House of Commons
International Development Committee

Covid-19 in developing countries: secondary impacts

Eighth Report of Session 2019–21

Report, together with formal minutes relating to the report

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The International Development Committee

The International Development Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for International Development and its associated public bodies.

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Summary

Covid-19 and its secondary impacts are causing suffering and disruption around the world, especially in developing countries. Poor, marginalised groups generally consider the pandemic a crisis on top of other, existing crises while donors, multilateral organisations and NGOs are warning that covid-19 and the response to it could undo the progress towards achieving the UN Sustainable Development Goals.

The dilemma of trying to stem the spread of infections while avoiding worse harm in other areas is at the heart of the global policy-making challenge. The Government has made countering the spread and impact of covid-19 one of its top priorities in its foreign and development policy. It has taken several measures in response—these include investing more than £700 million to date in responding to the primary and secondary impacts of the virus, creating the post of a Special Envoy for Famine Prevention and Humanitarian Affairs, and adapting pre-covid-19 contracts with aid partners in an attempt to make them more flexible and more responsive to the immediate needs of local communities.

Although these measures are commendable, we ask the Government to strengthen its longer-term response to covid-19. Significant challenges remain not only in terms of vaccine distribution, but also in responding to the longer-term social and economic impacts of the pandemic. The consequences of these impacts will last long after the headlines made by the virus have disappeared.

The Government made significant changes to its foreign and development policy in 2020. In June 2020, the Prime Minister announced the merger of the Department for International Development (DFID) and the Foreign & Commonwealth Office. In July 2020, the Foreign Secretary announced that levels of UK aid spending in 2020 would be cut by £2.9 billion owing to a decline in Gross National Income (GNI). And in November 2020, the Foreign Secretary announced that, from 2021 until the fiscal circumstances allow, the Government would reduce the proportion of GNI spent on Official Development Assistance (ODA) each year from 0.7% to 0.5%. We urge the Government to ensure that its diminished ODA budget is spent all the more effectively and in line with the UN Sustainable Development Goals as these reductions will hit the poorest and most vulnerable the hardest.

This report focuses on four areas in considering the effectiveness of the UK’s contribution: non-covid healthcare; economic performance and livelihoods; food security; and the well-being of women and girls.

We call on the Government to

- uphold existing commitments to global health programmes,
- persuade private lenders to join debt relief schemes and to reconsider its own position on debt cancellation
- extend funding for programmes aimed at mitigating covid-19’s impact on livelihoods and food security, and
• provide a gendered response to the pandemic: advocate for and increase long-term funding for initiatives which support gender equality, girls’ education, sexual and reproductive healthcare, as well as tackle gender-based violence

We further welcome the Government’s decision that this Committee will remain in place. We will hold the Government to account for its performance in terms of international development and will scrutinise UK aid expenditure, including the portion implemented by Departments other than the FCDO.
1 Introduction

1. In April 2020, we launched an inquiry into the initial impact of covid-19 on developing countries in which we assessed the resilience of healthcare services against the disease, the implications for marginalised and vulnerable groups, and the effects of the pandemic on the work of the DFID as well as on the wider development sector. Our interim findings, published on 13 November 2020, called for the development of an effective, prioritised, and costed global health strategy by the UK Government: one that would include an explicit set of goals and metrics for assessing progress. We received the Government’s response to our interim report on 14 January 2021 and are publishing it alongside this report.

2. In this follow-on report, we consider how effective UK development policy, administered through the newly formed Foreign, Commonwealth and Development Office (FCDO), has been at mitigating the longer-term, indirect, socio-economic impacts (“secondary impacts”) of covid-19. With the pandemic permeating into every element of our lives, these secondary impacts will be felt across a broad and disparate range of policy areas.

3. This report considers four specific policy areas on which targeted UK ODA funding, strengthened by diplomatic support, can lead to tangible benefits for the people in developing countries affected by the impact of covid-19. They are: non-covid related healthcare, economy and livelihoods, food security and women and girls. To inform this report, we took evidence from a range of stakeholders in the UK and internationally. We are grateful to everyone who contributed to this inquiry and helped to shape our findings.

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1 International Development Committee, Fifth Report of Session 2019–21, Humanitarian crises monitoring: impact of coronavirus (interim findings), HC 292, paragraph 103
3 We received evidence on a broad range of other secondary impacts, including discrimination against religious minorities, loss of trust in authorities, risk of human rights abuses, breakdown of community cohesion and increasing extremism and radicalism. We encourage readers to visit our website to read evidence submissions on these topics.
2 A strategic approach to tackling the secondary impacts of covid-19

Changes to UK ODA spending

4. In July 2020, the Rt Hon Dominic Raab MP, then Secretary of State for Foreign and Commonwealth Affairs, wrote to us to say that, while the UK’s Official Development Assistance (ODA) budget would remain at 0.7% of Gross National Income (GNI) for 2020, the monetary amount that this represented would be reduced by £2.9 billion in line with the reduction in the size of the UK economy.\(^5\) In November 2020, the Rt Hon Rishi Sunak MP, Chancellor of the Exchequer, announced that the proportion of UK GNI spent as ODA would be reduced from 0.7% to 0.5% from 2021 until “the fiscal situation allows” a return to 0.7%.\(^6\) The Chancellor said that this would constitute £10 billion being spent on ODA in 2021.\(^7\) He defended this as a substantial amount, highlighting that the UK was estimated to remain “the second highest aid donor in the G7—higher than France, Italy, Japan, Canada and the United States”.\(^8\) But this figure represents a reduction of the UK’s spending by around £5 billion compared with 2019.\(^9\)

5. In December 2020, the Independent Commission for Aid Impact (ICAI) published its findings on the Government’s management of UK aid spending from January to September 2020, with a focus on DFID and the FCO.\(^10\) ICAI found that while Departments had worked flexibly with private and NGO suppliers to minimise the disruption to programmes caused by the pandemic, the lack of transparency in the Government’s decision-making—especially as regards its revised aid priorities—and the issued ban for Departments from providing any information on those aid priorities had restricted the suppliers’ capacity to plan effectively and had hampered their delivery of UK-ODA funded projects.\(^11\)

6. We are considering the impact of these spending reductions on the effectiveness of the UK’s development work, and also the impact of the Government’s decision to merge DFID with the Foreign & Commonwealth Office (FCO) to create the new Foreign, Commonwealth, and Development Office (FCDO) in September 2020.\(^12\) It was confirmed in December 2020 that our Committee will remain in place as a standalone body scrutinising UK aid expenditure, including the portion implemented by Departments other than the FCDO.\(^13\)

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\(^5\) International Development Committee, Correspondence from the Foreign Secretary to the Chair, concerning impact of covid-19 on ODA budget - 22 July 2020, published 22 September 2020

\(^6\) HC Deb, 25 November 2020, col 830 & col 850 [Commons Chamber]

\(^7\) HC Deb, 25 November 2020, col 832 [Commons Chamber]

\(^8\) HC Deb, 25 November 2020, col 830 [Commons Chamber]


\(^12\) Our findings on the implications of the merger for the UK’s international development policies are set out in our report on the effectiveness of UK aid published in July 2020. See, International Development Committee, Fourth Report of Session 2019–21, Effectiveness of UK aid: potential impact of FCO/DFID merger, HC 596.

\(^13\) Future of the International Development Committee confirmed, International Development Committee press release, 9 December 2020
7. One focus for us is on the anticipated date for a return to the spending of 0.7% of GNI on ODA. On 26 November 2020, the Rt Hon Dominic Raab MP, the Secretary of State for Foreign, Commonwealth and Development Affairs and First Secretary ("the Foreign Secretary"), announced that the Government was considering an amendment to the International Development (Official Development Assistance Target) Act 2015, which enshrines annual commitment to 0.7% in law.\textsuperscript{14} Although he referred to the planned reduction to 0.5% of GNI as a “temporary measure”,\textsuperscript{15} we are concerned that the amendment to the 2015 Act could enable a more prolonged and entrenched reduction in aid spending by the Government.\textsuperscript{16}

8. The reduction of UK Official Development Assistance (ODA) from 0.7% to 0.5% of annual Gross National Income (GNI) from 2021 necessitates an approach which ensures that UK ODA is spent in a more strategic and effective way than ever before. This approach should be reflected in the priorities set and the programmes funded by the FCDO in relation to the secondary impacts of covid-19. Drawing the right lessons from the multiple, significant changes since January 2020 is essential to ensuring an effective, long-term response to the secondary impacts of covid-19. \textit{We ask the FCDO to tell us how they or the Government decided on which programmes and themes to prioritise, how they assessed the impact of their decisions to cut funding on recipient countries and populations, and how they intend to strengthen their engagement with NGOs and private suppliers during the implementation of the Government’s announced reduction of UK ODA to 0.5% of GNI.}

\textbf{Strategic Framework for ODA}

9. The strategy and priorities for the UK’s ODA policy have also been revised. The Foreign Secretary wrote to us in November outlining a new Strategic Framework for ODA, which will replace the 2015 UK Aid Strategy.\textsuperscript{17} In his letter, the Foreign Secretary told us that, “to end the proliferation of policy priorities across Whitehall, all aid will be focused on seven global challenges where the UK can make the most difference”:

- Tackling climate change and preserving biodiversity
- Responding to covid-19 and protecting global health security
- Girls’ education
- Science, research, and technology
- Open societies and conflict resolution (including the strengthening of “democratic institutions, human rights, free media and effective governance”)

\textsuperscript{14} HC Deb, 26 November 2020, col 1018 [Commons Chamber]
\textsuperscript{15} HC Deb, 26 November 2020, col 1018 [Commons Chamber]
\textsuperscript{16} The mechanisms of the \textit{International Development (Official Development Assistance Target) Act 2015} anticipate exigencies such as adverse economic or fiscal conditions and events outside the UK that the Secretary of State may use to explain a failure to meet the 0.7% target. The Act also makes no provision about penalty for failure to meet the target.
\textsuperscript{17} International Development Committee, \textit{Letter from the Foreign Secretary, relating to a change to the Official Development Assistance (ODA) budget—Revised version dated 2 December 2020}, first published 25 November 2020
• Humanitarian preparedness and response (i.e. leading on a “stronger collective international response to crises and famine”)

• Trade and economic development

10. Most of these areas follow on from the priorities for 2020 ODA spending, set out in the Foreign Secretary’s letter to us in July 2020. However, a specific commitment to poverty reduction, focused on the ‘bottom billion’, is absent from the revised framework, and two new priorities—humanitarian preparedness and response as well as trade and economic development—have been added. The conclusions from the Government’s Integrated Review of Security, Defence, Development and Foreign Policy—which are expected to be published early in 2021—might result in further changes to the UK’s international development policy.

11. The response to the covid-19 pandemic has been, and will continue to be, a priority for the UK’s ODA spending even as the overall ODA budget has been reduced. At the time of publication, the roll-out of a variety of anti-covid-19 vaccines was gathering pace in many countries. COVAX (the equitable distribution mechanism) was looking to access nearly two billion doses of several promising vaccine candidates—and secure further doses through contributions from donors—leading to delivery of at least 1.3 billion donor-funded doses of approved vaccines in 2021 to 92 low and middle-income economies. But, while the impact of the disease remains severe and the challenges around global vaccine distribution are great, the most long-lasting effect of covid-19 risks comes from its secondary impacts. In previous evidence before our committee, the Rt Hon Anne-Marie Trevelyan MP, then Secretary of State for DFID, stated that:

“We have before us a health crisis, a humanitarian crisis and an economic crisis, which threatens to undo 30 years of international development work.”

12. We support the Foreign Secretary’s inclusion of key secondary impacts of covid-19, such as famine, in the new Strategic Framework for UK ODA. However, we are concerned that the framework omits other crucial areas, including an explicit commitment to poverty reduction.

13. To strengthen the UK’s approach to tackling the secondary impacts of covid-19 in developing countries, the FCDO should design, apply and publish a long-term strategy relating to covid-19 by the end of the financial year. It should then revisit its ‘seven global challenges’ outlined in the new Strategic Framework for UK ODA, and provide us with a written assessment of how the framework will deliver this strategy, and how the framework will be amended accordingly if necessary. At a multilateral level, the UK should advocate for a joined-up recovery strategy to the pandemic, including using its presidencies of the G7 and COP26 to demonstrate global leadership in this area.

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18 “International Development Committee, Correspondence from the Foreign Secretary to the Chair, concerning impact of covid-19 on ODA budget - 22 July 2020, published 27 September 2020. In his letter, the Foreign Secretary announced that the UK would focus on “poverty reduction for the ‘bottom billion’, as well as tackling climate change and reversing biodiversity loss, championing girls education, UK leadership in the global response to Covid-19, and campaigning on issues such as media freedom and freedom of religious belief, thereby ensuring that the UK is a global force for good”. Furthermore, the Government had “also sought to protect the UK’s science and research and development base.”

