armed conflict face particular challenges. At the same time, the [policy brief](#) highlights that the response to the COVID-19 pandemic is an opportunity to address long-standing conflicts and structural weaknesses, and recommends four sets of priorities. First, take immediate measures to slow the spread of the disease, end conflict and attend to the most vulnerable. Second, in the recovery from COVID, address underlying inequalities and gaps in social protections. Third, reimagine the region's economic model in favour of more diversified, productive, green and innovative economies and invest in human capital and



Father teaching his ten-year-old son to wash hands thoroughly in the Al-Makha district, Yemen. Credit: WFP/Morelia Eróstegui

infrastructure. Fourth, seize the opportunity to prioritize human rights and foster more effective, responsive, accountable public institutions that will increase citizen trust and strengthen the social contract, which is so vital to tackling the pandemic. The policy brief also underlines the importance of continued international support to the Arab region if it is to successfully weather this crisis and build back better.

The take-up in the region of the recommendations from the policy brief has been enthusiastic. Many countries have introduced the recommended measures, such as generating employment, supporting small businesses and providing household compensation. UN Country Teams in the region have developed (or are in final stages of developing) Socio-Economic Response Plans, all of which have a strong focus on human rights and vulnerable groups. UN support has also been scaled up for refugees and migrants, including in the form of

monthly cash assistance using blockchain technology, emergency education, sexual and reproductive health services in settlements, and support for gender-based violence prevention and attention services. Parts of the region have seen increasing rates of COVID-19 (for example, Lebanon, in the aftermath of the explosion in Beirut). Rising infection is especially of concern in the most fragile countries in the region, i.e. Yemen, Iraq, Somalia, Syria and Libya, as health systems are ill-equipped for a pandemic response. More than a quarter of confirmed cases in Yemen have died giving it the highest case fatality rate in the region. The strain on public health systems is increasingly apparent, the socio-economic situation is plummeting, and more countries are facing unprecedented level of food insecurity exacerbated by COVID-19.

SOUTH-EAST ASIA

In South-East Asia, confirmed COVID-19 cases and related deaths, on a per -capita basis, have been significantly lower than in most other global regions. Governments have acted swiftly to respond to the pandemic, building on robust regional cooperation across multiple sectors. As in so many parts of the world, however, the health, economic and political impact of COVID-19 has hit the most vulnerable the hardest, exposing deep inequalities in income, wealth, access to basic services and social protection. The 218 million informal workers, who represent between 51 and 90% of the national non-agricultural workforces in countries of the subregion, are especially at risk of being pushed back into poverty and unemployment.

The [policy brief](#) offers four sets of recommended priorities to build back better to a more sustainable, resilient and inclusive future: First, tackling inequality needs to be the central feature of both short-term stimulus measures and long-term policy changes meeting the needs of vulnerable groups. Second, bridging the digital divide across South-East Asia would ensure that people and communities are not left behind in an increasingly digital world, where services and support are increasingly based on digital awareness, literacy and access. Third, greening the economy needs to be a priority and, to that end, South-East Asian nations should embed long-term sustainability and inclusion in their COVID-19 response and recovery packages. Fourth respecting fundamental human rights and protecting civic

space based on good governance practices is the pathway to build back better. Hence, COVID-19 responses should also address conflict situations building on the Secretary-General's appeal for a global ceasefire that was supported by all governments in the subregion.

Since the brief was issued on July 30, the number of daily cases of COVID 19 in the Asia and Pacific region has increased although public buy-in to and compliance with public health measures remains high. The policy brief has informed and supported debate in the region, for instance at the Virtual High-Level Dialogue on ASEAN Post-Pandemic Recovery. It has also served as the foundation for United Nations support to ASEAN on its COVID regional recovery framework, which will be submitted to the Leaders at their Summit in November 2020. The take up of recommendations from the policy brief at the national level is also encouraging, with strong support from UN Country Teams for recovery measures to support more resilient, inclusive and sustainable development in a manner that preserves the gains across all SDGs; ensures equality; promotes transparency and accountability.

Twelve-year-old girl with an intellectual disability receives a video call from her teacher while studying at home in Ungaran, Central Java.

Credit: UNICEF/Ijazah

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A Better Post-COVID World

The COVID-19 crisis pandemic has underscored the world's fragilities, which extend far beyond the realm of global health. Disproportionately impacting communities and countries already in precarious circumstances, it has exposed the deep inequalities in societies and economies with attendant gaps in social protection systems. In many cases, such inequality and exclusion has contributed to pent-up grievances and social instability. Recovery is an opportunity to address inequality, exclusion, gaps in social protection systems, the climate crisis and the many other fragilities and injustices that have been exposed. Instead of going back to unsustainable systems and approaches, we need to transition to decent jobs, renewable energy, sustainable food systems, gender equality, stronger social safety nets, universal health coverage – and an international system that can deliver effectively.

