

COVID-19 calls for effective aid and development cooperation more than ever

The COVID-19 pandemic has hit the global community hard and fast. Within just a few months, over a million of the world's population is infected and tens of thousands killed in almost all countries, with the potential for greater catastrophes in many countries yet to come. This crisis is unfolding and now ushering us into a deep and sustained global economic recession, in the context of disrupting impacts of systemic climate change, ongoing conflict and fragility in many countries, weak health and social security systems in the South, gender inequalities, and the potential threats to food security. COVID-19 is threatening progress for Agenda 2030, particularly for the billions of people in least developed countries.

Effective aid and development cooperation matter more than ever. The undersigned members of the DAC CSO Reference Group welcome the strong statements by the Chair of the DAC and the Director of the DCD, reminding the international community that a coordinated global response is in everyone's interest. We fully support their call on all DAC donors to "protect existing ODA commitments, targeting support to health systems and vulnerable people in developing countries."

All countries, including rich donor countries, are struggling to respond urgently to all dimensions of the crisis at home. But the highly-contagious and fatal character of the virus will clearly remain a global threat if any country is left behind. Thus, we fully support the urgent call by the prime minister of Ethiopia, Abiy Ahmed,¹ for a strategy that is "global in design and application...global action guided by a sense of global solidarity."

The members of the DAC CSO Reference Group offer their full and constructive collaboration with the DAC and its members in addressing the multiple dimensions of this crisis.

1. Protect, fulfill, and surpass existing aid commitments

A substantial and immediate increase in ODA must be an essential dimension of OECD Secretary-General Angel Gurría call for "a modern, global effort akin to the last century's Marshall Plan and New Deal – combined." We urgently call on DAC members to fulfill and where possible exceed the 0.7% target for ODA, in the form of unconditional grants and technical support. We urge the DAC to work with the experience of partner countries, DAC members and other stakeholders to ramp up aid's role in support of health and social protection, taking account and involving the knowledge and experience of all development actors in these areas.

We propose that the DAC convenes its members for an emergency meeting to urgently scale up development efforts, recognizing the fact that ODA is of course only part of the international community's response to the pandemic. When the international community turns to addressing the medium- to long-term impacts of the crisis, we encourage DAC members to raise the profile of ODA in international discussions of development finance (FFD/SDGs).

2. Direct aid and debt relief to those most in need

Developing countries as a whole will be facing huge economic challenges in the coming months and years and many economists and international institutions are now calling for debt relief to free up resources for governments responding to the pandemic. We urge the DAC to support these

¹ <https://www.ft.com/content/c12a09c8-6db6-11ea-89df-41bea055720b>; also refer to <https://www.uneca.org/stories/communiqu%C3%A9-african-ministers-finance-immediate-call-100-billion-support-and-agreement-crisis>

initiatives among its members, and also through the World Bank and the IMF, learning from the experience of the past. Measures to alleviate debt burdens through extending loans further into the future, or through conditionalities, had adverse impacts. In many cases, cancellation of debt is required. We therefore urge all bilateral and multilateral aid providers to grant debt relief, which should be considered additional resources, not absorbed in existing ODA budgets.

We call on providers to work with affected countries to extend aid to directly support public health institutions especially in poor countries – directed at preventive healthcare and training more and more community health workers, ensuring the highest standards of transparency, accountability, efficiency, alignment with national priorities *and respect for human rights and gender perspective*. We also call for direct support for civil society actors, as well as for locally-owned industries and micro, small, medium enterprises (MSMEs) and informal and care economies, being the world’s primary providers of livelihoods and economic sovereignty for women. We also urge donors to take all necessary measures to ensure the viability of sustainable agriculture and climate-resilient food systems with small-scale food producers at the center, recalling that food insecurity was a very significant outcome of the 2008 global financial crisis.

3. Keep aid focused on critical areas, distinct and additional to humanitarian response

We recognize the need for strong coordination of development and humanitarian response to COVID-19 in which the DAC can play a major role alongside the multilateral system and other stakeholder, including CSOs. Recognizing the DAC’s important work on the peace, development and humanitarian nexus, we call on donors to ensure that development aid is not diverted but reinforces humanitarian response to the crisis. And learning from past pandemics as the Ebola crisis, it must be made available without waiting for humanitarian funding to run out or finish its job. But we also note that responding to COVID-19 in conflict zones may require different adapted approaches.