19 Q63 [Anne-Marie Trevelyan]
Adopting an inclusive approach

14. Vulnerable groups are feeling the impact of the pandemic particularly acutely, reflecting yet again the need to adopt an inclusive approach to tackling the secondary impacts of covid-19 and to ensure that no-one is left behind. However, the crisis seems to be reinforcing pre-existing inequalities and discrimination, and evidence from the UN suggests that the response to covid-19 features stigmatisation and discrimination of already vulnerable groups based on gender, age, perceived ability and income.20

15. In their submission, Scotland’s International Development Alliance told us that,

“It has been said that this disease ‘does not discriminate’—but that’s not true. If you are already a marginalised or vulnerable group, this pandemic will affect you more.”21

Other contributors echoed this view.22 We heard repeatedly that poor, marginalised groups are at risk of being left behind in the covid-19 response due to non-prioritisation as a result of insufficient data,23 insufficient access to basic facilities such as water, sanitation and hygiene (WASH) to protect themselves,24 and insufficiently adapted forms of communication.25 Several NGOs called for more accurate, inclusive and evidence-based planning and decision-making with regards to the covid-19 response and stressed the need for disaggregated data according to sex, ability, age and status to protect vulnerable groups, increase their resilience to the secondary impacts and build back better.26

16. The FCDO told us that the Government was calling for greater engagement with communities in global and bilateral dialogues and was promoting a rights-based, inclusive approach to the covid-19 response.27 Prior to the merger, DFID was working on improved disaggregation of data to inform its policies in order to contribute to reaching the UN Sustainable Development Goals (SDGs) as well as implementing the UN principle of leaving no one behind.28 DFID launched its Data Disaggregation Action Plan in January 2017. It upgraded the plan to its Inclusive Data Charter Action Plan (“Every person counts and will be counted”) in 2018 following the UK’s co-hosting of the Global Disability Summit on 24 July 2018 and commitment to the summit’s Inclusive Data Charter.29 The submissions we received from DFID and from the FCDO did not mention these measures

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20 “UNESCO experts urge collective responsibility to protect vulnerable persons in global battle against COVID-19”, UNESCO, 7 April 2020
21 Scotland’s International Development Alliance (COR0110)
22 Social Development Direct (COR0077), Tearfund (COR0113)
23 Bond (COR0026), CBM UK (COR0137), Action for Global Health (COR0153), Institute of Development Studies (COR0158), ARISE Consortium (COR0168)
24 Bond (COR0026), Oxfam GB (COR0058), Active Learning Network for Accountability and Performance, ODI (COR0102)
25 ADD International (COR0089), Humanity & Inclusion UK (COR0005), Sightsavers (COR0076)
26 Humanity & Inclusion UK (COR0005), Action for Global Health Network (COR0012), Institute of Development Studies (COR0015), Bond Disability and Development Group (COR0016), ADD International (COR0017), International Disability and Development Consortium and International Disability Alliance (joint submission) (COR0020), Oxfam GB (COR0058), Bond Disability and Development Group (COR0069), Sightsavers (COR0076), Gender and Development Network (COR0089), Leonard Cheshire (COR0114), Gender Action for Peace and Security (GAP) (COR0114), ActionAid UK (COR0116), CBM UK (COR0137), Institute of Development Studies (COR0154), ARISE Consortium (COR0168)
27 Foreign, Commonwealth and Development Office (COR0136)
28 See, Outcomes of DFID’s consultation on data, by Philip Cockerill, DFID Statistics Adviser, 2 April 2019, now FCDO Research
explicitly. Rather, in their submission in April 2020, DFID stated that they were aiming to disaggregate data by several criteria including sex, age and disability to improve their response to the challenges faced by the various vulnerable groups.\footnote{30}

17. The pandemic is having a particularly detrimental effect upon already vulnerable groups by reinforcing inequalities and discrimination. \textit{To counteract this, we recommend that the FCDO take the following steps:}

- \textit{To undertake and publish impact assessments as quickly as possible (and no later than March 2021).}

- \textit{To collect and publish disaggregated data relating to age, disability and gender in order to provide an effective and inclusive response to the secondary impacts of covid-19 which leaves no-one behind.}

- \textit{To embed DFID’s Data Disaggregation Plan and the work of the Data for Development (D4D) team in the covid-19 response in order to increase the scope for meaningful engagement with local NGOs and community workers working with vulnerable groups during and after the pandemic.}

\textit{The UK should use this data to inform future decision-making on UK ODA, and thus increase its value for money by enhancing the effectiveness of UK ODA and facilitating transparency in accounting for it.}

\section*{Funding of NGO-led interventions}

18. During our inquiry, we heard a number of calls for increased engagement with and direct funding for UK aid partners in the covid-19 response.\footnote{31} Contributors considered the Government’s provision of £20 million to UK NGOs in form of the Rapid Response Facility insufficient.\footnote{32} They further stressed the Government’s commitment to the Grand Bargain, an initiative that commits donors and aid organisations to providing more non-earmarked funds, more multi-year funding, and 25% of global humanitarian funding to local and national responders by 2020 to ensure greater predictability and continuity in humanitarian aid provision.\footnote{33}

19. We heard that NGOs faced difficulties in accessing funds and responding to donor requests.\footnote{34} We were told that many local women’s rights organisations were “operating largely on a shoestring”.\footnote{35} According to Lee Webster, Co-Chair at the Gender and Development Network, and Deputy Director of International Development Policy and Practice at ActionAid UK, the median funds for women’s rights organisations are under $20,000 per year.\footnote{36} Ms Webster also told us that partner NGOs were finding it difficult...
to access and manage funding from donors—including the FCDO—due to perceived stringent requirements arising from what large international donors such as FCDO or the multilateral organisations want to fund and the mismatch with local communities’ own agendas and needs.\textsuperscript{37}

20. Witnesses to our session on the future of UK aid in December 2020 reiterated these concerns regarding local organisations. Harpinder Collacott, Executive Director at Development Initiatives, told us that “the UK does not have a very successful track record of channelling its aid to local organisations” and that some of the administrative requests upon local aid partners were too extensive to fulfil at their size.\textsuperscript{38} Ms Collacott added that “Despite changes that have been recommended, small organisations, consortia led by locally owned organisations such as those in Sub-Saharan Africa, often do not make it through the door at all.”\textsuperscript{39} We also heard that comparatively larger, international organisations were also finding it difficult to comply with UK-ODA related due diligence requirements. Gwen Hines, Executive Director of Global Programmes at Save the Children, told us about a case where it took a member of staff from her organisation “more than 1,000 hours” to fill in the DFID due diligence requirements.\textsuperscript{40}

21. We also heard that NGOs felt excluded from the designing, planning, co-ordination and decision-making processes in response to covid-19.\textsuperscript{41} ActionAid UK told us that they had received “consistent feedback” from 18 women’s rights organisations interviewed in June 2020, who said that they felt excluded.\textsuperscript{42} Contributors called for the removal of barriers to the work of local NGOs such as designation as non-key workers and subsequent movement restrictions.\textsuperscript{43} Witnesses stressed that they were capable of working at scale and managing large amounts of UK ODA as parts of NGO consortia,\textsuperscript{44} thus challenging the statement by DFID in April 2020 that “Only by working through multilateral organisations can we achieve the scale of action and coordination needed to overcome this global crisis.”\textsuperscript{45} We were told that in order to enhance value for money in the spending of UK ODA, the FCDO should increase direct funding for NGOs at the frontline,\textsuperscript{46} move away from the tendency of providing mega-contracts,\textsuperscript{47} and “take out that middle man” in the form of multilateral organisations to a greater extent.\textsuperscript{48}

22. Replenishment and increased funding for pre-covid-19 programmes, as well as for programmes launched as a direct response to the pandemic, are a great concern for contributors.\textsuperscript{49} Dr Graham MacKay, Chief Operating Officer at Bond, told us that “the...
capability of the UK international development sector is being heavily reduced” by a “collapse in a lot of public fundraising, and fundraising opportunities” following the emergence of covid-19. Furthermore, the sector has been hit by a “perfect storm of many negative trends” which may last for several years in the form of recent cuts to UK ODA and closures of many NGOs. This, Dr MacKay argues, will impact negatively on the capacity of UK NGOs to support vulnerable groups in low and middle-income countries.

Without sufficient, continued funding and support for UK aid partners, the secondary impacts upon vulnerable groups could be significant. Gwen Hines told us that, although the numbers of covid-19 cases had been lower than expected in developing countries, in terms of covid-19’s secondary impacts: “the poverty impact, the nutrition [impact] and the numbers of people falling into hardship are horrendous.” Donal Brown, Associate Vice-President at the UN International Fund for Agricultural Development (IFAD), warned that, “this is not going to go away in three or six months’ time. The impact of covid, particularly on poor people’s lives, will be felt for ages, because they are often on the edge, and a thing like this will knock them way back over.”

In December 2020, the Foreign Secretary told us in a letter that he was “determined to get the best impact for the money we spend” by granting “a genuine choice of delivery mechanisms, rather than the reliance on mega-contracts with delivery agents.” The Foreign Secretary further wrote that the spending limits known as Total Operating Cost controls, which he referred to as “restrictive and outdated” and as forcing “Departments like DFID to outsource work to expensive consultants “, would be lifted to allow “greater flexibility to design the best project”.

Darren Welch, then Director of Policy at the FCDO, told us during our oral evidence session on 24 November 2020 that the Department was trying to provide a “system that is proportionate”. As part of the FCDO’s small charities fund, smaller organisations bidding for smaller amount of money were subject to “much lighter processes” as “where the sums are smaller, we have smaller requirements”, according to Mr Welch. He also stated that the FCDO had worked closely with aid partners to adapt their contracts and set programmes, render their funding more flexible and thus help partners respond to covid-19 effectively. Furthermore, DFID funded the £40 million Disasters and Emergencies Preparedness Programme (DEPP) Innovation Labs from 2014 to 2019, which aimed at improving the quality and speed of humanitarian response through direct engagement with disaster-affected communities and local NGOs.
26. We welcome the Government’s intention to reduce the number of expensive mega-contracts for the delivery of UK-ODA funded projects. To ensure that NGOs are able to continue essential work with vulnerable communities, the FCDO should replenish funds used by NGOs to tackle the impact of covid-19 in place of other activities. Furthermore, the FCDO should ensure that it provides more direct funding for local, frontline NGOs and its partner organisations as part of the greater flexibility in designing projects mentioned in the Foreign Secretary’s letter to us on 2 December 2020. We urge the Government to increase the effectiveness of development programmes by incentivising delivery partners to include local NGOs in the planning, co-ordination and decision-making on the covid-19 pandemic. Furthermore, we ask the FCDO to update us on the lessons it learned from its programme “Disasters and Emergencies Preparedness Programme (DEPP) Innovation Labs” which ran from 2014–2019 and aimed at improving responsiveness to communities through direct engagement with local NGOs.
# 3 Non-covid related healthcare

“Health services and health actors around the world are currently run absolutely ragged. Everybody is exhausted.” (Aaron Oxley, Executive Director, RESULTS UK)  

## The impact of covid-19 upon routine vaccinations and treatments

27. The rapid spread of covid-19 is overwhelming many health systems and causing significant loss of life.  

Over 2 million people have died from covid-19 since its outbreak according to data from the World Health Organisation (WHO). Until late 2019, developing countries had made advances in many areas of healthcare including by reducing the rate of maternal and child deaths and by increasing the rate of childhood immunisation with funding for basic health services increasing by 41% between 2010 and 2018 to reach $10 billion.  

Recently, however, funding has stalled again, according to the UN.

28. There was a clear consensus in our evidence that the covid-19 pandemic has had severe knock-on impacts across all forms of health service provision. Covid cases were exhausting staff, diverting and absorbing resources, flooding facilities, complicating procedures and processes and stopping patients with other conditions from attending due to availability of personnel, transport issues, and fear of infection. The FCDO, citing a WHO survey of members states, said,

> "70% of surveyed countries reported (partial or severe) disruption to routine immunisations, 56% reported disruption to antenatal care, 52% disruption to sick child services, and 19% disruption to emergency surgery."  

29. Aaron Oxley, Executive Director at RESULTS UK, told us that a three-month lockdown with a ten-month recovery period would result in 6.3 million additional cases of tuberculosis by 2025 with 1.4 million additional deaths, setting back the global fight against the disease by five to eight years. Studies for other health areas showed comparable setbacks:

- at least 80 million children under the age of one risk missing out on routine vaccines for diseases such as measles, polio and diphtheria
- an estimated 50 million children in Pakistan and Afghanistan—where pockets of polio persist—likely to miss routine polio vaccines

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62 Q236 [Aaron Oxley]  
63 UN Statistics Division, Ensure healthy lives and promote well-being for all at all ages, The Sustainable Development Goals Report 2020, accessed 19 January 2021  
65 UN Statistics Division, Ensure healthy lives and promote well-being for all at all ages, The Sustainable Development Goals Report 2020, accessed 19 January 2021  
66 Ibid  
67 Foreign, Commonwealth and Development Office (COR0136)  
68 Q221 [Aaron Oxley]  
69 Q221 [Aaron Oxley]  
70 Q222 [Aaron Oxley]
• an estimated 11.5 million people affected by disruptions to anti-retroviral services for HIV/AIDS in 36 countries between April and June 2020 and 75% of the Global Fund’s HIV/AIDS programmes reporting moderate to high levels of disruption to service delivery.71

30. Witnesses told us of measures that they and their partner organisations had taken in response to the obstacles created by the pandemic. These included setting up tele-medicine systems to diagnose and treat patients remotely, and delivering essential drugs directly to patients rather than expecting patients to visit facilities.72 Witnesses commended the inclusion of communities and local civil society organisations by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)–the largest multilateral financing mechanism for health systems strengthening–in the forming of strategies.73

UK ODA funding of global health

31. As the second-largest donor to global health,74 the UK Government plays an important role in the facilitation of such measures. The Foreign Secretary listed the strengthening of health systems and Universal Health Coverage as top priorities for the international community in building back better at the UN High-Level Event on Financing for Development on 29 September 2020.75

32. The UK Government has committed over £764 million to date in the response to covid-19 and its impact.76 In their submission, the FCDO stated that they were “supporting a range of priorities” relating to global health through:77

• a pledge of up to £1.4 billion to the Global Fund to provide anti-retroviral therapy for people living with HIV, support healthcare in relation to tuberculosis and malaria, and strengthen health systems and global health security78

• up to £1.65 billion pledge to Gavi, the Global Vaccine Alliance, for 2021–2025 to support routine immunisation79

• £30 million, with an additional £50 million commitment, to the Global Financing Facility to support access to reproductive, maternal, new-born, child and adolescent services80

• £400 million to the Global Polio Eradication Initiative over the next four years, and

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71 Q224 [Mike Podmore]
72 Q225 [Mike Podmore]
73 Q228 [Aaron Oxley, Mike Podmore]
74 Q233 [Katie Husselby]
75 United Nations, United Kingdom Statement to the High-Level Event on Financing for Development Delivered by Dominic Raab, Foreign, Commonwealth, and Development Secretary, 29 September 2020
76 PQ 6198 [on overseas aid: coronavirus], 18 June 2020; “UK meets £250m match aid target into COVAX, the global vaccines facility”, Gov.uk Press Release, 10 January 2021
77 Foreign, Commonwealth and Development Office (COR0136)
78 HC Deb, 1 July 2019, WS
79 “British High Commissioner meets Special Adviser to the Prime Minister on health ahead of the Global Vaccines Summit in the UK”, Gov.uk World News Story, 3 June 2020, accessed 19 January 2021
80 “UK aid supports global efforts to tackle preventable maternal and newborn deaths”, Gov.uk News Story, 6 November 2018, accessed 20 January 2021
• £75 million support to the World Health Organisation (WHO) for their covid-19 response, in addition to a £120m per annum (on average) financial contribution to assist the WHO.

