

Tearfund submission to IDC inquiry
The impact of COVID-19 on developing countries:
Longer-term issues, implications and lessons to be learned

Summary

1. Christian relief and development agency, Tearfund, welcomes this opportunity to submit written evidence to the International Development Committee. Tearfund works through local churches and other locally based organisations in more than 50 countries.
2. Consideration should be given to the impact that measures to slow the spread of COVID-19, such as movement restrictions, are having on those reliant on daily or weekly wages. Further to this, the World Food Programme has warned that, due to the COVID-19 pandemic, a quarter of a billion people could be suffering from acute hunger by the end of 2020.¹ At present, the main issue is access to food, but it is also important that key agricultural activities are maintained to ensure future harvests.
3. In recent weeks, governments around the world have taken action, with significant implications for fundamental freedoms and civic space, in order to minimise the spread and impact of COVID-19. But concerns have been raised that some governments have used this crisis as a pretext to infringe rights. Governments have an obligation to undertake effective action to protect the public from epidemics and other public health crises while complying with international law even when emergencies arise.
4. COVID-19 is a global crisis that threatens us all, but the poorest and most vulnerable are paying the greatest price. The people who are suffering the most are those already deprived, marginalised and most vulnerable. The global response should pay particular attention to protection issues for women and girls; refugees and internally displaced people (IDP); the elderly; and those with disabilities.
5. We welcome the role the UK is playing in coordinating efforts to respond to COVID-19 globally, with the UK Government being one of the largest donors of humanitarian aid for COVID-19. The focus to date has been on the immediate health emergency, to assist this the UK should increase the funding of £20 million for INGOs and faith-based organisations. Local actors and faith leaders are well placed to be the first responders in communities at the local level, which will be important during containment phases and the localised impacts of the pandemic. Further to this, consideration should be given to:
 - 5.1. **Vaccines:** Equal and affordable access to vaccines and treatments for all will be vital for the poorest and most vulnerable.
 - 5.2. **Social protection:** An urgent need in the response phase is to protect the most vulnerable with safety nets, as millions lose their jobs and income and therefore face severe food insecurity and starvation.
 - 5.3. **Funding needs:** A global health pandemic combined with a global recession will have a catastrophic impact on developing countries; push millions into poverty and prevent progress towards the sustainable development goals.
 - 5.4. **Grants vs loans:** Aid in the form of grants, rather than loans, from donors and multilateral institutions, including the World Bank and IMF, would reduce the debt burden in many countries.
 - 5.5. **Aid quality:** The UK should hold multilateral institutions accountable for the quality and transparency of support that is provided with speed, especially as large amounts of UK Overseas Development Assistance (ODA) currently goes to these multilateral institutions.
 - 5.6. **Debt cancellation:** Lender countries, the World Bank and IMF should provide a permanent cancellation of all developing country external debt payments due in 2020.
 - 5.7. **Recovery:** While reducing the impact during the emergency response phase, the UK should have a long-term vision for the recovery and reconstruction in order to help rebuild more resilient, sustainable, just, inclusive and peaceful societies.

¹ World Food Programme <https://www.wfp.org/news/covid-19-will-double-number-people-facing-food-crises-unless-swift-action-taken>

6. Local Faith Communities (LFCs) and Faith-Based Organisations (FBOs) play an invaluable role in humanitarian preparedness and response, as demonstrated through lessons learnt during the Ebola outbreaks in West Africa and more recently in the Democratic Republic of Congo (DRC) and Burundi. Faith communities that Tearfund is supporting are already responding rapidly to the spread of COVID-19. Following outbreaks of Ebola, communities and families often experienced a breakdown of social relations, for example, due to the stigmatisation of survivors or fear of infection. Survivors often experienced trauma and anxiety as a result of their near death experiences. It is vital that plans are made to continue support for survivors and communities after the health emergency is officially 'ended' to ensure that communities, vulnerable households and individuals have the required support to recover from some of the medium-to-long-term impacts. LFCs and FBOs are well placed to be conduits for this support.