Coming out of this crisis will require a whole-of-society, whole-of-government and whole-of-the-world approach driven by compassion and solidarity. Responses to the pandemic should avoid locking in – or even worsening – already unsustainable inequalities, reversing hard-won development gains and poverty reduction. The world must ensure that lessons are learned and that this crisis provides a watershed moment for health emergency preparedness and for investment in critical 21st century public services. We must deal decisively with those issues that make everyone unnecessarily vulnerable to this and future crises.

Public funds must be properly used, avoiding corruption that diverts resources and undermines public trust in institutions. The recovery must respect the rights of future generations, enhancing climate action aiming at carbon neutrality by 2050 and protecting biodiversity. Spending to revitalize economies should accelerate the decarbonization of our economy and

privilege the creation of green jobs. The United Nations is urging governments to put women and girls at the centre of their recovery efforts. COVID-19 could reverse the limited progress that has been made on gender equality and women's rights. But critically, it has become more visible and apparent than ever before the effectiveness of women's leadership. Exclusion harms us all. In line with the [Call to Action on Human Rights](#), concrete measures, such as temporary special measures and gender quotas, could be used to achieve balanced leadership and decision-making.

The United Nations, and our global network of regional and country offices, will support all governments to ensure that the global economy and the people we serve emerge stronger. Guided by the global UN framework for the immediate socio-economic response to COVID-19, UN Country Teams are implementing measures to meet the most pressing socio-economic needs and mitigate the most exigent socio-economic impacts. In the medium and long term, UNCTs are working with government on actions that connect their response to the 2030 Agenda for Sustainable Development, as well as to policy and institutional measures that would help countries remake its society and economy to be future fit – to seize new opportunities and manage emerging risks. We have a framework for action – the 2030 Agenda for Sustainable Development and the Paris Agreement on Climate Change, the Sendai Framework for Disaster Risk Reduction. We must keep our promises for people and planet. Many UN Country Teams have proposed specific policy options to recover better or for a more sustainable future, i.e. green, digital and people centered as part of their socio-economic impact assessments as well as built those principles in the UN's own Socio-economic Response Plans.



Secretary-General António Guterres delivers the 18th Nelson Mandela Annual Lecture virtually on Nelson Mandela International Day (18 July). The theme of the lecture is "Tackling the Inequality Pandemic: A New Social Contract for a New Era".
Credit: UN Photo

TACKLING THE PANDEMIC OF INEQUALITY

In advocating for global solidarity in the response to the pandemic, the Secretary-General has [underlined](#) the extent to which COVID-19 has laid bare deep structural inequalities worldwide. These inequalities in income, pay and wealth, as well as factors, such as gender, family and ethnic background, race, and whether or not they have a disability, dramatically shape peoples' life chances, including in the context of COVID-19. The Secretary-General has called for a new social contract and a global new deal that create equal opportunities for all and respect the rights and freedoms of all. This requires a new generation of social protection policies with new safety nets, including [Universal Health Coverage](#) and the possibility of a Universal Basic Income. To deliver quality education for all, education spending in low and middle-income countries needs to be more than doubled by 2030 to \$3 trillion a year. Economically, governments should shift the tax burden from payrolls to carbon while individuals and corporations must pay their fair share to society. This goes hand in hand with fighting corruption, illicit financial flows, money-laundering and tax evasion. The global new deal needs to be based on a fair globalization, full respect for the rights and dignity of every human being, in balance with nature, taking account of the rights of future

generations, and with success measured in human rather than economic terms. This is the best way to promote equality and solidarity among states and all people.

ZOONOTIC DISEASES AND RESTORING THE BALANCE BETWEEN HUMANS AND NATURE

Zoonotic diseases, which are transmitted from animals to humans, are becoming more prevalent. 60% of known infectious diseases and 75% of emerging infectious diseases are zoonotic. COVID-19 was preceded by Ebola, SARS, MERS, HIV, Lyme disease, Rift Valley fever and Lassa fever. The Secretary-General has [emphasized](#) that the cost is steep. Over the last two decades and before COVID-19, zoonotic diseases caused economic damage of USD 100 billion. And COVID may now cost \$9 trillion over 2020-21. The human cost is even more distressing. Two million people in low- and middle-income countries die each year from neglected endemic zoonotic diseases – such as anthrax, bovine tuberculosis and rabies. Growth in human activity – including expanded infrastructure, intensified agriculture and increased meat production - has played a major role in these developments. Climate change and habitat loss have contributed to the spread of pathogens. It is vital to end over-exploitation of wildlife and other natural resources, to farm sustainably, to reverse land degradation and to protect ecosystem health. Above all, it is important to recognize that human health, animal health and planetary health cannot be separated, and to plan our responses accordingly.