33. Our witnesses called for the protection of funding for essential non-covid health services. Katie Husselby, Co-ordinator at Action for Global Health, told us that money might be diverted from these services, which she said were already underfunded. RESULTS UK called for timely and more rapid disbursement of UK funds for other diseases including polio, tuberculosis and HIV/AIDS to avert a rise in the rates of death from such diseases as well as an increase in the long-term costs in eradicating them.

34. We also heard calls for more transparency and accountability in the planning and funding of the covid-19 response at multilateral and national levels. Both Ms Husselby and Mike Podmore, Director of STOPAIDS, considered the UK’s global health strategy to be insufficiently transparent and therefore difficult to assess. At a multilateral level, Mr Podmore considered other organisations such as the WHO not inclusive enough towards civil society organisations when devising strategies against the impact of covid-19. At national level, Ms Husselby told us that the Government’s interventions in relation to covid-19, to the universal principle of the SDGs to “Leave No One Behind” and to SDG 3 (good health and well-being) could not be assessed properly without a cross-departmental UK global health strategy.

35. Wendy Morton MP, Minister for European Neighbourhood and the Americas at the FCDO whose remit includes global health security and the global work on covid-19 vaccines, told us that transparency and accountability were important to the FCDO:

“For me, it is always about making sure, whatever we are doing, it reaches those people who need it. Crucially, the transparency and accountability is so important.”

In its submission to part one of our inquiry in April 2020, DFID told us that they were “already working well” across Departments to ensure a strategic approach to global health policy-making, and mentioned the Global Health Oversight Group as one way of ensuring oversight. DFID also stated that they would revisit the impact of the pandemic on cross-governmental global health security “once the situation is more settled.”

36. Covid-19 has affected healthcare systems in developing countries negatively. The urgency with which countries have had to respond has diverted already scarce resources towards covid-related care at the expense of other essential healthcare. This has caused disruption to routine vaccinations and treatments and is storing up years of future problems as well as a potential reversal of hard-won gains in global health. The FCDO should show global leadership in its commitment to global health, as outlined in the

81 Q233 [Katie Husselby]
82 Q236 [Aaron Oxley, RESULTS UK] (COR0073)
83 Q228 [Aaron Oxley, Mike Podmore]
84 Q239 [Katie Husselby, Mike Podmore]
85 Q228 [Mike Podmore]
86 UN Sustainable Development Group, Universal Values Principle Two: Leave No One Behind, accessed 19 January 2021
87 Q239 [Katie Husselby]
88 Q331 [Wendy Morton MP]
89 Department for International Development (COR0060)
90 Department for International Development (COR0060)
Strategic Framework for ODA, through maintaining its existing commitments to routine immunisation programmes and other essential healthcare across developing countries. It should further tell us how it assesses the impact of covid-19 on healthcare and decides to mitigate it. Our interim findings report recommended that the Government should publish a multi-year, cross-departmental global health strategy, to map out how UK policy can deliver a strategic and integrated approach to strengthening global health. In the midst of a pandemic, this is needed more than ever, and we reiterate our previous recommendation. Furthermore, this global health strategy should set out how the UK intends to use levers at multilateral and bilateral levels to achieve its aims, how this ensures progress towards the UN Sustainable Development Goals, and how the strategy will reach the most marginalised and vulnerable communities. Whilst we commend the Government’s response to covid-19, we are concerned that several of the measures listed in the FCDO’s submission in October 2020—the £80 million commitment to the Global Financing Facility and the £400 million commitment to the Global Polio Eradication Initiative—pre-date the outbreak of covid-19 and ask the FCDO to provide us with an updated list, which sets out the Government’s funding for healthcare since the outbreak of covid-19.

Building more resilient and inclusive healthcare systems

37. Community engagement with healthcare services and facilities has suffered considerably as a result of the pandemic. According to the UN Department of Economic and Social Affairs (UN DESA), people are “unable or afraid to go to health-care facilities”—even in the case of urgent medical care—in part due to fear of contracting covid-19. Additionally, covid-19 has made access to healthcare more difficult due to movement restrictions, lack of personal protective equipment (PPE) for providing healthcare and lack of trust in service provision.

38. Bond and the International Committee of the Red Cross told us of cases where vulnerable people were denied essential and emergency healthcare and had unequal access to information, especially people with disabilities, women and girls, sexual and gender minorities and refugees and internally displaced people.

39. We did, however, also receive examples of positive work to build trust in healthcare systems at local level to counter these trends. For example, Marie Stopes International told us that they had worked successfully with key community stakeholders including chiefs, chairs and peripheral health unit staff in Sierra Leone to strengthen messaging and reduce fear about accessing healthcare services during the pandemic.

40. Covid-19’s impact on income is reducing the capacity of vulnerable people to afford essential healthcare. According to the UN, rising health expenses are pushing millions of people into extreme poverty with an estimated one billion people projected to spend

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91 UN Statistics Division, Ensure healthy lives and promote well-being for all at all ages, The Sustainable Development Goals Report 2020, accessed 19 January 2021
92 Ibid
93 Q225 [Katie Husselby, Mike Podmore]; Q238 [Mike Podmore], STOPAIDS (COR0149), Compassion UK (COR0151), Action for Global Health (COR0153)
94 Bond (COR0157); International Committee of the Red Cross (COR0169)
95 Marie Stopes International (COR0143)
96 UN Statistics Division, Ensure healthy lives and promote well-being for all at all ages, The Sustainable Development Goals Report 2020, accessed 19 January 2021
at least 10% of their household budgets on healthcare in 2020, and the majority of them living in low- and middle-income countries. Action for Global Health warned that the cost of health interventions was likely to increase following lockdown as many of those services would need to be delivered door to door instead of in mass settings, rendering them more expensive.

41. We heard that user fees present a significant barrier to accessing healthcare. In their survey of over 1,400 people in late August 2020, the Norwegian Refugee Council found that 77% of respondents had reduced their spending on medical services due to covid-19’s impact on their income. Ms Husselby told us that the financial hardship caused by covid-19’s economic impact and payment of user fees created a financial barrier for vulnerable groups.

42. Accordingly, contributors to the inquiry called for the removal of barriers to accessing essential healthcare, greater inclusion of communities in the planning and execution of the covid-19 response, protection of funding for essential non-covid health services, the end of user fees, and the introduction of Universal Health Coverage globally.

43. Our witnesses considered the covid-19 response an opportunity to integrate more effectively healthcare services and equipment for various diseases by sharing resources rather than transferring them to the covid-19 response. Action for Global Health told us that “the issues that negatively impact the covid-19 response also impact the ability to maintain other essential health services, at even greater cost”. Aaron Oxley said that, “at the moment those adaptations are not going nearly far enough to ameliorate the damage being done”, leaving “some very big mountains to climb”.

44. In their submission in October 2020, the FCDO told us that the UK Government’s response aimed to maintain affordable access to and delivery of essential health services for health, nutrition, water, sanitation and hygiene, and sexual and reproductive health and rights. Furthermore, one example of an integrated approach is the FCDO’s funding for the Global Polio Eradication Initiative, which will enable countries to respond to covid-19 through networks created to counter polio. Ms Morton told us that:

“Polio workers on the ground have resumed vaccinations. They have combined their efforts to support the growing need to protect communities against the pandemic. As part of their role, polio workers help with covid-19 testing and the training of health workers on infection prevention and control. They are a group of people who are already working in communities and across communities.”

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97 Ibid
98 Action for Global Health, Indirect impacts of Covid-19 on other essential health services, 17 August 2020
99 Q226 [Katie Husselby]
100 Norwegian Refugee Council (NRC UK) (COR0144)
101 Q225 [Katie Husselby]
102 International Committee of the Red Cross (COR0169)
103 Action for Global Health (COR0153)
104 Q226 [Aaron Oxley]
105 Q226 [Katie Husselby]
106 Action for Global Health (COR0153)
107 Q235 [Aaron Oxley]
108 Foreign, Commonwealth and Development Office (COR0136)
109 Q325 [Wendy Morton MP]
45. At a time of heightened need, it is more important than ever that healthcare is provided in a way that uses stretched resources as efficiently as possible through integrating responses to multiple health challenges. As part of a global health strategy, the FCDO should work with developing countries to reduce financial barriers to accessing healthcare for communities, prioritising low-cost approaches to lifesaving treatments and incorporating the feedback of communities more effectively into their response. Furthermore, the FCDO should advocate for the integration of the various streams of healthcare provision even more in its work with partner organisations to help accomplish an effective response to other diseases alongside covid-19 during the pandemic.
4  Economy and livelihoods

Public debt

46. On 30 March 2020, the UN warned of a “looming financial tsunami” for developing countries due to the covid-19 pandemic and the ensuing global recession. The International Monetary Fund (IMF) projected global growth at -4.4% in 2020 and stated that this reversed progress made since the 1990s in curtailing global poverty and decreasing inequality. In October 2020, the UN DESA referred to covid-19 as a “high-debt, low-growth trap”.

47. Contributors told us that high levels of public debt and falling government revenues could reduce public investment in healthcare systems. We heard that dwindling revenues from the export of commodities such as copper and oil (on which many low- and middle-income countries heavily depend), following the commodity price shock in 2014, and a sudden, record capital outflow from emerging markets in the early months of covid-19 have compounded the challenge of debt service payments for highly-indebted countries. Oxfam referred to the situation as the “twin crises of health and economy”.

48. We heard broad calls for debt cancellation instead of debt relief. Tim Jones, Head of Policy at Jubilee Debt Campaign, told us that the cancellation of $500 million of debt service payments by the IMF for the most vulnerable countries was “a drop in the ocean”. Furthermore, while 73 lower-income IMF member states were eligible for a $5 billion suspension of debt service payments as part of the G20’s Debt Service Suspension Initiative (DSSI) in April 2020, $33 billion were still being paid, according to Mr Jones.

49. Moreover, we heard that private lenders and English law play an important role in debt service payments. According to a coalition of UK NGOs, private lenders hold 27% of all foreign debts owed by the 73 countries eligible for the DSSI. In a written answer to a parliamentary question, John Glen MP, Economic Secretary to the Treasury, stated that

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110 “UN calls for $2.5 trillion coronavirus crisis package for developing countries”, United Nations Conference on Trade and Development, 30 March 2020; Coronavirus: Mounting debt crisis for the world’s poorest countries, Insight, House of Commons Library, 3 June 2020

111 International Monetary Fund, World Economic Outlook, October 2020: A Long and Difficult Ascent, accessed 19 January 2021

112 “COVID-19 legacy: a high-debt, low-growth trap”, UN Department of Economic and Social Affairs, 1 October 2020

113 Global Justice Now (COR0023), Jubilee Debt Campaign (COR0055), UN Department of Economic and Social Affairs, UN/DESA Policy Brief #59: Corona crisis causes turmoil in financial markets, 1 April 2020

114 Oxfam GB (COR0058)

115 Bond (COR0026), Save the Children UK (COR0037), Jubilee Debt Campaign (COR0055), Oxfam GB (COR0075)

116 Q252 [Tim Jones]. On 13 April 2020, the IMF executive board announced that it had approved immediate, grant-based debt relief of about $500 million - which includes $185 million from the UK - for the IMF’s 25 poorest and most vulnerable member countries under its Catastrophe Containment and Relief Trust (CCRT). Provided for an initial period of 6 months, the aim was to help those countries cover their IMF debt obligations and focus on responding to covid-19, according to the IMF. See: IMF Executive Board Approves Immediate Debt Relief for 25 Countries, International Monetary Fund, 13 April 2020.

117 Q252 [Tim Jones]. According to the IMF, about 60% of eligible countries had requested support through the DSSI as of late October 2020. Based on data about G20 creditors as of 23 October 2020, the IMF estimates that this equates to $5 billion in deferred debt service payments for 2020. See International Monetary Fund, Questions and Answers on Sovereign Debt Issues, last updated on 18 November 2020.