The emergence, incidence and spread of Covid-19 viral infections and the COVID-19 disease in developing countries

7. There are many risk factors that will influence the rapid spread of COVID-19 in developing countries, these include:
 - 7.1. **The traditional greeting system:** Common greetings in most African countries include pecks on the cheek, hugging and handshakes. The spread of COVID-19 is linked with physical body contact and transmission of the virus from one individual to another.
 - 7.2. **Lack of access to Water and Sanitation for Health (WASH) services:** One of the mechanisms to prevent the spread of COVID-19 identified by WHO is to wash hands frequently. However, accessibility of clean water is very low in most sub-saharan countries. For instance just one in 20 households in Rwanda have a place where families can wash their hands with soap.²
 - 7.3. **Weak health systems:** Many countries with strong health systems have struggled under the pressure of COVID-19. By comparison, many developing countries are ill equipped. For example, in South Sudan there are only four ventilators for a population of 11 million; in Ethiopia, with a population of 110 million, there are only 500 ventilators in the country. In normal times, access to primary healthcare in many developing countries is low, and deaths from preventable diseases such as malaria, diarrhoea and measles are common.
 - 7.4. **Insecure livelihoods and employment in the informal economy:** Social distancing and staying at home is not practical for people who are dependent on daily or weekly wages. Millions are faced with the impossible choice of risking their lives, and the lives of others, by daily exposing themselves to the virus, or else risking starvation. In places where strict lockdowns are in place, there is no choice. For example, Rwanda has been in lockdown since 21st March; as a result, 20 per cent of the capital's population, mainly those who earn their living from the informal sector, are of high concern because they do not currently have access to sufficient income to meet their needs.³
 - 7.5. **Population density:** The high population density of cities in developing countries is one of the biggest contributors to the rapid spread of the virus. One billion people in the world are estimated to live in informal settlements or slums.⁴ Implementing COVID-19 prevention mechanisms is almost impossible in these neighborhoods. Overcrowding, sharing of sanitation services, and dependence of the inhabitants on daily labour increases the vulnerability of these communities.

The direct and indirect impacts of the outbreak on developing countries, and specific risks and threats (particularly relating to countries with existing humanitarian crises and/or substantial populations of refugees or internally displaced persons)

8. **Food security:** COVID-19 is a global crisis that threatens us all, but the poorest and most vulnerable are paying the greatest price. The people who are suffering the most are those already deprived, marginalised and most vulnerable. Globally, 61.2% of employment is in the informal sector, but in low income countries, this percentage is much higher.⁵ Households are often reliant on daily or weekly wages. Furthermore,

² World Bank, *Many homes lack basic handwashing facilities* (2020) <http://datatopics.worldbank.org/world-development-indicators/stories/many-homes-lack-basic-handwashing-facilities.html>

³ FEWS NET, *Vulnerable Urban Households face worsening food insecurity due to COVID-19 lockdown* (2020) https://reliefweb.int/sites/reliefweb.int/files/resources/Rw_RMU_Final.pdf

⁴ UN United Nations Statistics Division, *Make cities and human settlements inclusive, safe, resilient and sustainable* (2020) <https://unstats.un.org/sdgs/report/2019/goal-11/>

travel bans have adverse implications for already vulnerable migrant workers, in particular women who are working in domestic and care work. Our partners are reporting that lockdowns and movement restrictions mean many are experiencing food shortages due to a lack of income; as a result, households that are already food insecure have become even more vulnerable. Social safety nets in the countries we work in are limited, and we are concerned that as people start selling their assets to make ends meet this will cause further challenges, for example, putting women and girls at a higher risk of sexual exploitation and abuse.⁶

