

Unclassified**English - Or. English****11 September 2020****Development Co-operation Directorate
Development Assistance Committee****DAC Working Party on Development Finance Statistics****COVID-19 Survey – Main Findings**

In order to inform a coordinated development cooperation response to support developing countries affected by the COVID-19 crisis, the Development Co-operation Directorate conducted a special survey in April-May 2020.

This paper presents the main findings from the survey.

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JT03465209

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Introduction

In order to inform a coordinated development co-operation response to support developing countries affected by the COVID-19 crisis, the Development Co-operation Directorate conducted a special survey in April-May 2020. Twenty-eight out of thirty Development Assistance Committee (DAC) members responded¹ to the survey or provided information on their development co-operation response to the pandemic. A similar survey was also sent to other providers reporting on their development co-operation to the OECD, with questions tailored to each provider group. Fifteen non-DAC countries², 27 multilateral organisations⁴ and 27 foundations⁵ responded. In addition, information was retrieved

¹ Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, the United States and the EU Institutions responded to the survey.

² Azerbaijan, Bulgaria, Chinese Taipei, Costa Rica, Croatia, Cyprus³, Estonia, Kazakhstan, Kuwait, Latvia, Liechtenstein, Lithuania, Romania, Saudi Arabia and Turkey responded to the non-DAC provider survey.

³ a. Note by Turkey: The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus.

b. Note by all the EU Member States of the OECD and the EU: The Republic of Cyprus is recognised by all Members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

⁴ African Development Bank (AfDB), Asian Infrastructure Investment Bank (AIIB), Asian Development Bank (AsDB), Caribbean Development Bank (CDB), Council of Europe Development Bank (CEB), Center of Excellence in Finance (CEF), Central Emergency Response Fund (CERF), European Bank for Reconstruction and Development (EBRD), Food and Agriculture Organization (FAO), Green Climate Fund (GCF), Global Environment Facility (GEF), Global Green Growth Institute (GGGI), Inter-American Development Bank (IDB), IDB Invest, International Fund For Agricultural Development (IFAD), Islamic Development Bank (IsDB), Nordic Development Fund (NDF), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations International Children's Fund (UNICEF), United Nations Peacebuilding Fund (UNPBF), United Nations World Tourism Organization (UNWTO) and World Health Organization (WHO) responded to the multilateral organisation survey. The Adaptation Fund and the Global Fund did not respond to the survey but submitted responses.

⁵ BBVA Microfinance Foundation, Bernard van Leer Foundation, Bill & Melinda Gates Foundation, Carnegie Corporation of New York, CHANEL Foundation, Charity Projects Ltd (Comic Relief), Citi Foundation & Citi, Conrad N. Hilton Foundation, David & Lucile Packard Foundation, Gatsby Charitable Foundation, Google.org, Grameen Crédit Agricole Foundation, H&M Foundation, IKEA Foundation, John D. and Catherine T. MacArthur Foundation, Johnson & Johnson Foundation, La Caixa Banking Foundation, MasterCard Foundation, MAVA Foundation, McKnight Foundation, MetLife Foundation, Michael & Susan Dell Foundation, Open Society Foundations, Rockefeller Foundation, Skoll Foundation, William & Flora Hewlett Foundation, World Diabetes Foundation.

through web research on financial and non-financial support by 21 additional foundations that were not in a position to respond at the time of the survey.

Preliminary findings on DAC members' responses were presented at the DAC meeting on 30 April 2020⁶. Given the evolving response to the pandemic and even if the findings in this paper may be a little outdated (due in part to capacities that were stretched and that responses required coordination across government departments), it is hoped that the information gathered through this survey could serve to inform any policy analysis or be useful to support coordination between members and other development finance providers.

⁶ At that time, only 18 DAC members had responded to the survey.