We echo the call for development and humanitarian actors to work with national and local governments to strengthen health care systems and develop national response plans to the crisis, including social protection and safety nets to help people cope with virus containment measures, particularly workers in the informal sector. DAC members should work with partner countries to ensure that all people affected have free and timely access to all health services without discrimination, irrespective of the nature of private health systems in a given country.

We would like to underscore, moreover that all interventions need a substantive gender analysis along with resources prioritizing the realization of women's rights. The crisis once again generates a multi-layered burden on women and girls who play very crucial roles -- both at home caring for family members, and in the frontlines in the health and social sector as doctors, nurses, cleaners, midwives and laundry workers. They are also gravely affected by the pandemic's economic impact, as huge numbers of women own or are employed by MSMEs and involved in food production and distribution. Thus, we acknowledge the DAC Chair and DCD Director General for not forgetting the special needs of women in these trying times. We echo their call not to divert resources away from women's maternal and reproductive health while also prioritizing them in the provision of immediate needs. In addition, we call for protection for women and children against aggressors in the midst of the prolonged confinement, combined with addressing the root causes of gender-based violence by delivering specific resources and fighting against impunity.

4. Put people’s health and overall welfare above donors’ economic and corporate interests

This pandemic is revealing how development cooperation must work harder to bring us closer to sustainable development goals while giving priority to those left behind. As the workers from the

health to the informal sector, the homeless and refugees, the elderly and sick get infected and die in numbers, donors must make every effort to protect and strengthen first responders at the human face of the crisis. Such response should be directed through public or not-for-profit organizations who are working directly with the most vulnerable, and can ensure free access to basic services, including health. This is not the experience of the corporate sector. Evidence² shows that ODA coursed through for-profit private sector or blended with private finance has led to privatized, exorbitant health institutions and services – leaving universally accessible public healthcare critically under-resourced and understaffed, and thus making people not only more vulnerable but also poorer. Thus, we call on donors to prioritize public over private at all times. Aid as a development resource should put people’s health and overall welfare above donors’ own interests, now and way beyond to achieve the Sustainable Development Goals.

One area where the private sector is playing an important role in collaboration with the public sector in some countries, is the development and testing of a COVID-19 vaccine and ensuring the supply of first hand goods to respond to the crisis across the world. We note the proposal by Costa Rica, supported by many in civil society, to create an open global pooling mechanism for rights in the data, knowledge and technologies useful in the prevention, detection and treatment of the coronavirus/COVID-19 pandemic. Once an effective vaccine has been developed and tested, it must be made available to the citizens of all countries on a free and equitable basis. DAC members will likely play a vital role supporting vaccination in many developing countries and has therefore a strong interest in ensuring such open access to effective vaccines.

5. Uphold the integrity of aid, human rights and effectiveness principles

While ODA is not the main and only development resource, it is a critical and flexible resource, and the donors are well-placed to make a difference. In calibrating their responses through ODA, we call on donors to uphold the integrity of aid, pay attention to decades of lessons for effective development cooperation, and uphold human rights and development effectiveness principles.

We seek a strong call and urgent response from the DAC towards member and partner countries against growing authoritarian responses, including massive surveillance measures, by some governments in these times. Such measures profoundly affect the capacities of civil society to respond effectively to the crisis. We acknowledge the need for extra-ordinary measures, but urge all governments to consider such responses in line with their duty to uphold human rights, gender equality and dignity. Protecting civic space in the times of crisis is not just a test for the viability of democracy in our societies, but a foundation for effective actions on all its dimensions. We also urge the DAC to continue its important work over the coming months on a Recommendation on donor policies in support of civil society in this light. We also welcome recent initiatives on the part of many donors to engage with civil society in their country and take account the impact of the immediate pandemic on its current CSO partnerships.

The undersigned members of the DAC-CSO Reference Group are looking forward to the upcoming DAC-CSO Dialogue and other engagement opportunities to discuss the ways in which we can work together in the coming months as this crisis evolves. We share the goal of making aid truly effective in our immediate responses to COVID-19 and beyond particularly in developing countries. But we also seek an urgent expansion and effective deployment of ODA with partners in ways that protect and promote the rights of those most affected and vulnerable to the medium-term economic, social and political outcomes.###

² <https://www.wemos.nl/en/is-blended-finance-the-key-to-health-and-development/>
<https://www.realityofaid.org/wp-content/uploads/2018/12/Full-Version-RoA-Report-2018-min.pdf>

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