9. Food and other supply chains are being affected. The World Food Programme has warned that, due to the COVID-19 pandemic, a quarter of a billion people could be suffering from acute hunger by the end of 2020.⁷ Harvests have been good and the 2020 outlook for staple crops is promising. However, movement restrictions necessary to contain the spread of the virus will disrupt the transport and processing of food and other critical goods, increasing delivery times and reducing availability of even the most basic food items.⁸ In the short to mid term, the main problem is not likely to be the lack of food, but the access to it.
10. The supply of food and agricultural inputs flowing across the world is a key issue in terms of food availability, reducing the likelihood of possible food price spikes and riots, enabling humanitarian actors to move food to where it is needed and keeping borders open for nomadic pastoralists, for example, in the Sahel, and to support cross border efforts to control locust infestation in East Africa.
11. In some places, farmers are prevented from engaging in agricultural activities by measures to prevent the spread of infection, or cannot access agricultural inputs such as seed or fertiliser. Long term, this could lead to an increase in food prices and other goods globally. It is important that supply chains continue functioning to allow access to agricultural inputs and that key agricultural activities are maintained to ensure future harvests.
12. The combined impacts of COVID-19 and the desert locust invasion could worsen the already critical food security situation in Eastern and Southern Africa. It is imperative to identify and adapt approaches to enable communities, NGOs (both international and national), UN agencies and the government to respond coherently to this triple crisis, for example, through integrating the use of shared messaging pathways, which have been established for both the locusts and COVID-19 response. Faith actors can play a key role in disseminating accurate, accessible, contextualised and faith sensitive messages through faith leaders.
13. In countries in which rural areas are still producing food, farmers can be linked with main markets in the urban area that would promote local production, giving income to farmers and bringing food in the needed area.
14. **Human rights:** In recent weeks, governments around the world have taken action with significant implications for fundamental freedoms and civic space, in order to minimise the spread and impact of COVID-19. International human rights law recognises that in the context of public emergencies, including in public health emergencies, restrictions on some rights can be justified for a limited period, but non-derogable fundamental rights⁹ - such as the right to life and freedom from torture and inhuman, cruel, or degrading treatment - still must not be infringed upon.¹⁰
15. Global monitoring shows that some governments have used this crisis as a pretext to infringe rights. Some of the rights that have been abused include: unjustified restrictions on access to information and

⁵ International Labour Organisation, *Women and men in the informal economy: a statistical picture* (2018)

https://ilo.userservices.exlibrisgroup.com/discovery/delivery/41ILO_INST:41ILO_V2/1252879760002676?lang=en

⁶ Global Protection Cluster & Inter-agency Standing Committee, *Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response* (2020) <https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf>

⁷ World Food Programme, *Risk of hunger pandemic as COVID-19 set to almost double acute hunger by end of 2020* (2020) <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>

⁸ Global Network Against Food Crises & Food Security Information Network, *2020 Global Report on Food Crises* (2020) https://www.fslnplatform.org/sites/default/files/resources/files/GRFC_2020_ONLINE_200420.pdf

⁹ UN Human Rights Commission, *CCPR General Comment No. 29: Article 4: Derogations during a State of Emergency* (2001) <https://www.refworld.org/docid/453883fd1f.html>

¹⁰ International Centre for Not- For- Profit Law, *Coronavirus & Civic Space* (2020) <https://www.icnl.org/coronavirus-response>

ensorship; detentions of activists for disseminating critical information; crackdowns on human rights defenders and media outlets; violations of the right to privacy; and overly broad emergency powers. This has adversely affected poor communities as they fall victims to police brutality, and in some instances has caused loss of livelihoods and lives. Governments should ensure that law enforcement officials respect the law and avoid abusive conduct while enforcing lockdowns and curfews, and investigate those suspected of such abuses to bring the perpetrators to justice. The closing up of civic spaces limits citizens' engagement and the ability to hold the governments accountable. Censorship of information on the pandemic negatively affects how people living in poverty can make decisions to safeguard their lives. It is key that the safety of human rights defenders and journalists' continues to be protected during the pandemic, and that those who commit violations are independently and promptly investigated and the perpetrators are brought to justice.¹¹