To that end, on 6 July, UNEP and the International Livestock Research Institute ([ILRI](#)) launched the report: [Preventing the Next Pandemic: Zoonotic diseases and how to break the chain of transmission](#). The report

identifies seven trends driving the increasing emergence of zoonotic diseases, including increased demand for animal protein, a rise in intense and unsustainable farming, the increased use and exploitation of wildlife, and the climate crisis. It also identifies ten practical steps that governments can take to prevent future zoonotic outbreaks, such as investing in interdisciplinary approaches, including One Health; strengthening monitoring and regulation practices associated with zoonotic diseases, including food systems; and, supporting the sustainable management of landscapes and seascapes that enhance sustainable co-existence of agriculture and wildlife. The Zoonotic Disease Integrated Action ([ZODIAC](#)) project was also launched to strengthen global preparedness for future pandemics.

Unless countries take steps to curb zoonotic contagions, global outbreaks like COVID-19 will become more common. To prevent future outbreaks, countries need to conserve wild habitats, promote sustainable agriculture, strengthen food safety standards, monitor and regulate food markets, invest in technology to identify risks and curb the illegal trade in wildlife. Finally, a new ambitious framework must be adopted to protect and sustainably use biodiversity globally, with clear targets and means of implementation. That is how we can keep people safe and protect the global economy.

RECOVERY MUST GO HAND-IN-HAND WITH CLIMATE ACTION

Recovery from COVID-19 [needs to go hand-in-hand with climate action](#). We cannot postpone climate action because climate change is not on hold. 2020 remains critical for making progress on the climate emergency: we need to decarbonize the transport, buildings and

energy sectors; transition away from fossil fuels and clear the air we breathe by stopping coal; ensure that vulnerable populations are protected from the impacts of extreme climate events; and create the jobs needed to build resilient and sustainable infrastructures. And we have to halt biodiversity loss. The better we manage the health of our ecosystems, the better we manage human health and the spread of zoonotic diseases. The continued erosion of wild spaces, primary forests and ecosystems has brought us uncomfortably close to “reservoir hosts”. We need to restore our soils and forests, stop deforestation and learn again how to manage sustainably our land, oceans and protected areas.

Recovery can help to steer the world onto a safer, healthier, more sustainable and inclusive path. This entails: investing in the physical protection of people most vulnerable to the impacts of climate change; spending to revitalize economies should accelerate the decarbonization of all aspects of our economy and privilege the creation of green jobs. Taxpayers’ money should not be used to subsidize fossil fuels or bail out polluting, carbon-intensive industries. Now is the time to put a price on carbon and for polluters to pay for their pollution. Public and private funds should invest in the sustainable future, not the past. Financial institutions and investors must take climate risks fully into account. All countries, especially the big emitters, are urged to present enhanced Nationally Determined Contributions to cut global GHG emissions by 45% in 2030 and adapt to rising temperatures and strategies to reach net zero emissions and enhance the resilience of people and planet by 2050.

Addressing climate change and COVID-19 simultaneously and at enough scale requires a response stronger than any seen before to safeguard lives and livelihoods. A recovery from the coronavirus crisis is an opportuni-

ty to build more sustainable and inclusive economies and societies — a more resilient and prosperous world. Transforming energy systems could boost global GDP by \$98 trillion by 2050, delivering 2.4% more GDP growth than current plans. Boosting investments in renewable energy alone would add 42 million jobs globally, create health care savings eight times the cost of the investment, and prevent a future crisis.