118 Catholic Agency for Overseas Development (CAFOD), Christian Aid, Global Justice Now Jubilee Debt Campaign and Oxfam, Under the radar: Private sector debt and coronavirus in developing countries, 14 October 2020
45% of all outstanding international sovereign bonds is governed by English law.\textsuperscript{119} Mr Jones told us that English law governs 90% of the international sovereign bonds owed by countries eligible for the DSSI, adding that “If they stop paying the debts, they get sued in UK courts”.\textsuperscript{120}

50. To mitigate the looming economic crisis in highly indebted developing countries, the Government advocated for debt relief at a multilateral level.\textsuperscript{121} The FCDO wrote that “with UK support”, multilateral development banks were making over $200 billion available to governments and businesses over 15 months to stabilise the economy, support sustainable recovery and strengthen health systems.\textsuperscript{122} In his letter to campaigners for debt relief in July 2020, James Duddridge MP, Minister for Africa at the FCDO, wrote that the Government was committed to helping developing countries through UK contributions to the IMF’s Catastrophe Containment Relief Trust (CCRT), the DSSI, and by calling on private lenders to join the DSSI.\textsuperscript{123}

51. We welcome the UK’s role in extending the G20’s Debt Service Suspension Initiative to 30 June 2021, the measure to temporarily suspend debt service payments for the poorest countries. As the majority of these outstanding debts are governed by English law, the UK Government is in a unique position to send a global message on debt service payments by suspending or cancelling repayments. \textit{We urge the Government to extend the Debt Service Suspension Initiative beyond June 2021 and to use its influence to persuade private lenders to join this scheme. Furthermore, the Government should consider options for the cancellation of debt and provide this Committee with the rationale behind its decisions on debt relief versus debt cancellation for low- and middle-income countries.}

\textbf{Livelihoods}

52. Covid-19 is significantly impacting the livelihoods of people in developing countries. Evidence by the WHO suggests that almost half of the global workforce of 3.3 billion people could lose their livelihoods.\textsuperscript{124} Global extreme poverty—i.e. the rate of people living on less than $1.90 per day—is set to rise in 2020 for the first time since 1998 according to the World Bank\textsuperscript{125} while global human development is “on course to decline” for the first time since the measurement’s inception, according to the UN Development Programme (UNDP).\textsuperscript{126} The World Bank estimates that the total number of people living in extreme poverty could rise to 150 million by 2021\textsuperscript{127} while UN DESA estimated that 71 million people could be pushed back into poverty in 2020.\textsuperscript{128} Furthermore, eight out of ten “new poor” are projected to be in middle-income countries by the World Bank.\textsuperscript{129}

\textsuperscript{119} PQ 45237 [on debts: developing countries], 18 May 2020
\textsuperscript{120} Q244 [Tim Jones]
\textsuperscript{121} “‘We must work together to fight Covid-19 outbreak’”, Department for International Development, 11 April 2020
\textsuperscript{122} Foreign, Commonwealth and Development Office (COR0136)
\textsuperscript{123} Gov.uk, Letter from James Duddridge MP to the supporters of the debt relief campaign, July 2020, accessed 19 January 2021
\textsuperscript{124} World Health Organisation, Impact of COVID-19 on people’s livelihoods, their health and our food systems Joint statement by ILO, FAO, IFAD and WHO, 13 October 2020
\textsuperscript{125} The World Bank Group, Poverty Overview, last updated on 7 October 2020, accessed on 19 January 2021
\textsuperscript{126} “Temporary Basic Income to protect the world’s poorest people could slow the surge in COVID-19 cases, says UNDP”, United Nations Development Programme, 23 July 2020
\textsuperscript{127} “COVID-19 to Add as Many as 150 Million Extreme Poor by 2021”, The World Bank Group, 7 October 2020
\textsuperscript{128} “UN report finds COVID-19 is reversing decades of progress on poverty, healthcare and education”, UN Department of Economic and Social Affairs, 7 July 2020
\textsuperscript{129} “COVID-19 to Add as Many as 150 Million Extreme Poor by 2021”, The World Bank Group, 7 October 2020
53. We were told by Oxfam and Lamis al-Iryani, Head of Monitoring and Evaluation at the Social Fund for Development—Yemen, that the secondary impacts of covid-19 on income are a greater concern for vulnerable groups than the virus itself.\textsuperscript{130} This was reiterated by Donal Brown who told us that

“the majority of our target group are less concerned with Covid, per se. The health crisis is not really what they worry about. They will often say, “We have been through Ebola. We have been through much worse things. We have malaria, and so on. Covid is just another issue for us, and in some ways not that big an issue”. What really concerns them is the impact on their livelihoods and the impact on, literally, their day-to-day survival.”\textsuperscript{131}

\textit{Impact upon farmers and agricultural workers}

54. Among those with their livelihoods under threat are small-holder farmers and agricultural workers. Around 63\% of the world’s poorest people work in the agricultural sector, with the majority of them working on small farms, according to the UN International Fund for Agricultural Development (IFAD).\textsuperscript{132} In Bangladesh, movement restrictions to curb the spreading of covid-19 had a severe impact on agricultural supplies as farmers could not get seeds, fertilisers or vaccines for their livestock or input for the planting season because “literally things had shut down”, according to Donal Brown.\textsuperscript{133} Dr Louisa Cox, Director of Impact at the Fairtrade Foundation, told us that, due to supply chain disruptions, flower growers in Kenya were “chucking out about 50 tonnes of flowers every day” as they could not get their produce out of the country.\textsuperscript{134} She added that flower plantations in Kenya were seeing losses of around €300,000 per day as their sales fell to around 20\% of pre-covid-19 levels.\textsuperscript{135}

55. According to the Fairtrade Foundation, market disruptions affect women in the agricultural sector particularly as they already often earn less than men in the sector.\textsuperscript{136} Women comprise 43\% of the agricultural labour force on average in low-and middle-income countries and account for two-thirds of the 600 million poor livestock keepers in the world according to estimates by the UN’s Food and Agriculture Organization (FAO).\textsuperscript{137} Further, 79\% of those women who are economically active in the poorest countries list agriculture as their top source of income.\textsuperscript{138}

\textit{Impact upon other low-income workers}

56. The pandemic highlights the exposure of workers in the informal sector and of low-income, self-employed workers to a sudden loss of income, and the weaknesses of current social protection systems in developing countries. According to the UN World Food

\textsuperscript{130} Q249 [Lamis Al-Iryani]; Oxfam GB (COR0058)
\textsuperscript{131} Q274 [Donal Brown]
\textsuperscript{132} International Fund for Agricultural Development, COVID-19, accessed 19 January 2021
\textsuperscript{133} Q274 [Donal Brown]
\textsuperscript{134} Q274 [Dr Louisa Cox]
\textsuperscript{135} Q274 [Dr Louis Cox]
\textsuperscript{136} Fairtrade Foundation (COR0146)
\textsuperscript{138} Ibid
Programme (UN WFP), 55% of poor people worldwide do not have access to a safety net—be it in the form of reliable cash transfers, food, in-kind support, subsidies or service fee waivers. A UN SDG target 1.3 states that signatories should “implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.”

57. Such is the secondary impact of covid-19 that even people who are considered extremely poor but survive due to daily wages or selling their produce are now at risk of becoming a case for humanitarian assistance. The Fairtrade Foundation and International Justice Mission UK told us that the pandemic-induced recession also increased the risk of forced labour and child labour, especially in the agricultural sector.

58. We heard calls for the expansion of social protection schemes to support people that do not receive government assistance and to build the economic resilience of vulnerable groups. Contributors told us that in lower-income countries with less pronounced social security schemes, donor-funded livelihood support schemes, remittances, savings and access to credit from suppliers and from financial institutions provided essential safety nets for vulnerable groups. We heard that people with disabilities, refugees and internally displaced persons, the elderly, and women, adolescents and children were often among the most vulnerable as they were often already overly represented in the informal sector. Furthermore, contributors told us that access to credit and remittances was becoming more difficult due to the recession, prompting people to increasingly use their savings to make ends meet.

UK ODA spending on mitigating impacts on livelihoods

59. UK aid partners are trying to mitigate covid-19’s secondary impact on livelihoods. We heard of heartening interventions on the ground. In Togo, repurposing of UK ODA has helped the NGO Compassion UK train mothers in the production of hygiene masks to protect communities and provide them with further income-generating skills during the pandemic. Furthermore, the Social Development Fund-Yemen, the country’s largest national development agency, benefits from £44.48 million in UK ODA to co-run the £75 million “Yemen Social Protection Programme” (YeSP). YeSP includes the provision

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139 United Nations World Food Programme, Social protection and safety nets, accessed 19 January 2021
140 International Labour Organization, Relevant SDG Targets related to Social Protection Floor, accessed 19 January 2021
141 Q274 [Dr Louisa Cox]; Bond (COR0026); Fairtrade Foundation (COR0146); ARISE Consortium (COR0168); The Food and Agriculture Organization of the United Nations, Policy Brief: The Impact of COVID-19 on Food Security and Nutrition, June 2020, page 9, accessed 19 January 2021
142 International Justice Mission UK (COR0148), Fairtrade Foundation (COR0146)
143 Q269 [Lamis Al-Iryani], Q273 [Sultana Begum], Q318 [Gwen Hines], Bond (COR0157), Gender and Development Network, Nawi-Afrifem Macroeconomics Collective (COR0166), Save the Children UK (COR0037), VSO (COR0160)
144 International Committee of the Red Cross (COR0169)
145 Norwegian Refugee Council (NRC UK) (COR0144)
146 Q296 [Sultana Begum], Concern Worldwide UK (COR0155)
147 Q274 [Donal Brown]
148 ADD International (COR0164), Save the Children UK (COR0037), UNHCR, The UN Refugee Agency (COR0028)
149 Q274 [Donal Brown], Q289 [Sultana Begum], ActionAid UK (COR0158), Concern Worldwide UK (COR0155), Norwegian Refugee Council (NRC UK) (COR0144)
150 Compassion UK (COR0151)
of microfinance to small and medium-sized enterprises, cash-for-work programmes providing temporary livelihoods for the development of local areas and cash-based social safety nets for vulnerable groups.  

60. Given the importance of supporting farmers in developing countries, we welcome the FCDO’s initiative entitled the “Vulnerable Supply Chains Facility” (VSCF). To mitigate covid-19’s impact on supply chains and vulnerable workers in the agriculture and garment sectors, the FCDO co-funds the £6.85 million “Vulnerable Supply Chains Facility”, a joint intervention between the FCDO, UK private businesses, and civil society organisations.  

Launched in August 2020, this programme aims to help nearly one million people by increasing the capacity of vulnerable workers and suppliers to respond to covid-19’s economic and social impact.  

Grant holder and co-designer the Fairtrade Foundation received £700,000 from the FCDO and £780,000 from commercial partners and implements the programme in Ghana and Kenya.  

Dr Louisa Cox told us that the VSCF reached 25,000 out of 800,000 insecure cocoa farmers in Ghana and 6,000 out of 150,000 insecure flower workers in Kenya.  

Hence, although the mere launch of such a programme was a good first step, it needed to be scaled up significantly as “the need is huge.”

61. In her article on covid-19 in the Daily Telegraph on 9 April 2020, the Rt Hon Anne-Marie Trevelyan MP wrote that “The epidemic’s socio-economic consequences will be devastating” and that “We must ensure populations hit the hardest get immediate assistance to develop social protection as well as accessible, quality health and nutrition services.”  

Both DFID and the FCDO told us that they sought to strengthen social protection systems.  

In April 2020, DFID stated that their response was intended to help governments and partners “maintain and scale up social protection systems including social safety nets and humanitarian cash transfers.”  

In October 2020, the FCDO told us that they were “protecting the most vulnerable from the economic impacts of COVID-19 through our social protection programmes and are supporting jobs and supply chains”.

At our oral evidence session on 24 November 2020, Rachel Turner, Director of Economic Development at the FCDO, told us that the FCDO has “particularly tried to protect the people who were immediately and seriously affected, as their livelihoods unravelled during the crisis”, in part through the adaptation of 25 social protection programmes, continued support for small-scale farmers in accessing markets and input, and support for parts of the “new urban poor”.

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151 Q240 [Lamis Al-Iryani]; Development Tracker, Addendum to the Business Case 300527 (Published - September, 2020), Yemen Social Protection Programme (YeSP) (Phase 1), last updated on 7 December 2020, accessed 19 January 2021

152 Foreign, Commonwealth and Development Office (COR0136); “UK aid to protect high street supply chains”, Gov. uk Press Release, 14 August 2020

153 Fairtrade Foundation (COR0146)

154 Fairtrade Foundation (COR0146)

155 Q277 [Dr Louisa Cox]

156 Q295 [Dr Louisa Cox]

157 “We must work together to fight Covid-19 outbreak”, Department for International Development, 11 April 2020. The Rt Hon Anne-Marie Trevelyan MP was a co-author of the article together with fellow ministers with international development portfolios: Peter Eriksson (Sweden), Gerd Müller (Germany), Rasmus Prehn (Denmark), Ville Skinnari (Finland), Guðlaugur Thór Þórðarson (Iceland), and Dag Inge Ulstein (Norway).

158 Department for International Development (COR0060), Foreign, Commonwealth and Development Office (COR0136)

159 Department for International Development (COR0060)

160 Foreign, Commonwealth and Development Office (COR0136)

161 Q350 [Rachel Turner]
62. Livelihoods in developing countries have been devastated by the pandemic. Workers in economically precarious sectors, such as agriculture, are especially vulnerable to the economic shock and instability caused by covid-19. We believe that protecting these jobs is central to enabling people to lift themselves out of poverty. We request that the FCDO write to us on a quarterly basis, outlining how the Government’s economic and trade interventions which form part of the Strategic Framework for ODA will strengthen the economic resilience of low-income groups in developing countries. We ask the Government to fund long-term, multi-year programmes, designed to foster employment opportunities, and ask the FCDO to work closely with recipient countries, aid partners and local NGOs in identifying those activities which have the greatest, long-term beneficial impact on the livelihoods of vulnerable people, and to allocate resources accordingly to support such activities.