16. During this time, governments should remember that responses to public health threats are stronger and more effective when they respect human rights, and obtain buy-in from citizens. Governments have an obligation to undertake effective action to protect the public from epidemics and other public health crises while complying with international law even when emergencies arise.
17. **Women & girls:** In Tearfund's previous submission, it was highlighted that women and girls face heightened risks to their health and wellbeing due to the COVID-19 pandemic. In many contexts they face directly increased risk as the primary caregiver to family members who fall sick. Furthermore, 70 per cent of global healthcare workers are women.¹²
18. Nearly 60% per cent of women around the world work in the informal economy. In developing countries, this number is higher with 70 per cent of women working in the informal economy.¹³ Limited access to sick pay or social protection measures, compounded by the increase in the unpaid care work they are engaged in, have added to the increased strain they are facing.
19. There has been a global increase in incidents of gender-based violence with some countries reporting as much as a 33 per cent increase in domestic violence cases. In what UN Women has termed 'the shadow pandemic', lockdowns are creating a situation where women are confined to the home with their abuser, with reduced access to the support networks or relief (such as leaving the house for work) which are available to them at normal times.¹⁴ Heightened tension over security, health and income is further exacerbating the situation. In the UK, it is estimated that between two and three times as many women are being killed each week as a result of domestic violence under lockdown than in normal times.¹⁵ It is vital that precautions are taken to prevent this trend being repeated in developing countries. Further to this, there is a risk that in the economic uncertainty following the pandemic gender-based violence could continue to escalate.
20. It is predicted that gender inequalities will be worsened as a result of the pandemic. The United Nations Population Fund has estimated that if lockdowns last for six months, 47 million women across 114 low- and middle-income countries could lose access to contraceptives, resulting in 7 million unintended pregnancies, therefore increasing the economic and health pressures on the mothers. As a result of disruption to female genital mutilation (FGM) prevention programmes, 2 million additional FGM cases could occur in the next ten years, which would otherwise have been prevented. Further more, disruption to work being done to prevent child marriage, along with economic difficulties caused by COVID-19, could see 13 million more child marriages take place in the next decade.¹⁶ It is possible that the impact of

¹¹ Civicus, *Civic Freedoms and the COVID-19 Pandemic: A Snapshot of Restrictions and Attacks* (2020) <https://monitor.civicus.org/COVID19/>

¹² World Health Organisation, *Gender equity in the health workforce: Analysis of 104 countries* (2019) <https://www.who.int/hrh/resources/gender-equity-health-workforce-analysis/en/>

¹³ United Nations, *Policy Brief: The Impact of COVID-19 on Women* (2020) https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

¹⁴ UN Women, *COVID-19 and Ending Violence Against Women and Girls* (2020) <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

¹⁵ The Guardian, *Domestic abuse killings 'more than double' amid Covid-19 lockdown* (2020) <https://www.theguardian.com/society/2020/apr/15/domestic-abuse-killings-more-than-double-amid-covid-19-lockdown>

¹⁶ United Nations Population Fund (UNFPA), *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence*,

COVID-19 could see a regression in gender equality globally, with long-term cyclical impacts that will significantly outlast the pandemic itself.

21. Department for International Development (DfID) and the UK Government should acknowledge the 'shadow pandemic' of domestic violence impacting women, girls and children globally. Both COVID-19 responses and recovery plans should pay particular attention to shoring up services supporting victims of domestic abuse, which could themselves struggle financially at this time, including classifying them as 'essential services'. The UK should urge the UN to ensure that protection is incorporated into the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) humanitarian response plans (HRPs) in each country, and DFID should ensure that addressing gender-based violence is a core criteria for UK funding for COVID-19 responses, otherwise there is a risk it will be deprioritised over other 'life saving' interventions.
22. **Refugees and IDPs:** For refugees and IDPs, the measures needed to prevent the spread of infection are particularly difficult. Three quarters of refugees live in overcrowded camps and other accommodation, without adequate access to sanitation and healthcare. Many will have weak immune systems after being exposed to years of violence, poverty and malnutrition. Concern regarding the spread of COVID-19 could also put increased pressure on the relationship between refugee or IDP and host populations.
23. In a number of contexts, refugees and asylum seekers are denied full access to health services. Allowing access to health services for marginalised members of the community will lead to more favourable public health outcomes.
24. Even when states have closed their borders, reception of asylum seekers and the processing of asylum claims should continue, with priority for the most vulnerable.¹⁷ While the quarantine of arrivals may be necessary, this should be in line with World Health Organisation guidelines.¹⁸ Governments should refrain from arbitrary detention to minimise health risks due to COVID-19, as the move could push vulnerable groups into hiding and prevent them from seeking treatment, or place them at risk of refolement. In addition to the negative consequences for their own health, it will also further increase the risk of spreading COVID-19 to others.
25. **The elderly:** The importance of protecting the elderly has never been as pertinent, given the particular vulnerability of older people in the pandemic. Recent research by Tearfund and the University of Birmingham (UK) identified the profound vulnerability, invisibility and intersectionality of the needs of older people in Rwanda, despite deep resilience and agency.¹⁹ Trusted faith-based organisations are well positioned to respond (see sections 32-34 below).
26. **Disability:** As a leader on disability-inclusion globally, the UK Government has a crucial role in ensuring that people with disabilities are not left behind in the response to this crisis. It is essential that responses to COVID-19 recognise the specific situation of older people and people with disabilities and ensure that those most at risk from COVID-19 are at the centre of this response by working directly with people with disabilities and their representative organisations when developing and implementing responses to the crisis. Furthermore, resources, including health promotion messaging, need to be produced in a broad range of accessible formats.
27. People with disabilities, particularly women and girls, face increased risks and barriers to accessing healthcare than their non-disabled peers, and this is worsened during times of humanitarian crisis, where