Main findings

- Several providers indicated that they were in the process of reorienting their 2020 development co-operation programmes in order to contribute to the global response to the COVID-19 pandemic. The impact of the crisis at field level has led many DAC members to reassess major issues affecting their operations, and a certain degree of flexibility may be needed to carry out activities. Several bilateral providers beyond the DAC membership have indicated that they are continuing to implement their current policies and programmes as previously planned to the extent possible. Multilateral organisations are addressing project implementation challenges by employing flexibility in grant and loan management, leveraging digital approaches, strengthening coordination, empowering local partners and encouraging innovation.
- Multilateral organisations and especially United Nations (UN) entities have called for ambitious increases in donations so that they can scale up their response to the level demanded by the coronavirus pandemic.
- Multilateral development banks and financing mechanisms have mobilised new and reallocated funds to set up funding facilities to help their member countries respond immediately to all aspects of the coronavirus pandemic.
- A number of private philanthropic foundations have responded to the crisis by pledging financial as well as non-financial support to address the challenges posed by the pandemic in developing countries and at the global level. Financial contributions by these institutions mainly targeted the health and other social sectors – either for specific projects or as core (or softly earmarked) support to grantee organisations (mainly CSOs) to help them overcome imminent financial shortfalls.
- In terms of allocations by recipient country and regions, responses indicate that bilateral and multilateral providers (especially UN entities) are focussing on countries most affected or at risk, low income and fragile regions, donor priority countries and Africa. Several indicated support to highly vulnerable populations such as refugee camps. At the time of the survey, although a large share of philanthropic foundations' contributions was still unallocated by region, Latin America and Africa appeared to be the main beneficiary regions.
- Many bilateral and multilateral providers indicated that their response was guided in the short-term in managing the spread and consequences of the virus and focussed mostly on health systems, humanitarian aid, food security, as well as supporting developing countries to prepare for and respond to the pandemic. Some DAC members responded that in the medium-term they would focus on making diagnostics and vaccines available for the poorest countries with weak health systems. Many indicated they would also support developing countries address the economic, social and political repercussions of the pandemic.
- All providers are engaged in global research and development addressing COVID-19 directly. They are also addressing the economic consequences of the pandemic, social impacts, and green and sustainable recovery. Multilateral organisations are also creating policy tools to better understand how to mitigate COVID-19 impacts

on food and agriculture, gender issues and tourism. Environmental vertical funds have modified their current activities to a lesser extent, but are considering updating their programmes of work incorporating COVID-19.

- Along with ODA grants and sovereign loans, a few DAC members indicated they would provide loans to the private sector, as well as guarantees in order to mobilise additional funds from private investors. Furthermore, in addition to the moratorium on loan repayments, some loans to developing countries would be rescheduled to provide additional fiscal space to enable countries to face the pandemic and its economic impacts. Private foundations that extend loans engaged in debt rescheduling and repayment moratoria too.
- In order to develop a coherent and coordinated response to the crisis, bilateral providers indicated national coordination efforts (between ministries, CSOs, private sector). At the international level, supporting an integrated and coherent response from the multilateral system (particularly the UN) was key. At the partner country level, aid coordination mechanisms were in place to support COVID-19 responses. The survey results also indicated that there is coordination and increased engagement between the different types of aid providers (provider countries, multilateral organisations and private philanthropic foundations).
- DAC members, as well as private foundations, indicated that they had mechanisms in place for information-sharing and response co-ordination with CSOs. Some providers reported that they were enabling CSOs to reorient their programmes to COVID-19 related activities as well as managing the effects and redirection of ongoing co-operation with local civil society actors. For example, some private foundations indicated to have transformed their project grants to general operating support.
- With regard to the impact of the crisis on providers' capacity to monitor and evaluate their ongoing programmes, many highlighted challenges and increased risks for programme implementation as well as for monitoring and follow-up in a crisis situation like this one. There could be some delays or postponement in evaluations, especially with regard to larger projects.

Bilateral providers

1. Twenty-eight Development Assistance Committee (DAC) members responded⁷ to the survey or provided information on their development co-operation response to the pandemic. Fifteen provider countries beyond the DAC also responded to the survey. Most respondents were not able to provide data on their bilateral contributions to developing countries to deal with the COVID-19 crisis. In addition, not all responded to the survey questions, but did provide some information of their response efforts. It should be noted that the findings below reflect survey responses as they were up to end April and the situation has evolved since.⁸ The Secretariat is considering administering a follow-up survey in Q4 2020 to gather more data so as to be able to better inform responses as the crisis unfolds.