Food security

“Communities have told Oxfam that they expect to die of hunger before getting sick from covid-19.” (Oxfam GB)\textsuperscript{162}

63. Covid-19 is exacerbating the ongoing food insecurity in developing countries.\textsuperscript{163} The number of people going hungry has gradually increased in the past years with nearly 690 million people being undernourished in 2019, according to the UN.\textsuperscript{164} It further estimated that up to 132 million more people could suffer from chronic food insecurity in 2020 due to covid-19.\textsuperscript{165}

64. Malnutrition is a growing concern for vulnerable groups.\textsuperscript{166} Bond told us that “more people are eating less, and less often, cutting back on meat, fresh fruit and vegetables, selling livestock or other assets, or going into debt.”\textsuperscript{167} According to Concern Worldwide, “Families are faced with two choices: to change either the amount or type of food consumed”.\textsuperscript{168} Concern Worldwide also told us of an instance where parents were diluting milk for children to stretch the amount for longer and of a man in Bangladesh on low-income who stated that “I am in a lot of trouble with the children. I can’t feed them what I could before, not even half”.\textsuperscript{169}

65. In Yemen, the largest humanitarian crisis in the world according to the United Nations Children's Fund (UNICEF),\textsuperscript{170} affordability of food is a great concern. Lamis Al-Iryani told us that more than 14 million people in Yemen “don’t know where their next meal is coming from.”\textsuperscript{171} Sultana Begum, Advocacy Manager in Yemen for the Norwegian Refugee Council, told us that “there is food in the markets, but people simply cannot afford to buy the food”.\textsuperscript{172} According to the International Rescue Committee, the price of

\textsuperscript{162} Oxfam GB (COR0058)
\textsuperscript{164} Ibid
\textsuperscript{165} Ibid
\textsuperscript{166} ADD International (COR0164)
\textsuperscript{167} Bond (COR0157)
\textsuperscript{168} Concern Worldwide UK (COR0155)
\textsuperscript{169} Concern Worldwide UK (COR0155)
\textsuperscript{170} The United Nations Children’s Fund, \textit{Yemen crisis}, accessed 19 January 2021
\textsuperscript{171} Q261 [Lamis Al-Iryani]
\textsuperscript{172} Q272 [Sultana Begum]
the minimum food basket increased by up to 35% between the outbreak of covid-19 and July 2020, prompting low-income families to borrow money or apply distress measures such as reducing their food intake or sending children to work.\textsuperscript{173}

66. Contributors were concerned about the Government’s response to the growing food crisis. Dr Louisa Cox said that the regular meetings on covid-19 between UK NGOs and DFID, and later the FCDO, which were chaired by Baroness Sugg CBE, then Parliamentary Under-Secretary of State for Overseas Territories and Sustainable Development, had been focused on public health rather than food security.\textsuperscript{174} Donal Brown told us that the food and livelihood crisis was a “bit of a forgotten area” despite the likelihood of more people dying from the impact of the food and livelihood crisis than from the direct impact of covid-19.\textsuperscript{175} His worry was that “we address a health crisis, and then end up with a food crisis and a livelihoods crisis”.\textsuperscript{176}

67. We were told that covid-19 challenges the effective delivery of nutrition programmes as they are usually provided through health services and involve gatherings of large groups of people.\textsuperscript{177} The pandemic thereby increases the risk of stunting children\textsuperscript{178} and could derail efforts to reduce the number of stunted children to 82 million by 2030.\textsuperscript{179} Contributors were concerned about a potential “cliff edge” in UK financing for nutrition programmes from 2021,\textsuperscript{180} and urged the Government to renew its commitments to nutrition-sensitive programmes for 2021–2025, which expired at the end of 2020.\textsuperscript{181}

68. Furthermore, witnesses called for the expansion of cash-based interventions. Sultana Begum told us that cash support was an effective way of enhancing people’s food security as it could be used to access medical care and education, and thereby gave people more options to respond to their individual contexts.\textsuperscript{182} Gwen Hines said that “cash transfers are a very effective way” to respond to the ongoing crisis of poverty and malnutrition,\textsuperscript{183} something that the International Rescue Committee echoed, adding that “having cash would mean people affected by the covid-19 crisis would not be forced to sell their few assets or fall further into debt”.\textsuperscript{184}

**UK ODA spending on food security**

69. The FCDO told us that “as part of the wider £1 billion spend, we have committed £145 million to UN appeals, including £15 million to the World Food Programme.”\textsuperscript{185} To build resilience among vulnerable people and reduce the rate of malnutrition, the FCDO are also

\begin{itemize}
  \item International Rescue Committee (COR0152)
  \item Q293 [Louisa Cox]
  \item Q278 [Donal Brown]
  \item Q278 [Donal Brown]
  \item RESULTS UK (COR0032)
  \item RESULTS UK (COR0073) and UN Statistics Division, End hunger, achieve food security and improved nutrition and promote sustainable agriculture, The Sustainable Development Goals Report 2020, accessed 19 January 2021
  \item UN Statistics Division, End hunger, achieve food security and improved nutrition and promote sustainable agriculture, The Sustainable Development Goals Report 2020, accessed 19 January 2021
  \item RESULTS UK (COR0073), Save the Children (COR0139), Concern Worldwide UK (COR0155)
  \item Q229 [Aaron Oxley], Q318 [Gwen Hines], RESULTS UK (COR0073) and (COR0161), Save the Children (COR0139)
  \item Q289 [Sultana Begum]
  \item Q312 [Gwen Hines]
  \item International Rescue Committee (COR0152)
  \item Foreign, Commonwealth and Development Office (COR0136). As regards the £1 billion spend, the FCDO told us in the same written evidence that “we have so far committed over £1 billion of UK aid to counter the health, humanitarian, and socio-economic risks, and to support the global effort to find and distribute a vaccine.”
\end{itemize}
adapting programmes in agriculture, nutrition and food security.\textsuperscript{186} Interventions include the adaptation of their “Commercial Agriculture for Smallholders and Agribusiness programme” to increase the resilience of smallholder farmers, and co-chairing the Global Agriculture and Food Security Programme (GAFSP), a global financing instrument to increase investment in agriculture and food security.\textsuperscript{187}

70. One of the FCDO’s new seven global priorities for UK ODA, announced in late November 2020, is to spearhead a stronger international response to famine.\textsuperscript{188} On the day of the creation of the FCDO, the UK Government announced two measures to mitigate covid-19’s impact on food security: the appointment of Nick Dyer, the former Permanent Secretary at DFID, as the first UK Special Envoy for Famine Prevention and Humanitarian Affairs; and a £119m “aid package” to mitigate covid-19’s impact on food security and child mortality.\textsuperscript{189} In her evidence, Ms Morton stated that Nick Dyer was working closely with multilateral organisations and NGOs to “prevent an escalation”.\textsuperscript{190} His first tasks included building consensus with implementing partners and other donor governments and “pressing” others to match UK funding for programmes on food security.\textsuperscript{191} The measures come ahead of the UK’s presidency of the G7 and are meant to strengthen the UK’s capacity to build consensus among governments in their responses to covid-19.\textsuperscript{192}

71. While we welcome the appointment of a Special Envoy for Famine Prevention and Humanitarian Affairs and the £119 million aid package to support food security, we ask the FCDO to update us on a quarterly basis on the performance and achievements of its measures to counter food insecurity. We also recommend that the UK Government renew its nutrition commitments, which expired at the end of 2020, as a matter of urgency. We further ask the Government to expand funding for programmes addressing malnutrition and food insecurity, especially those addressing the issues through cash transfers as they can help different groups to respond effectively to the secondary impacts of covid-19 according to their individual needs.

\textsuperscript{186} Foreign, Commonwealth and Development Office (COR0136)
\textsuperscript{187} Foreign, Commonwealth and Development Office (COR0136)
\textsuperscript{188} “Changes to the UK’s aid budget in the Spending Review”, Gov.uk News Story, published 25 November 2020, last updated on 26 November 2020
\textsuperscript{189} “New Foreign, Commonwealth & Development Office will lead global action to ensure world’s poorest are protected from ravages of coronavirus and famine”, Gov.uk Press Release, 2 September 2020
\textsuperscript{190} Q329 [Wendy Morton MP]
\textsuperscript{191} Q329 [Wendy Morton MP]
\textsuperscript{192} “New Foreign, Commonwealth & Development Office will lead global action to ensure world’s poorest are protected from ravages of coronavirus and famine”, Gov.uk Press Release, 2 September 2020
5 Women and girls

“The impacts of crises are never gender-neutral, and covid-19 is no exception.” (United Nations Women)193

72. The covid-19 pandemic has brought particular disadvantages for women and girls across the developing world, compounding existing inequalities.194 The exact scale is difficult to establish due to a lack of sufficient disaggregated data.195 However, evidence to our inquiry discussed a broad range of secondary impacts which risk derailing progress towards achieving UN SDGs aimed at gender equality and empowerment of women and girls.196

Gender equality

“Women, men, girls and boys experience both the primary and secondary impacts of an epidemic in different ways.” (Oxfam GB)197

73. Gender equality is the fifth goal of the UN SDGs.198 The UN says that this goal is “probably even more distant than before” as women and girls are affected considerably and disproportionately by the impact of covid-19 and of pandemic counter-measures.199

74. One way in which gender inequality manifests itself during the pandemic is the rise in unpaid care work by women and girls.200 The Nawi-Arifem Macroeconomics Collective and the Gender and Development Network told us that the pandemic was shifting care work from the public domain to the domestic one as highly-indebted developing countries cut public expenditure on public services in an effort to consolidate their budgets.201 According to UN Women, the volume of unpaid care work has increased further following the outbreak of covid-19 and subsequently the increased number of children out of school and movement restrictions which affect people in need of care such as the elderly.202 In a survey of 190 female smallholder farmers in 14 countries in September 2020 by ActionAid, over 60% of respondents said that domestic work for women and girls had increased in the past six months.203

193 “COVID-19 and its economic toll on women: The story behind the numbers”, UN Women, 16 September 2020
195 UN Women, Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings, accessed 19 January 2021
197 Oxfam GB (COR0058)
198 UN Development Programme, Goal 5: Gender equality, accessed 19 January 2021
200 Q306 [Lee Webster], ActionAid UK (COR0158), Gender and Development Network, Nawi-Arifem Macroeconomics Collective (COR0166), Gender & Freedom of Religion or Belief Working Group (COR0159), Fairtrade Foundation (COR0146); UN Department of Economic and Social Affairs, UN/DESA Policy Brief #59: Corona crisis causes turmoil in financial markets, 1 April 2020
201 Gender and Development Network, Nawi-Arifem Macroeconomics Collective (COR0166)
203 ActionAid UK (COR0158). In this submission, ActionAid told us that, “In Asia research was conducted in Bangladesh and Nepal. In Africa research was conducted in DRC, Ethiopia, Gambia, Ghana, Kenya, Malawi, Rwanda, Senegal, Tanzania, Uganda, Zambia and Zimbabwe. The study covered 190 individuals.”
75. The Overseas Development Institute told us that programmes on gender equality are often the first to be cut during resource-contracting crises.\textsuperscript{204} The All-Parliamentary Group (APPG) on the United Nations Global Goals for Sustainable Development called upon Government to continue prioritising gender equality and progress on the UN SDGs following the merger of DFID and the FCO and to place delivery on the SDGs at the heart of their work.\textsuperscript{205}

76. In September 2020, the FCDO published its “Smart Rules”, the operating framework for better programme delivery following the merger.\textsuperscript{206} Originally launched in 2014 as a framework for programme management, it has been updated several times per year since.\textsuperscript{207} A key component of the framework is the embedding of gender equality into every programme.\textsuperscript{208} The framework also explicitly states that Heads of Departments must ensure that their portfolio is consistent with relevant UK legislation, including the International Development (Gender Equality) Act 2014.\textsuperscript{209}

77. In March 2018, DFID launched the 2018–2030 ‘Strategic Vision for Gender Equality’ (Strategic Vision), an initiative consisting of seven “calls to action”. Those interventions seek to foster gender equality and help empower women and girls by—among other things—leaving no girl or woman behind, challenging and changing unequal power relations, disaggregating data by age, disability and sex, protecting and empowering women and girls in conflict, protracted crises and humanitarian emergencies, and incorporating gender equality in all of DFID’s work and tracking performance and delivery on pledges. In April 2020, the National Audit Office (NAO) found that DFID’s approach—based on tackling social norms to achieve improvements in gender equality—\textsuperscript{210} lacked “an overall long-term plan for implementation” to assess progress at key stages effectively.\textsuperscript{211} The NAO also found DFID “slow to start bringing performance information together to provide an accurate picture of progress” across the different activities, and missing “a strong understanding of its spending in this area”.\textsuperscript{212}

78. On 3 September 2020, Baroness Sugg, then Parliamentary Under-Secretary of State for Overseas Territories and Sustainable Development and Special Envoy for Girls’ Education, reiterated the Government’s commitment to gender equality and stated that

\begin{itemize}
  \item \textsuperscript{204} Overseas Development Institute (COR0048)
  \item \textsuperscript{205} All-Party Parliamentary Group on the UN Global Goals for Sustainable Development, \textit{Building Back Better: The SDGs as a roadmap for recovery}, pages 8 & 37, accessed 19 January 2021
  \item \textsuperscript{206} Gov.uk, FCDO Smart Rules: Better Programme Delivery, updated 3 September 2020
  \item \textsuperscript{207} Ibid
  \item \textsuperscript{208} “8. The SRO must ensure that the impact of development or humanitarian assistance on gender equality is considered for every programme (including cross-HMG funds when funded by FCDO and business case addendums). A proportionate statement summarising the impact on gender equality must be included in the concept note and business case or submission, or business case addendum.” See: Gov.uk, FCDO Smart Rules: Better Programme Delivery, pages 11 & 52, 3 September 2020
  \item \textsuperscript{209} “1. The Head of Department must ensure that their portfolio is consistent with relevant UK legislation, in particular the requirements of the International Development Act 2002 (as amended by the International Development (Gender Equality) Act 2014), the International Development (Reporting and Transparency) Act 2006, the Equality Act 2010 (which includes the Public Sector Equality Duty), General Data Protection Regulation and the Terrorism Act 2000 (TACT).” See: Gov.uk, FCDO Smart Rules: Better Programme Delivery, pages 10 & 42, 3 September 2020
  \item \textsuperscript{210} “Improving the lives of women and girls overseas”, National Audit Office Press Release, 29 April 2020
  \item \textsuperscript{211} Ibid
  \item \textsuperscript{212} Ibid
\end{itemize}
the merger would make the Government’s work on women’s rights, health-related issues, tackling violence against women and girls and promoting and supporting girls’ education “even more effective”. Baroness Sugg explicitly stated that “We do not see the core ambitions of the Strategic Vision for Gender Equality changing. The challenges of advancing girls’ education, SRHR, women’s political empowerment, women’s economic empowerment and ending violence against women and girls, are as acute now, if not more so, as when we published the strategy in 2018”.