Female Genital Mutilation and Child Marriage (2020) https://arabstates.unfpa.org/sites/default/files/pub-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

¹⁷ UNHCR, *Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic* (2020) <https://www.unhcr.org/cy/wp-content/uploads/sites/41/2020/04/Practical-Recommendations-and-Good-Practice-to-Address-Protection-Concerns-in-the-COVID-19-Context-April-2020.pdf>

¹⁸ World Health Organisation, *Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)* (2020) [https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

¹⁹ Tearfund & University of Birmingham, *Ageing in Rwanda - challenges and opportunities for church, state and nation* Tearfund & University of Birmingham (2020) <https://learn.tearfund.org/~media/files/tilz/research/2020-tearfund-consortium-ageing-in-rwanda-compressed.pdf>

the risk of gender-based violence is also increased. A global increase in gender based violence has already been reported.

The UK's response, bilaterally and with the international community, to the spread of coronavirus in developing countries

28. **UK funding:** The UK Government is one of the largest donors of humanitarian aid for COVID-19. Beyond humanitarian aid, the EU development budget, World Bank grants and IMF debt relief have provided large amounts of funding.²⁰ We welcome the role the UK is playing in coordinating efforts; leading on the development of the G20 Finance Ministers' Action Plan with India; co-hosting the summit where the EU and countries pledged \$8 billion to develop vaccines and treatments; and hosting the Global Vaccine Summit in June.
29. We welcome the total UK funding so far of £744 million for the immediate response to the pandemic - with £330 million in addition each year over the next five years to Gavi, the Vaccine Alliance. The focus has been on the immediate health emergency, with £388 million for developing new vaccines, tests and treatments; £50 million for a global hygiene programme with Unilever; £200 million in humanitarian aid for UN agencies and international NGOs; and up to £150 million in support for the IMF to reduce the impact in developing countries. The UK should increase the funding of £20 million for INGOs and faith-based organisations, as local actors and faith leaders are well placed to be the first responders in communities at the local level, which will be important during containment phases and the localised impacts of the pandemic.
30. **Vaccines:** Equal and affordable access to vaccines and treatments for all will be vital for the poorest and most vulnerable. All publicly financed vaccines and treatments, with taxpayers' money, should be patent free and distributed fairly according to need to ensure access in low-and-middle income countries. The UK should ensure that vaccines and treatments are seen as public goods for the benefit of people rather than pharmaceutical companies. UK funding for British expertise in vaccine and treatment development is welcome, but vaccine manufacturers in developing countries should also be engaged in the process.
31. **Social protection:** An urgent need in the response phase is to protect the most vulnerable with safety nets, as millions lose their jobs and income and therefore face severe food insecurity and starvation. A key balancing act will be policies and actions that save lives without destroying livelihoods, as people rely on a daily wage and have no savings, and pushing people deeper into poverty and food insecurity. The UK should support civil society organisations, the UN, the World Bank and IMF to lead on social protection and ensure that no one is left behind. Effective social protection systems are needed to safeguard the poorest and most vulnerable people from the devastating effects of this crisis, especially where existing social safety nets are weak. In addition, social protection should not be limited to citizens, but should also include migrant populations in host countries.
32. **Funding needs:** A global health pandemic combined with a global recession will push millions into poverty; have a catastrophic impact on developing countries; and prevent progress towards sustainable development goals. The UN has called for a \$2.5 trillion coronavirus crisis package, including grants of \$500 billion for emergency health services and social relief programmes, based on missing ODA from OECD DAC countries that have not met their 0.7 per cent ODA commitment.²¹
33. **Grants vs loans:** Aid in the form of grants, rather than loans, from donors and multilateral institutions including the World Bank and IMF would reduce the debt burden in many countries. Most of the funding from multilateral development banks is in the form of loans, including \$240 billion from the World Bank and \$50 billion from the IMF. \$1 trillion could be made available for those left behind, through the expanded use of special drawing rights at the IMF, based on needs, not share quotas.