The Secretary-General has [proposed](#) six climate-positive actions for governments to consider once they go about building back their economies, societies and communities. First: As we spend trillions to recover from COVID-19, we must deliver new jobs and businesses through a clean, green transition. Investments must accelerate the decarbonization of all aspects of our economy. Second: Where taxpayers' money rescues businesses, it must be creating green jobs and sustainable and inclusive growth. It must not be bailing out outdated polluting, carbon-intensive industries. Third: Fiscal firepower must shift economies from gray to green, making societies and people more resilient through a transition that is fair to all and leaves no one behind. Fourth: Looking forward, public funds should invest in the future, by flowing to sustainable sectors and projects that help the environment and climate. Fossil fuel subsidies must end, and

polluters must pay for their pollution. Fifth: The global financial system, when it shapes policy and infrastructure, must take risks and opportunities related to climate into account. Investors cannot continue to ignore the price our planet pays for unsustainable growth. Sixth: To resolve both emergencies, we must work together as an international community. Like the coronavirus, greenhouse gases respect no boundaries. Isolation is a trap. No country can succeed alone.

AN EFFECTIVE INTERNATIONAL COOPERATION ARCHITECTURE DESIGNED FOR THE PROBLEMS AND CHALLENGES OF THE 21ST CENTURY

The COVID-19 pandemic has threatened not only our health and health systems, but also the global economy, social protection, human rights, peace and security, and the sustainable development prospects of billions of people. It brings home the depth of our interconnect-edness and the gaps in our ability to provide critical global public goods, such as public health, sustainable development, a clean environment and healthy planet, a functioning global economy, and peace for all. On the other hand, where the resolve and vision exist, we have the ability to come together as a global community to forge collective solutions to shared problems. The Sustainable Development Goals and the Paris Agreement were clear expressions of global resolve to create a better, more equal, more inclusive and more sustainable future. But it will take a concerted effort to build the world these agreements envisage, especially as we emerge from this pandemic. As we chart a course out of the COVID-19 crisis and towards a better future, we must also strengthen the structures for cooperating at the global level so that we are better prepared for the next such crisis.

The heavy monsoon rains flooded the northern and north-eastern districts of Bangladesh. Earlier, during the last week of June 2020. Credit: WFP/Mehedi Rahman



A representative of Liechtenstein speaks during the General Assembly 62nd plenary meeting.

Credit: UN Photo

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Mobilizing Resources and Partners to support Countries

There are three main avenues for which the UN is seeking specific funding in response to the pandemic, so that it might better support Member States in this regard:

STRATEGIC PREPAREDNESS AND RESPONSE PLAN: TO ADDRESS IMMEDIATE HEALTH NEEDS

The [plan](#), produced by WHO and partners, sets out the priorities for the global health response and outlines the public health measures that all countries need to implement to prepare for and respond to COVID-19. The financial requirements cover WHO's response for 2020 but do not include what governments require against their COVID-19 national plans or COVID-19 multiagency plans towards national authorities' response, for which WHO encourages direct bilateral support. The plan will be financed through several channels, above all governments' own budgets, the [Central Emergency Response Fund \(CERF\)](#), and WHO's [Solidarity Response Fund](#), which allows corporations and individuals to directly contribute. It has raised \$1.44 billion as of 3 September including pledges.

Priorities under the plan include

1. **Mobilize** all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases.
2. **Control** sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts.
3. **Suppress** community transmission through context-appropriate infection prevention and control measures, population level physical

distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.

4. **Reduce** mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations.
5. **Develop** safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.

Achieved through:

1. Rapidly establishing international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships
2. Scaling up country preparedness and response operations, including strengthening readiness to rapidly identify, diagnose and treat cases; identification and follow-up of contacts when feasible; infection prevention and control in healthcare settings; implementation of health measures for travelers; and awareness raising in the population through risk communication and community engagement
3. Accelerating priority research and innovation to support a clear and transparent global process to set research and innovation priorities to fast track and scale-up research, development, and the equitable availability of candidate therapeutics, vaccines, and diagnostics.

GLOBAL HUMANITARIAN RESPONSE PLAN: TO FIGHT THE IMPACT IN THE MOST VULNERABLE COUNTRIES

The plan, coordinated by OCHA with IASC partners, sets out the priorities for the COVID-19 response in vulnerable and poor countries. It is the primary vehicle for raising resources for the immediate COVID-19 related health and multi-sectoral needs in more than 63 priority countries. It brings together appeals and requirements from WFP, FAO, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR and UNICEF, and was informed by and complements the appeals of the International Red Cross and Red Crescent Movement and NGOs. As part of the plan, the UN is looking to governments to fund the global logistical support setup by WFP to serve the needs of the entire humanitarian community allowing aid and health workers to stay and deliver.

Priorities under the plan include:

1. Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.
2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods.
3. Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

The Plan was costed initially at \$2 billion. A second iteration of the Plan included nine additional countries, for a total of 63 countries, and was issued on 7 May with a total appeal for \$7 billion. The third iteration of the Plan was issued on 17 July, appealing for \$10.3 billion to address immediate humanitarian needs caused or exacerbated by COVID-19.