When asked about the timescale for appointing a successor Special Envoy on Gender Equality in December 2020—following an earlier, similar question in September 2020—the FCDO stated that they would provide an update “in due course”.

79. We are concerned by the likely increase in gender inequality following the outbreak of covid-19 and its potential impact upon programmes promoting gender equality. In its response to this report, the FCDO should set out how they have implemented their “Smart Rules”, their operating framework for better and gendered programme delivery. We further recommend that the FCDO refresh DFID’s Strategic Vision for Gender Equality to form a consistent and coherent policy context for all relevant initiatives. In particular, the FCDO should convene an external panel of experts to challenge its performance on the Strategic Vision as announced by its predecessor DFID when it launched the initiative. We further ask the Government to review the role of the Gender Equality Delivery Board in holding the Department to account for the implementation of the Strategic Vision, and to appoint a successor Special Envoy on Gender Equality and align that role with the Strategic Vision and the work of Delivery Board. The Government should further tell us if their covid-19 response incorporates measures to counter the rise in unpaid care by promoting gender-responsive trade and investment policies which protect public investment in childcare, health, education and water and sanitation facilities.

Gender-based violence

80. The rate of gender-based violence has increased during the pandemic. UN Women refer to the increase in violence against women as a “shadow pandemic”. According to modelling undertaken by the UN Population Fund (UNFPA) together with Avenir Health, Johns Hopkins University and Victoria University, an additional 31 million cases of gender-based violence were projected in 2020 due to covid-19. Calls to helplines, 216 UN Women, Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings, accessed 19 January 2021

213 Gov.uk, Letter from the Parliamentary Under-Secretary of State for Overseas Territories and Sustainable Development and Special Envoy for Girls’ Education, relating to the role of gender equality in the work of the FCDO, 3 September 2020

214 Gov.uk, Letter from the Parliamentary Under-Secretary of State for Overseas Territories and Sustainable Development and Special Envoy for Girls’ Education, relating to the role of gender equality in the work of the FCDO, 3 September 2020

215 PQ HL11294 [on the Special Envoy for Gender Equality], 9 December 2020. The previous parliamentary written question on the replacement of the Special Envoy for Gender Equality was tabled by Layla Moran MP to the Foreign Secretary on 29 September 2020 and answered by Wendy Morton MP on 08 October 2020, see PQ 97015 [on Special Envoy for Gender Equality], 29 September 2020.

216 UN Women, Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings, accessed 19 January 2021


the police and health centres have increased during the pandemic in at least 50% of 49 surveyed countries by UN Women with the actual figure of violence against women and girls likely to be considerably higher as such violence often goes unreported.219

81. We heard repeatedly that emergencies such as covid-19 increase the risk of sexual violence.220 Covid-19 is likely to increase sexual exploitation and abuse and sexual harassment particularly of groups such as adolescent, migrant, refugee and internally displaced women and girls as they are especially vulnerable to being forced into providing sex in return for food.221 Plan International UK told us about a girl in Liberia, who told them that,

“My fear with this virus in Liberia is that women will really suffer. We will suffer over food. Men will abuse us. Because if I don’t have food and a boy has food, if I ask him for help, he will ask me for sex before he gives me some.”222

82. ADD International told us that overall, the covid-19 response had not sufficiently focussed on the increase in gender-based violence.223 The pandemic could result in an additional two million cases of female genital mutilation and an additional 13 million child marriages by 2030, according to UNFPA.224 Lee Webster, Co-Chair at Gender and Development Network, and Deputy Director of International Development Policy and Practice at ActionAid UK, told us that the “real tragedy” was that, as demand for protection from gender-based violence was increasing, services had to close down due to movement restrictions.225 We also were told that funding for services preventing gender-based violence and supporting its survivors was insufficient.226 In the words of UNFPA, funding for prevention of and response to gender-based violence remains “unacceptably low” despite providing life-saving services.227

83. In her written answer to a parliamentary question in May 2020, Ms Morton stated that £45 million—i.e. 0.31% of UK ODA—was spent on ending violence against women and girls in 2018.228 The UK is a co-chair on gender-based violence in the Generation Equality Action Coalition, a coalition of UN member states, international organisations, women’s rights organisations, the private sector and charities to achieve gender equality for women and girls, and to protect their rights. The UK is also the leading donor to UNFPA, the sexual and reproductive health agency of the United Nations, and an additional £10 million was committed by the UK to UNFPA’s Global Response Plan in September 2020 to scale up support for survivors of gender-based violence and to respond to the disruption to reproductive health services since the outbreak.229

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219 UN Women, Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings, accessed 19 January 2021
220 ActionAid UK (COR0038), at Bond (COR0026), British Red Cross (COR0035), CARE International UK (COR0034), Marie Stopes International (COR0006), Mercy Corps (COR0008), Oxfam GB (COR0058), UK Office, UNFPA (COR0011), World Vision UK (COR0024)
221 CARE International UK (COR0034)
222 Plan International UK (COR0130)
223 ADD International (COR0089)
224 UNFPA (COR0167)
225 Q305 [Lee Webster]
226 UNFPA (COR0167)
227 UNFPA (COR0167)
228 PQ 46795 [on gender-based violence], 13 May 2020
229 Foreign, Commonwealth and Development Office (COR0136); “UK steps up with new support to help UNFPA protect women and girls from COVID-19”, UN Population Fund, 14 April 2020
84. The FCDO told us about the launch of a £67.5 million programme “What Works to Prevent Violence: Impact at Scale” in 2021. Its predecessor, the £25.4 million flagship programme “Prevention of Violence against Women and Girls: Research and Innovation Fund” by DFID from April 2013 to June 2020, provided evidence to understand the underlying causes of violence and improve the Government’s work in preventing and responding to violence against women and girls in developing countries. During a parliamentary debate on international development and gender-based violence on 26 November 2020, the Rt Hon James Cleverly MP, Minister for Middle East and North Africa, stated that the previous programme had helped to reduce violence in “around 50%” of their evaluated pilots “in less than three years” and that the new What Works programme would scale up programming and research. The Minister also announced that the UK would use its presidency of the G7 and COP 26, as well as its co-presidency of the Generation Equality Action Coalition, to “tackle gender-based violence in the context of covid-19”. Despite these announcements, gender-based violence was not included in the seven priority areas for UK ODA announced by the Government in late November 2020.

85. Gender-based violence has increased during the pandemic, with the risk especially acute for groups such as adolescents, migrants, refugees and displaced people. At the same time, access to support services has become more difficult. Therefore, it is disappointing that a specific commitment to the protection of women and girls from gender-based violence is absent from the FCDO’s revised framework for UK ODA. We recommend that the FCDO use the UK’s presidency of the G7 and COP 26, as well as its co-presidency of the Generation Equality Action Coalition, to “tackle gender-based violence in the context of covid-19”. Despite these announcements, gender-based violence was not included in the seven priority areas for UK ODA announced by the Government in late November 2020.

Sexual and reproductive health

86. The pandemic has created disruption to the provision of sexual and reproductive health services in developing countries. Marie Stopes International told us that 1.9 million fewer women were served by their programmes between January and June 2020 than originally forecast. They estimated this would translate into 1.5 million additional unsafe abortions, 900,000 additional unintended pregnancies and 3,100 additional maternal deaths. These services are essential to the health and wellbeing of women and girls, with complications due to pregnancy and childbirth the leading cause of death of 15–19 year old girls globally.
87. Jennifer Miquel, Head of the United Nations Population Fund’s Regional Syria Response Hub in Jordan, told us that a belated prioritisation of sexual and reproductive health by Syrian authorities, shortages in PPE, and the initial, temporary closing down of NGOs providing such sexual and reproductive health services during lockdown resulted in disruptions to the health services provided to women and girls.\footnote{Q307 [Jennifer Miquel]} Contributors told us that when services have been available, women and girls have at times been unable or reticent to access them. Gwen Hines told us that people were “scared of catching the virus” at health facilities, resulting in a “massive drop-off” in demand for ante- and post-natal care in the countries in which Save the Children operates.\footnote{Q303 [Gwen Hines]} In a survey commissioned by Marie Stopes International, almost one third of women in India who sought a contraceptive service or product during the pandemic were unable to access the service due to fear of covid-19 infection.\footnote{Marie Stopes International (COR0143)}

88. The UK is a signatory, alongside 58 other governments, to a declaration on the importance of protecting sexual and reproductive health during the pandemic.\footnote{Plan International UK (COR0138)} The FCDO told us that their £200 million “flagship” programme Women’s Integrated Sexual Health (WISH) on sexual and reproductive health rights was continuing to provide services and supplies by “finding innovative ways”.\footnote{Foreign, Commonwealth and Development Office (COR0136)} Ms Morton told us that the UK had provided two tranches of funding for the Global Financing Facility for Women, Children and Adolescents (GFF) amounting to £80 million for 2017–2023 to improve the health of women, adolescents and children in 36 countries through maintenance of essential services, identification of effective measures and advocacy to enhance prioritisation based on evidence.\footnote{Q324 [Wendy Morton MP]}

89. Some witnesses welcomed the FCDO’s timely and flexible response to covid-19’s impact on their programmes, which had helped aid partners adapt and respond effectively to some immediate challenges.\footnote{Q308 [Gwen Hines], Q311 [Jennifer Miquel], Marie Stopes International (COR0143)} However, a remaining concern for NGOs is the Government’s position on ending preventable deaths of mothers, new-borns and children.\footnote{HC Deb, 26 November 2020, col 1018 [Commons Chamber]} Ms Morton stated that this was an “important and essential part” of the FCDO’s work.\footnote{Q334 [Wendy Morton MP]} And yet, this commitment was not included in the FCDO’s Strategic Framework for ODA.\footnote{Q308 [Gwen Hines], Q311 [Jennifer Miquel], Marie Stopes International (COR0143)}

90. Access to sexual and reproductive health services is an essential element of healthcare, providing lifesaving services to women and girls and empowering them to make choices about their futures. The FCDO should publish an assessment of the effectiveness of current UK-funded programmes on the provision of sexual and reproductive health services in developing countries and should ringfence funding for the provision of reversible contraception to women and girls. It should also explicitly integrate the pledge to end preventable deaths of mothers, new-borns and children by 2030 into the list of global challenges in its new Strategic Framework for UK ODA.
Girls’ education

91. We are concerned about the impact of covid-19 on education. UNICEF UK estimates that up to 9.7 million children are at risk of dropping out of school permanently due to the secondary impact of covid-19 on poverty.248 Save the Children estimate that the pandemic could result in a reduction of financing for education of US$77 billion in low-and middle-income countries in the coming two years.249 The Norwegian Refugee Council told us that 73% of surveyed people in 14 developing countries including Afghanistan, the Democratic Republic of Congo, Iraq and Yemen stated that they were less likely to send their children to school following a reduction in their income.250

92. We heard that girls were particularly vulnerable as they were more likely to be pulled out of education permanently during crises.251 This is concerning as young women account for 59% of the total illiterate youth population, according to Care International.252 Lee Webster told us that there was a “real link” between school closure and girls leaving education permanently with subsequent increases in child marriage, female genital mutilation and unpaid care work.253 RESULTS UK reiterated this point, stating that many of those girls were also at risk of early pregnancy, child labour, and sexual abuse and exploitation.254

93. We heard that online and remote learning are helpful but insufficient in reaching vulnerable groups during lockdown.255 60% of distance learning is provided online but 465 million children do not have access to the internet in their homes, according to Plan International UK.256 In addition, distance learning for children-at-risk is not always appropriate as contact and observation is required for on-going protection purposes.257

94. We were told that reliance on mobile phones to support women and girls was inefficient,258 as women’s and girls’ access to phones and the internet could be subject to restrictions enforced by male relatives.259 According to Care International, women in developing countries are 10% less likely than men to own a mobile phone.260 Jennifer Miquel told us that in Syria, support through social platforms is not effective “for everyone” as “not necessarily everyone has a phone” and women and girls may not control the usage of phones or be in safe places to access the services online.261

95. The FCDO told us that 20 million more girls at secondary-school age could be pulled out of school permanently due to the pandemic.262 In her article in The Times on 9 January 2020, Baroness Sugg stated that the Government had achieved a lot but had “a lot more

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249 Save the Children (COR0139)
250 Norwegian Refugee Council (NRC UK) (COR0144)
251 ActionAid UK (COR0038), World Vision UK (COR0024), Bond (COR0026)
252 CARE International UK (COR0034)
253 Q306 [Lee Webster]
254 RESULTS UK (COR0161)
255 Plan International UK (COR0138), ActionAid UK (COR0158)
256 Plan International UK (COR0138)
257 Compassion UK (COR0151), UNICEF UK (COR0072)
258 Social Development Direct (COR0041)
259 ActionAid UK (COR0158)
260 CARE International UK (COR0034)
261 CBM UK (COR0137), Save the Children UK (COR0037)
262 Foreign, Commonwealth and Development Office (COR0136)
to do and we won’t achieve the global goal of zero poverty without prioritising gender equality and women’s rights” and that investing in girls’ education would offer a “huge return” by increasing the economies of developing countries by £75 billion per year.263

96. Girls’ education forms one of the FCDO’s new seven priority areas for UK ODA spending in the new Strategic Framework for ODA.264 This includes a “global commitment to get 40 million girls into education and 20 million more girls reading by the age of 10”.265 The FCDO stated that girls’ education was “central” to the Government’s response to covid-19 and that bilateral programmes had been pivoted to support the wellbeing, protection and nutrition of children.266 The response includes an investment of £20 million in UNICEF to support their Covid-19 appeal, £5.3 million to UNHCR to support 5,000 refugee teachers, and £5 million for the Education Cannot Wait programme.267 Furthermore, the FCDO has continued its commitment to the Girls’ Education Challenge, a programme of nearly £500 million from December 2016 to June 2025 to help one million marginalised girls to transition to secondary education.268 The UK is also co-hosting the Global Partnership for Education Replenishment in 2021 with Kenya.