²⁰ The New Humanitarian, *Coronavirus emergency aid funding* (2020) <https://www.thenewhumanitarian.org/news/2020/04/23/Coronavirus-emergency-aid-funding>

²¹ United Nations Conference on Trade and Development, *UN calls for \$2.5 trillion coronavirus crisis package for developing countries* (2020) <https://unctad.org/en/pages/newsdetails.aspx?OriginalVersionID=2315>

- 34. Aid quality:** The role of public finance and international finance institutions, especially the World Bank and IMF, will be important given the global impact of COVID-19 and the need for stimulus and recovery packages in all countries. The UK should hold these institutions accountable for the quality and transparency of support that is provided with speed, especially as large amounts of UK ODA currently goes to these multilateral institutions.
- 35. Debt cancellation:** Tearfund has joined more than 200 organisations globally calling for debt cancellation to tackle the health and economic crisis.²² Lender countries, the World Bank and IMF should provide a permanent cancellation of all developing country external debt payments due in 2020, and emergency additional finance in the form of conditionality-free grants.
- 36.** International aid will be vital to tackling the global pandemic, especially given the likely drop in remittances of around \$110 billion, or just under 20 per cent, to low-and-middle-income countries that normally help families buy food, healthcare and basic needs.²³ As aid budgets are likely to be revised in light of the pandemic, resources made available to respond to the pandemic should not be taken from existing funding streams that support life-saving programmes unrelated to COVID-19, for example, other essential health priorities. Moreover, ODA budgets must be protected because public finances will be stretched during the economic crisis.
- 37.** Overall, an effective, coordinated global multilateral response will be required by political leaders and donors that acknowledges the interconnectedness of the world. A comprehensive package of health, economic and social measures will be needed. This year, in the lead up to the UK hosting the G7 and COP26 in 2021, the UK should play a key global leadership role to galvanise support for international cooperation and coordinate international assistance. During the response and recovery, we support the UK sticking to principles and promoting them with other donors and global actors, 'principles of equality, including gender, inclusivity, human rights and international law.'²⁴
- 38. Recovery:** While reducing the impact of COVID-19 in the emergency response phase, the UK should have a long-term vision for the recovery and reconstruction in order to help rebuild more resilient, sustainable, just, inclusive and peaceful societies. The UK should take the opportunity to reset and seek systemic reforms to tackle injustices and inequalities that have been highlighted by the crisis. This should include increasing investments in public health services to strengthen global health security, social protection, food security, governance and resilience. The post-crisis recovery should prioritise investment in low carbon sustainable development and circular sectors that will create green jobs and tackle economic and social vulnerabilities, dramatically decrease air pollution and set countries on zero-carbon economic pathways.

Lessons identified and learned/applied from previous experience with infectious diseases (for example, Ebola); the implications for DFID's policy on a global health strategy

- 39. Faith-Based Approach:** As stated in Tearfund's earlier submission to this inquiry, during health emergencies, there is a heavy emphasis on ensuring public health messages - especially focused on WASH - are disseminated to communities through public media channels. In the past, there has been inadequate attention given to how faith leaders can help to disseminate accurate, accessible, contextualised and faith-sensitive messages. Some 84 per cent of the world's population identify with a religious group. Africans are more likely to contact religious leaders about an important problem or to share their views than any other leadership figure, including traditional leaders, MPs, councillors and other officials. Faith actors can support national and international actors to strengthen the global public health and humanitarian response.
- 40.** LFCs and FBOs play an invaluable role in humanitarian preparedness and response, as demonstrated through lessons learnt during the Ebola outbreaks in West Africa and more recently in the DRC and