1. Overview of COVID-19 response by bilateral providers

2. Table 1 summarises reported Official Development Assistance (ODA) pledges, commitments and disbursements made by end April 2020 by DAC members to the COVID-19 efforts. Based on members' responses (and noting that some responses were partial), total ODA commitments to support developing countries with the COVID-19 crisis from 17 countries amounted to about USD 5.4 billion. The Secretariat has attempted to complement this information with data gathered from various country websites for members that did not provide any data, and estimates additional amounts of over USD 5 billion in aid⁹. These figures will change as the crisis unfolds and as the responses are adapted to the evolving pandemic.

3. Fifteen non-DAC providers reported amounts pledged, committed and disbursed for responding to the coronavirus pandemic in 2020 (Table 2). As of early May 2020, their pledges totalled USD 542 million, with Saudi Arabia pledging the largest amount at USD 500 million. Commitments by non-DAC providers totalled USD 150 million, of which USD 29 million for support to developing countries, USD 118 million for earmarked contributions to multilateral organisations and USD 2 million for activities with global benefits. They have disbursed USD 42 million. These figures are not fully comparable with those of DAC members as the survey sought information not only on development co-operation (ODA-like support), but also on activities with global benefits that do not necessarily qualify as ODA. Also, the survey did not request information on core contributions to multilaterals.

⁷ Hungary and New Zealand did not respond to the survey.

⁸ One exception to this is Spain, which submitted its response in mid-July 2020.

⁹ For example, the US Congress provided over USD 2 billion to USAID and the State Department in two emergency supplemental appropriations (USAID, 2020^[8]); Germany has committed an additional EUR 3 billion by 2021 to its international spending (Federal Ministry of Finance, Germany, 2020^[9]).

1.1. Re-orientation of development co-operation budgets and programmes towards COVID-19

4. A common trend among provider countries is that the onset of the pandemic has led to a re-orientation of development co-operation projects and budgets towards COVID-19-related efforts. This means that countries' responses to COVID-19 involve the reallocation of previously agreed-upon funds (i.e. 2020 budgetary allocations) and the refocusing of existing projects and instruments. This is true for both DAC and non-DAC countries. However, the scale of this re-orientation varies by country. For example, Sweden reported a "substantial reorientation" of already agreed-upon aid programmes, and Liechtenstein indicated that it has significantly shifted its focus to the health sector, which was previously not a priority. Bulgaria noted that while it had re-allocated available funds for COVID-19 response, it has basically maintained its existing geographical and thematic priorities.

5. The re-organisation of development co-operation programmes takes into account both the health and socio-economic repercussions of COVID-19. Among DAC members, Portugal reported that going forward, Camões, IP has the ability to redirect its health interventions as needed; it could also refocus its education projects, notably towards work on alternative learning systems and distance learning. Among non-DAC countries, Romania's aid projects have been re-programmed to concentrate more on the health and socio-economic impacts of the pandemic.

1.2. Increased funding for pandemic-related assistance

6. Certain countries also reported additional funding for COVID-19 response. For example, as of 20 April 2020, Canada was planning to allocate up to CAD 200 million (in addition to its existing international assistance budget) to enable partner countries and multilateral institutions fight against COVID-19. This additional support would cover a range of objectives, including resources for front-line partners working on disease prevention, surveillance and treatment, as well as country-level calls for urgent assistance. The United States and Germany have also increased development co-operation budgets (see footnote 9). Among non-DAC providers, the Turkish Cooperation and Coordination Agency (TIKA) is planning to further increase bilateral co-operation efforts in the post-crisis period to promote rebuilding and recovery

Table 1. Amounts reported as COVID-19 response by DAC members, as of end-April 2020USD million¹