97. We welcome the FCDO’s continued commitment to prioritising girls’ education in UK ODA funding. However, we are concerned that the pandemic will push back progress in this area, with rising poverty levels forcing girls out of school and remote teaching techniques unable to reach key cohorts of girls of school age. To ensure that this commitment leads to high-quality education for girls, the FCDO should base future funding decisions upon data disaggregated by gender and age to assess impact. They should further ensure that their measures are adapted sufficiently to support girls who are hard to reach and at risk of leaving education permanently, including through close work with local NGOs to identify effective, local approaches for educating marginalised girls.

263 “Baroness Sugg: Prioritise women’s rights to end poverty”, Department for International Development, 10 January 2020
266 Foreign, Commonwealth and Development Office (COR0136)
267 Foreign, Commonwealth and Development Office (COR0136)
268 Foreign, Commonwealth and Development Office (COR0136); Development Tracker, Girls Education Challenge (Phase II), last updated 2 November 2020, accessed 19 January 2021
Conclusions and recommendations

A strategic approach to tackling the secondary impacts of covid-19

1. The reduction of UK Official Development Assistance (ODA) from 0.7% to 0.5% of annual Gross National Income (GNI) from 2021 necessitates an approach which ensures that UK ODA is spent in a more strategic and effective way than ever before. This approach should be reflected in the priorities set and the programmes funded by the FCDO in relation to the secondary impacts of covid-19. Drawing the right lessons from the multiple, significant changes since January 2020 is essential to ensuring an effective, long-term response to the secondary impacts of covid-19. We ask the FCDO to tell us how they or the Government decided on which programmes and themes to prioritise, how they assessed the impact of their decisions to cut funding on recipient countries and populations, and how they intend to strengthen their engagement with NGOs and private suppliers during the implementation of the Government’s announced reduction of UK ODA to 0.5% of GNI. (Paragraph 8)

2. We support the Foreign Secretary’s inclusion of key secondary impacts of covid-19, such as famine, in the new Strategic Framework for UK ODA. However, we are concerned that the framework omits other crucial areas, including an explicit commitment to poverty reduction. (Paragraph 12)

3. To strengthen the UK’s approach to tackling the secondary impacts of covid-19 in developing countries, the FCDO should design, apply and publish a long-term strategy relating to covid-19 by the end of the financial year. It should then revisit its ‘seven global challenges’ outlined in the new Strategic Framework for UK ODA, and provide us with a written assessment of how the framework will deliver this strategy, and how the framework will be amended accordingly if necessary. At a multilateral level, the UK should advocate for a joined-up recovery strategy to the pandemic, including using its presidencies of the G7 and COP26 to demonstrate global leadership in this area. (Paragraph 13)

4. The pandemic is having a particularly detrimental effect upon already vulnerable groups by reinforcing inequalities and discrimination. To counteract this, we recommend that the FCDO take the following steps:

   • To undertake and publish impact assessments as quickly as possible (and no later than March 2021).
   • To collect and publish disaggregated data relating to age, disability and gender in order to provide an effective and inclusive response to the secondary impacts of covid-19 which leaves no-one behind.
   • To embed DFID’s Data Disaggregation Plan and the work of the Data for Development (D4D) team in the covid-19 response in order to increase the scope for meaningful engagement with local NGOs and community workers working with vulnerable groups during and after the pandemic.
The UK should use this data to inform future decision-making on UK ODA, and thus increase its value for money by enhancing the effectiveness of UK ODA and facilitating transparency in accounting for it. (Paragraph 17)

5. We welcome the Government’s intention to reduce the number of expensive mega-contracts for the delivery of UK-ODA funded projects. To ensure that NGOs are able to continue essential work with vulnerable communities, the FCDO should replenish funds used by NGOs to tackle the impact of covid-19 in place of other activities. Furthermore, the FCDO should ensure that it provides more direct funding for local, frontline NGOs and its partner organisations as part of the greater flexibility in designing projects mentioned in the Foreign Secretary’s letter to us on 2 December 2020. We urge the Government to increase the effectiveness of development programmes by incentivising delivery partners to include local NGOs in the planning, co-ordination and decision-making on the covid-19 pandemic. Furthermore, we ask the FCDO to update us on the lessons it learned from its programme “Disasters and Emergencies Preparedness Programme (DEPP) Innovation Labs” which ran from 2014–2019 and aimed at improving responsiveness to communities through direct engagement with local NGOs. (Paragraph 26)

Non-covid related healthcare

6. Covid-19 has affected healthcare systems in developing countries negatively. The urgency with which countries have had to respond has diverted already scarce resources towards covid-related care at the expense of other essential healthcare. This has caused disruption to routine vaccinations and treatments and is storing up years of future problems as well as a potential reversal of hard-won gains in global health. The FCDO should show global leadership in its commitment to global health, as outlined in the Strategic Framework for ODA, through maintaining its existing commitments to routine immunisation programmes and other essential healthcare across developing countries. It should further tell us how it assesses the impact of covid-19 on healthcare and decides to mitigate it. Our interim findings report recommended that the Government should publish a multi-year, cross-departmental global health strategy, to map out how UK policy can deliver a strategic and integrated approach to strengthening global health. In the midst of a pandemic, this is needed more than ever, and we reiterate our previous recommendation. Furthermore, this global health strategy should set out how the UK intends to use levers at multilateral and bilateral levels to achieve its aims, how this ensures progress towards the UN Sustainable Development Goals, and how the strategy will reach the most marginalised and vulnerable communities. Whilst we commend the Government’s response to covid-19, we are concerned that several of the measures listed in the FCDO’s submission in October 2020—the £80 million commitment to the Global Financing Facility and the £400 million commitment to the Global Polio Eradication Initiative—pre-date the outbreak of covid-19 and ask the FCDO to provide us with an updated list, which sets out the Government’s funding for healthcare since the outbreak of covid-19. (Paragraph 36)

7. At a time of heightened need, it is more important than ever that healthcare is provided in a way that uses stretched resources as efficiently as possible through integrating responses to multiple health challenges. As part of a global health
strategy, the FCDO should work with developing countries to reduce financial barriers to accessing healthcare for communities, prioritising low-cost approaches to lifesaving treatments and incorporating the feedback of communities more effectively into their response. Furthermore, the FCDO should advocate for the integration of the various streams of healthcare provision even more in its work with partner organisations to help accomplish an effective response to other diseases alongside covid-19 during the pandemic. (Paragraph 45)

Economy and livelihoods

8. We welcome the UK’s role in extending the G20’s Debt Service Suspension Initiative to 30 June 2021, the measure to temporarily suspend debt service payments for the poorest countries. As the majority of these outstanding debts are governed by English law, the UK Government is in a unique position to send a global message on debt service payments by suspending or cancelling repayments. We urge the Government to extend the Debt Service Suspension Initiative beyond June 2021 and to use its influence to persuade private lenders to join this scheme. Furthermore, the Government should consider options for the cancellation of debt and provide this Committee with the rationale behind its decisions on debt relief versus debt cancellation for low- and middle-income countries. (Paragraph 51)

9. Livelihoods in developing countries have been devastated by the pandemic. Workers in economically precarious sectors, such as agriculture, are especially vulnerable to the economic shock and instability caused by covid-19. We believe that protecting these jobs is central to enabling people to lift themselves out of poverty. We request that the FCDO write to us on a quarterly basis, outlining how the Government’s economic and trade interventions which form part of the Strategic Framework for ODA will strengthen the economic resilience of low-income groups in developing countries. We ask the Government to fund long-term, multi-year programmes, designed to foster employment opportunities, and ask the FCDO to work closely with recipient countries, aid partners and local NGOs in identifying those activities which have the greatest, long-term beneficial impact on the livelihoods of vulnerable people, and to allocate resources accordingly to support such activities. (Paragraph 62)

10. While we welcome the appointment of a Special Envoy for Famine Prevention and Humanitarian Affairs and the £119 million aid package to support food security, we ask the FCDO to update us on a quarterly basis on the performance and achievements of its measures to counter food insecurity. We also recommend that the UK Government renew its nutrition commitments, which expired at the end of 2020, as a matter of urgency. We further ask the Government to expand funding for programmes addressing malnutrition and food insecurity, especially those addressing the issues through cash transfers as they can help different groups to respond effectively to the secondary impacts of covid-19 according to their individual needs. (Paragraph 71)

Women and girls

11. We are concerned by the likely increase in gender inequality following the outbreak of covid-19 and its potential impact upon programmes promoting gender equality. In its response to this report, the FCDO should set out how they have implemented
their “Smart Rules”, their operating framework for better and gendered programme delivery. We further recommend that the FCDO refresh DFID’s Strategic Vision for Gender Equality to form a consistent and coherent policy context for all relevant initiatives. In particular, the FCDO should convene an external panel of experts to challenge its performance on the Strategic Vision as announced by its predecessor DFID when it launched the initiative. We further ask the Government to review the role of the Gender Equality Delivery Board in holding the Department to account for the implementation of the Strategic Vision, and to appoint a successor Special Envoy on Gender Equality and align that role with the Strategic Vision and the work of Delivery Board. The Government should further tell us if their covid-19 response incorporates measures to counter the rise in unpaid care by promoting gender-responsive trade and investment policies which protect public investment in childcare, health, education and water and sanitation facilities. (Paragraph 79)

12. Gender-based violence has increased during the pandemic, with the risk especially acute for groups such as adolescents, migrants, refugees and displaced people. At the same time, access to support services has become more difficult. Therefore, it is disappointing that a specific commitment to the protection of women and girls from gender-based violence is absent from the FCDO’s revised framework for UK ODA. We recommend that the FCDO use the UK’s presidency of the G7 and COP 26, as well as its co-presidency of the Generation Equality Action Coalition, to publish a list of objectives which it will seek to achieve in combatting gender-based violence during its tenure and to set out how it will monitor progress on achieving them. It should also ringfence existing funding commitments to projects which seek to tackle gender-based violence. The FCDO should ensure that delivery partners administering programmes against gender-based violence can account for how their work is reaching survivors of gender-based violence and their support systems. (Paragraph 85)

13. Access to sexual and reproductive health services is an essential element of healthcare, providing lifesaving services to women and girls and empowering them to make choices about their futures. The FCDO should publish an assessment of the effectiveness of current UK-funded programmes on the provision of sexual and reproductive health services in developing countries and should ringfence funding for the provision of reversible contraception to women and girls. It should also explicitly integrate the pledge to end preventable deaths of mothers, new-borns and children by 2030 into the list of global challenges in its new Strategic Framework for UK ODA. (Paragraph 90)

14. We welcome the FCDO’s continued commitment to prioritising girls’ education in UK ODA funding. However, we are concerned that the pandemic will push back progress in this area, with rising poverty levels forcing girls out of school and remote teaching techniques unable to reach key cohorts of girls of school age. To ensure that this commitment leads to high-quality education for girls, the FCDO should base future funding decisions upon data disaggregated by gender and age to assess impact. They should further ensure that their measures are adapted sufficiently to support girls who are hard to reach and at risk of leaving education permanently, including through close work with local NGOs to identify effective, local approaches for educating marginalised girls. (Paragraph 97)
Formal minutes

Tuesday 19 December 2020

Members present:

Sarah Champion, in the Chair

Theo Clarke
Brendan Clarke-Smith
Mr Virendra Sharma

Draft Report (Covid-19 in developing countries: secondary impacts), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 97 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Eighth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

[Adjourned till Tuesday 26 January at 1.45 p.m.]
Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee’s website.