The GHRP cost components are:

- \$8.5 billion for country level responses; The plan provides more comprehensive coverage for vulnerable populations by including stand-alone, inter-sectoral plans in countries that were previously only covered through a regional response.
- \$1.8 billion for global requirements, including:
 - \$1 billion for humanitarian air transport, medevac and support for stranded migrants;
 - \$300 million unallocated supplemental funding for NGOs, in addition to country level requirements, to bolster NGO rapid response actions and allow NGOs to redirect their response as quickly as the pandemic evolves;
 - \$500 million for famine prevention to take measures and put stocks in place to limit the possibility of famine in the most vulnerable communities.

As of 3 September, the GHRP is 24% funded, having received \$2.48 billion, including \$309 million from the Central Emergency Response Fund and OCHA-managed country-based pooled funds.

Updated data on GHRP funding can be found on the [Financial Tracking Service](#).

COVID-19 RESPONSE AND RECOVERY FUND

The Secretary-General launched the COVID-19 Response and Recovery Fund to support rapid social and economic recovery in middle and lower-income countries. It is designed to complement on-going efforts by the UN development system to repurpose a significant proportion of its \$17.8 billion portfolio of sustainable development programmes towards COVID-19 needs, with additional investments in socio-economic responses.

The Fund is designed to enable rapid action across the five pillars of the UN framework for the immediate socio-economic response to COVID-19 coordinated by DCO and UNDP, and to generate practical solutions that can inform larger flows from other actors. The [financial requirements of the Fund](#) are projected at \$1 billion in the first nine months and will be subsequently reviewed. As of 3 September, \$58 million have been secured.

The five pillars under the framework and in which the Fund invests include:

1. Ensuring that essential health services are still available and protecting health systems
2. Helping people cope with adversity, through social protection and basic services
3. Protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes
4. Guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and
5. Promoting social cohesion and investing in community-led resilience and response systems. These five pillars are connected by a strong environmental sustainability and gender equality imperative to build back better.

Following its launch in April 2020, the COVID-19 Response and Recovery Fund began disbursing funds in May 2020, with \$43 million allocated to 47 countries to enable rapid action across the five pillars of the UN's socio-economic framework. This initial injection of support has led to concrete and swift government led action around the

world. Several programmes are targeting COVID-19 related supply disruptions to medications for vulnerable populations and those with chronic diseases. The Fund is supporting the continuity of care for women and children, as well as the establishment and piloting of innovative health service delivery mechanisms, such as mobile care, tele-health, and digital approaches. This extends beyond health. In several countries, the UN is working with the Ministry of Education to extend remote learning access to children in rural and other underserved areas. The Fund is also investing in ambitious and new ways to expand the reach of social safety nets. Cash transfer rollouts are being supported in many countries, while others are using the Fund's resources to invest in food security and protecting food production and supply networks. Fund resources are also being leveraged to enhance WASH infrastructure and practices in schools, health facilities, and public spaces. And the Fund is investing in economic resilience, by supporting businesses and vendors to safely adapt to COVID-19 circumstances through improved workplace sanitary standards.

On 17 August, the Fund launched a second interim call for \$20 million, focused on catalytic solutions derived from UN Country Level costed Socio-Economic Response Plans, that can unlock larger investments and that contribute to a global, shared body of knowledge about what works and what is needed to recover better. The objective remains to mobilize \$2 billion through the Fund by May 2022 to support countries in their response throughout the world.

TRANSPARENCY IN THE UN'S RESPONSE

To measure the UN's progress in their response, a global indicator framework with 18 indicators (with 71 sub-indicators) will be used and publicly reported on through the [COVID-19 data portal](#). Data will be disaggregated by type of programme, territory (rural/urban), sex, age group and at-risk populations, to ensure that the UN is identifying and reaching those left behind. UN Country Teams are currently in the early phases of reporting. The reporting will happen through [UN INFO](#), which is part of the United Nations' efforts to improve coherence, transparency and accountability to better address the needs and priorities of Member States. It is an online planning, monitoring and reporting platform that digitizes the UN Country Team's Cooperation Frameworks and

Joint Workplans. It provides the UN leadership and external partners with a clear picture on programmatic activities, partnerships, financial levels and results. The new COVID-19 data portal has dedicated [country pages](#), with country specific data available from other internal and external sources, including progress towards the SDGs.