²² Jubilee Debt Campaign, *A debt jubilee to tackle the Covid-19 health and economic crisis* (2020) <https://jubileedebt.org.uk/a-debt-jubilee-to-tackle-the-covid-19-health-and-economic-crisis-2>

²³ The World Bank, *World Bank Predicts Sharpest Decline of Remittances in Recent History* (2020) <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>

²⁴ Department For International Development, *'We must work together to fight Covid-19 outbreak'* (2020) <https://dfidnews.blog.gov.uk/2020/04/11/we-must-work-together-to-fight-covid-19-outbreak/>

Burundi. Faith leaders and FBOs hold a high degree of trust and influence in their communities.²⁵ They often support the most vulnerable to access government services; help the local government understand the needs of the community; and are present in hard to access and insecure regions where no other networks are present.²⁶ The knowledge that faith leaders have of the local cultural, economic and social norms of their community is indispensable, and they are frequently the first responders in crises.

41. Faith communities that Tearfund is supporting are already responding rapidly to the spread of COVID-19. For instance, in the DRC faith leaders are broadcasting messages on radio stations and using bulk text messages to communicate with their congregations while observing social distancing measures to prevent large gatherings. Faith leaders in the country have been playing a vital role in conveying public health messages to communities in the recent Ebola response, and are continuing to play an invaluable role in responding to COVID-19.²⁷
42. **Recovery for survivors and their communities:** Following outbreaks of Ebola, communities and families often experienced a breakdown of social relations, for example, due to the stigmatisation of survivors or fear of infection. This resulted in the breakdown of marriages, isolation, economic vulnerability. Responses to COVID-19 should ensure information about when a person is no longer infectious is disseminated, including through faith actors. Stigmatised individuals and families are likely to be more vulnerable to abuse and economic shock, and often need to receive sustained support with essential household items and food, income generation, access to education for children and healthcare. Reconciliation programmes may be needed to rebuild relationships between community members, family members and couples. Many of these needs continued long after the health emergency had officially 'ended'; however, resources and external support established during the outbreak were often discontinued, leaving behind communities and vulnerable households without the required support to recover from some of the medium-to-long term impacts.
43. **Psychological support for survivors:** Many survivors of infectious disease suffer from anxiety and trauma as a result of their experience. This was the case during Ebola outbreaks in West Africa and in the DRC, and responding to these needs should be considered in responses to COVID-19. Trauma counselling is crucial to help survivors regain hope and confidence in themselves, and to regain trust in their community where stigmatisation has occurred. Mechanisms such as establishing survivor groups can provide a space to share experiences and receive peer support. Specific child counselling and safe spaces for children should also be considered.

The risks of negative national or local behaviours arising from perceived risks of cross-border reinfections

44. In the context of government travel restrictions and border closures, there is a risk of refugees and migrants becoming a target. This is a particular concern in areas where borders are porous and inter-communal conflict is already commonplace. In countries such as South Sudan, the COVID-19 pandemic coincides with the critical planting season, when refugees in neighbouring countries may seek to cross the border to farm at their place of origin. Perceived risks of cross-border infections may amplify existing inter-communal tensions and disputes around land ownership. The targeting of people crossing borders is a particular concern in light of the backlash against foreign aid workers following the news that the first coronavirus cases in South Sudan were among UN staff members.²⁸

²⁵ Tearfund, Christian Aid, CAFOD & Islamic Relief Worldwide, *Keeping the faith: The role of faith leaders in the Ebola response* (2015) http://www.tearfund.org/~media/files/main_site/news/keepingthefait.pdf

²⁶ Tearfund, *Churches stepping up to tackle Ebola in the DRC* (2018) https://www.tearfund.org/en/2018/11/churches_stepping_up_to_tackle_ebola_in_the_drc/

²⁷ Tearfund, *Ebola outbreak ending as Congolese face new 'triple threat' of COVID-19, poverty and violence* (2020) https://www.tearfund.org/media/press_releases/ebola_ends_as_drc_faces_new_covid_19_triple_threat/

²⁸ The New Humanitarian, *Briefing: What's behind South Sudan's COVID-19 inspired UN-backlash* (2020) <https://www.thenewhumanitarian.org/news/2020/04/10/south-sudan-UN-coronavirus-backlash>