Friday 15 May 2020

Robert Mardini, Director General, International Committee of the Red Cross (ICRC); Marian Schilperoord, Senior Operations Manager, UNHCR; Bob Kitchen, Director of Emergency Preparedness and Response, International Rescue Committee

Nick Dearden, Director, Global Justice Now; Ms Aleema Shivji, Executive Director, Humanity & Inclusion UK; Rosemary Forest, Senior Advocacy Officer, Peace Direct; Gwen Hines, Executive Director of Global Programmes, Save the Children

Thursday 04 June 2020

Farah Kabir, Country Director, Action Aid, Bangladesh; Ghassan Abou Chaar, Emergency Director, Yemen, Médecins Sans Frontières; Ndubisi Anyanwu, Country Director for Nigeria, Mercy Corps

Tuesday 16 June 2020

Dr Tamsyn Barton, Lead Commissioner, Independent Commission for Aid Impact; Amanda Glassman, Executive Vice-President and Senior Fellow, Center for Global Development; Dr Charlotte Watts, Chief Scientific Adviser, Department for International Development; Daniel Graymore, Board Member for UK/Qatar, Gavi and Head of Global Funds, Department for International Development

Thursday 02 July 2020

Dr Samia Saad, Director of Resource Mobilisation, Coalition for Epidemic Preparedness Innovations; Dr Josie Golding, Epidemics Lead, Wellcome Trust (part of both CEPI and the Covid Therapeutics Accelerator (CTA) partnership); Professor David Heymann CBE, Board member, Foundation for Innovative New Diagnostics (FIND)

Monday 06 July 2020

Rt Hon Anne-Marie Trevelyan MP, Secretary of State for International Development, Department for International Development; Dr Charlotte Watts, Chief Scientist, Department for International Development; Rachel Glennerster, Chief Economist, Department for International Development; Matthew Wyatt, Head of DFID’s Conflict Humanitarian and Security Department (CHASE), Department for International Development

Rt Hon Anne-Marie Trevelyan MP, Secretary of State for International Development, Department for International Development; Nick Dyer, Acting Permanent Secretary, Department for International Development
Tuesday 15 September 2020

Professor Francesco Checchi OBE, Epidemiology and International Health, London School of Hygiene and Tropical Medicine; Dr Timothy Russell, Research Fellow, London School of Hygiene and Tropical Medicine; Professor Azra Ghani, Infectious Disease Epidemiology, School of Public Health, Imperial College

Linh Schroeder, Deputy Regional Director for the Africa Region, International Committee of the Red Cross; Selena Victor, Senior Director Policy and Advocacy, Mercy Corps; Kate White, Medical Emergency Manager and Covid-19 medical technical lead, Medecins Sans Frontieres

Tuesday 13 October 2020

Aaron Oxley, Executive Director, Results UK; Katie Husselby, Coordinator, Action for Global Health; Mike Podmore, Director, STOPAIDS

Tuesday 10 November 2020

Dr Graham MacKay, Chief Operating Officer, Bond; Lamis Al-Iryani, Head of Monitoring and Evaluation, Social Fund for Development - Yemen; Tim Jones, Head of Policy, Jubilee Debt Campaign

Donal Brown, Associate Vice-President, International Fund for Agricultural Development; Dr Louisa Cox, Director of Impact, Fairtrade Foundation; Sultana Begum, Advocacy Manager Yemen, Norwegian Refugee Council

Tuesday 24 November 2020

Gwen Hines, Executive Director of Global Programmes, Save the Children; Jennifer Miquel, Head of UNFPA's Regional Syria Response Hub, UNFPA Jordan; Lee Webster, Co-Chair at the Gender and Development Network & Deputy Director of International Development Policy and Practice, ActionAid UK

Wendy Morton MP, Parliamentary Under Secretary of State (Minister for European Neighbourhood and the Americas), Foreign, Commonwealth & Development Office; Matthew Wyatt, Head of CHASE, Foreign, Commonwealth & Development Office; Rachel Turner, Director, Economic Development, Foreign, Commonwealth & Development Office; Darren Welch, Director of Policy (Delivery Office), Foreign, Commonwealth & Development Office
Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee’s website.

COR numbers are generated by the evidence processing system and so may not be complete.

1. ADD International (COR0164)
2. ARISE Consortium (COR0168)
3. Abiola, Kolawole Olusola Adeniyi (COR0171)
4. Action for Global Health (COR0153)
5. ActionAid UK (Joanne O’Neill, Senior Advocacy Manager, ActionAid UK) (COR0038) and (COR0158)
6. Aid to the Church in Need (COR0141)
7. Alcock, Heather (External Affairs and Advocacy Manager, VSO) (COR0123)
8. All-Party Parliamentary Group for International Freedom of Religion or Belief (COR0156)
9. Anthony, Joseph (Public Affairs Adviser, Save the Children UK) (COR0037)
10. Aston, Ms Rachel (Policy Manager, CBM UK) (COR0054)
11. Backhurst, Ms Jane (Senior Humanitarian Adviser, Christian Aid) (COR0062)
12. Barber, Dr Martin (Chair, United Against Inhumanity Association in the UK (UAI in the UK)) (COR0112)
13. Beacon, Mr Mark (International Officer, UNISON) (COR0121)
14. Beattie, Dr Amanda Russell, Dr Gemma Bird; Dr Jelena Obradovic-Wochnik; Dr Thom Davies; Dr Patrycja Rozbicka; and Dr Arshad Isakjee (COR0065)
15. Berwick, Miss Lucilla (Humanitarian Policy Officer, British Red Cross) (COR0035) and (COR0071)
16. Bond (COR0157)
17. Bulman, Mr James (External Relations Associate, UNHCR, The UN Refugee Agency) (COR0028)
18. CBM UK (COR0137)
19. Campbell, Simon (Field Coordinator, Border Violence Monitoring Network) (COR0099)
20. Casteran, Sarah (Policy and Advocacy Advisor, Mercy Corps) (COR0008)
21. Castres, Pauline (Policy Manager, Leonard Cheshire) (COR0021) and (COR0114)
22. Chalkidou, Dr Kalipso; Carleigh Krubiner; Carleigh Krubiner; Patrick Saez; and Ian Mitchell (COR0120)
23. Chapman, Kathleen Spencer (Head of Policy, Advocacy & Research, Plan International UK) (COR0050)
24. Childs, Ms. Michelle (Global Head Policy and Advocacy, Drugs for Neglected Diseases initiative) (COR0086)
25. Compassion UK (COR0151)
26. Concern Worldwide UK (COR0155)
27. Craig, Claudia (Senior Government Relations Adviser, UNICEF UK) (COR0072)
Covid-19 in developing countries: secondary impacts

28 Daley, Michelle (Chairperson, Reclaiming Our Futures Alliance, International Committee (ROFA IC)) (COR0098)

29 Department for International Development (COR0060) and (COR0133)

30 Diallo, Dr Abdourahmane (Chief Executive Officer, RBM Partnership to End Malaria) (COR0010) and (COR0083)

31 Drescher, Lucy (Head of Parliamentary Advocacy, RESULTS UK) (COR0032) and (COR0073)

32 Efange, Sophie (Policy Manager, Gender and Development Network; Research, Advocacy and Movement Building Manager, Akina Mama Wa Afrika; and Program Manager, The African Women’s Network on Communication and Development (FEMNET)) (COR0093)

33 Egan, Mr Julian (Director, Advocacy & Communications, International Alert) (COR0094)

34 Eoin, (European Affairs and Partnerships Outreach Associate, Search for Common Ground) (COR0111)

35 Fairtrade Foundation (COR0146)

36 Falcon, Rebecca (Campaign Manager, The Syria Campaign) (COR0025)

37 Farmaner, Mark (Director, Burma Campaign UK) (COR0004)

38 Faure, Elisabeth (Director of WFP London Office, World Food Programme) (COR0064)

39 Ferguson, Dr Kate (Co-Executive Director, Protection Approaches) (COR0078)

40 Few, Professor Roger; and Dr Iain Lake (COR0082)

41 Flemming, Matilda (European Affairs Manager, Search for Common Ground) (COR0029)

42 Foreign, Commonwealth & Development Office (COR0136) and (COR0142)

43 Forest, Ms Rosemary (Senior Advocacy Officer, Peace Direct) (COR0018)

44 Forest, Rosemary (Senior Advocacy Officer, Peace Direct) (COR0067)

45 Foundation for Innovative New Diagnostics (FIND) (COR0134)

46 Fraser, Mr Euan (Public and Corporate Affairs Manager, International Justice Mission UK) (COR0068)

47 Gender & Freedom of Religion or Belief Working Group (COR0159)

48 Gender and Development Network; and Nawi-Afrifem Macroeconomics Collective (COR0166)

49 Global Financing Facility for Women, Children and Adolescents (GFF) (COR0140)

50 Global Witness (COR0130)

51 Guglielmi, Silvia (Qualitative Researcher, Gender and Adolescence: Global Evidence (GAGE) Programme, Overseas Development Institute (ODI)) (COR0103)

52 Hamer, Jessica (Head of Policy and Campaigns, Health Poverty Action) (COR0127)

53 Harding, Miss Elizabeth (Humanitarian Representative, Médecins Sans Frontières/Doctors Without Borders (MSF)) (COR0092)

54 Hartberg, Mr Martin (UK Director, Norwegian Refugee Council) (COR0046)

55 Henderson, Dr Callum (Director, Comfort International) (COR0001)
Hickman, Miss Rachel (Senior Campaigns and Public Affairs Officer, Concern Worldwide (UK)) (COR0036) and (COR0109)

Human Rights Watch (COR0173)

Husselby, Ms Katie (Coordinator, Action for Global Health Network; Coordinate Working Group of UK Global Health-Related Networks, UK Sexual and Reproductive Health and Rights Network; Coordinate Working Group of UK Global Health-Related Networks, STOPAIDS; Coordinate Working Group of UK Global Health-Related Networks, ICAN; Coordinate Working Group of UK Global Health-Related Networks, UK Working Group on Non-Communicable Diseases; and Coordinate Working Group of UK Global Health-Related Networks, UK Coalition Against Neglected Tropical Diseases) (COR0012) and (COR0125)

Ingram, Mr Timothy (Senior Government Relations Adviser, Tearfund) (COR0113)

Innes, Mr Jimmy (Chief Executive, ADD International) (COR0017) and (COR0089)

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International Growth Centre, London School of Economics (COR0150)

International Justice Mission UK (COR0148)

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Jackson, Barbara (Public Affairs and Policy Adviser, International Committee of the Red Cross (ICRC)) (COR0030)

Jackson, Mr Matt (Director, UK Office, UNFPA) (COR0011) and (COR0085)

Johnson, Amy (Interim Government Relations Manager, World Vision UK) (COR0024) and (COR0079)

Jones, Gareth (Member, Youth Coalition for Sexual and Reproductive Rights) (COR0045)

Jones, Tim (Head of Policy, Jubilee Debt Campaign) (COR0055)

Kahhaleh, Mrs. Jade (Coordinator/Lead Campaigner, We Exist!; and Lead Campaigner, Half of Syria Campaign) (COR0053)

Kramer, Anna (Strategic Research Coordinator, London School of Hygiene & Tropical Medicine) (COR0108)

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Lennon, Jane (Individual member, UK Working Group on NCDs) (COR0118)

Loughran, Mr Chris (Senior Policy & Advocacy Advisor, The HALO Trust) (COR0096)

Lucas, Ms Alice (Advocacy and Policy Manager, Fairtrade Foundation) (COR0003) and (COR0081)

Lunn, Mr Adam (Advocacy Officer, Peace Brigades International UK) (COR0027)

Lyne, BRAC UK Chris (Advocacy & Communications Manager, BRAC) (COR0074)

Lyness, Mrs Sarah (Communications and Development Director, International Growth Centre) (COR0051)

Mac, Mr Eolann (Support Officer, Frontline AIDS) (COR0042)
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Shapiro, Ian (Chief Executive, Reall) (COR0009)
Sharp, Dan (Public Affairs Manager, Overseas Development Institute) (COR0048)
Shilton, Johnny (Advocacy, WaterAid) (COR0095)
Shivji, Ms Aleema (CEO, Humanity & Inclusion UK) (COR0005)
Smith, Anthony (CEO, Westminster Foundation for Democracy) (COR0091)
Smith, Fred (Member, International Disability and Development Consortium; and Partner, International Disability Alliance) (COR0020)
Sumner, Andy (COR0056)
Tabasam, Ms Eva (Policy, Advocacy & Comms Coordinator, Gender Action for Peace and Security (GAPS)) (COR0014)
Talbot, Mr Rohan (Advocacy and Campaigns Manager, Medical Aid for Palestinians) (COR0084)
The Coalition for Religious Equality and Inclusive Development (CREID) (COR0162)
Truscott, Polly (Foreign Affairs Adviser, Amnesty International) (COR0052)
UK Collaborative on Development Research (COR0163)
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Vlahakis, Maria (Policy & Advocacy Manager VAWG, Womankind Worldwide) (COR0043)
Vlamings, Ms Lizet (Head of Advocacy and Research, Consortium for Street Children) (COR0022) and (COR0126)
Voce, Alex (Parliamentary Adviser, Sightsavers) (COR0076)
Watters, Ms Lauren (Co-Chair, Bond Disability and Development Group) (COR0016)
Whitehead, Ms Alice (Advocacy and Parliamentary Coordinator, Bond Disability and Development Group) (COR0026) and (COR0069)
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Woodroffe, Jessica (Director, Gender and Development Network) (COR0088)
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## List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee’s website.

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<td>3rd</td>
<td>The Newton Fund review: report of the Sub-Committee on the work of ICAI</td>
<td>HC 260</td>
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<td>4th</td>
<td>Effectiveness of UK aid: potential impact of FCO/DFID merger</td>
<td>HC 596</td>
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<td>5th</td>
<td>Humanitarian crises monitoring: impact of coronavirus (interim findings)</td>
<td>HC 292</td>
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<td>6th</td>
<td>The Changing Nature of UK Aid in Ghana Review: report from the Sub-Committee on the Work of ICAI</td>
<td>HC 535</td>
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<td>7th</td>
<td>Progress on tackling the sexual exploitation and abuse of aid beneficiaries</td>
<td>HC 605</td>
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