Donor ²	Amounts pledged	Amounts committed			Amounts disbursed	
	Total ODA	Bilateral ODA	Multilateral ODA	of which: WHO	Total ODA	
Australia	-	45.2	11.6	1.7	56.8	46.4
Austria	13.7	-	-	-	8.8	0.6
Belgium	-	-	-	-	-	-
Canada	148.8	-	-	14.0	118.7	-
Czech Republic	10.8	1.2	0.3	0.3	1.5	0.4
Denmark	115.7	-	-	-	-	-
Finland	-	-	-	7.2	33.0	-
France ³	-	1,321.8	341.5	58.4	1,663.3	-
Germany ⁴	-	-	-	-	1,266.7	-
Greece	-	-	-	-	-	-
Iceland	1.9	-	-	-	-	0.4
Ireland	18.4	9.4	9.0	5.0	18.4	10.4
Italy	-	-	-	-	-	-
Japan	1,566.0	91.3	75.5	65.7	166.9	166.9
Korea	18.7	4.9	7.5	3.0	12.4	12.4
Luxembourg	-	29.7	12.7	0.4	43.0	-
Netherlands	122.6	-	-	5.5	110.2	-
Norway	-	-	15.8	5.3	-	-
Poland	-	-	0.3	-	-	-
Portugal	1.1	0.8	-	-	-	-
Spain ⁵	-	-	-	-	-	-
Slovak Republic	1.5	0.3	-	0.2	0.5	0.2
Slovenia	-	0.5	-	-	0.5	0.5
Sweden ⁷	-	16.0	-	38.3	-	-
Switzerland	-	80.2	-	-	125.4	45.3
United Kingdom	-	-	-	83.1	951.2	-
United States	-	-	-	-	775.0	-
DAC countries	2,019.1	1,601.4	474.2	288.0	5,352.3	283.4
EU Institutions ⁶	-	-	-	-	17,387.4	-

Note: **1.** Amounts converted to USD using 2020 Q1 exchange rates, when relevant. **2.** Hungary and New Zealand did not respond to the survey. **3.** The reported amounts for France include loans whose conditions and grant element were not known at the time of submission. Hence, the reported amounts may not be entirely ODA. **4.** The figures for Germany reflect the funds that were redirected towards the Emergency COVID-19 Support Programme. **5.** Spain estimated USD 1,895 million to the COVID-19 response from all Spanish providers of development cooperation; however it is unclear whether the totality of these contributions is ODA eligible and whether these contributions are pledges, commitments or disbursements. **6.** Some of the reported amounts may be targeted to non-ODA eligible countries. **7.** Sweden reported USD 1.02 billion as multilateral ODA. These data are not shown in the table as Sweden indicated that not all these aid was for the COVID-19 response, although large parts were.

7. The priorities of bilateral providers are likely to shift as the COVID-19 crisis evolves. Thus, their objectives vary between the short-term (i.e. emergency response), the medium-term (i.e. exit from the humanitarian crisis) and the long-term (i.e. recovery). For example, Sweden noted that in the short run, it is focused on the global response to curb the spread of the virus and manage its health, humanitarian and socioeconomic consequences. In the medium-term, its priority is making diagnostics and vaccines available for the poorest countries and supporting existing health systems. Sweden's long-term efforts would include tackling the economic, social and political impacts of COVID-

19 in the poorest countries and contributing to universal health coverage and Sustainable Development Goal (SDG) 3 (“Ensure healthy lives and promote wellbeing for all at all ages”).

8. Since the survey was administered at the beginning of the crisis, a clear picture of donors’ COVID-19 response was not immediately available. To that end, countries reported that plans and proposals for pandemic-related activities are still under discussion (e.g. Greece and Estonia) or the extent of their contributions are still being assessed (e.g. Canada). To better track pandemic-related activities, a few donors (e.g. Canada and the EU) are developing new methodologies or markers.¹⁰

Table 2. Non-DAC providers' contributions in 2020 for COVID-19 response, preliminary data as of May 2020

USD million

Provider	Amounts pledged	Amounts committed				Amounts disbursed
	Total support	Developing countries	Earmarked contributions to international organisations	Activities with global benefits	Total support	Total support
Azerbaijan	-	-	-	-	-	10.34
Bulgaria	0.99	0.49	0.38	0.11	0.99	-
Chinese Taipei ¹	4.70	In-kind	4.70	-	4.70	4.70
Costa Rica ²	0.23	In-kind	-	0.23	0.23	0.06
Croatia	9.85	6.67	1.13	2.04	9.85	-
Cyprus	-	0.22	-	-	0.22	0.56
Estonia	3.86	-	-	-	-	-
Kazakhstan	5.43	3.00	-	-	3.00	3.00
Kuwait	6.70	6.70	100.00	-	106.70	-
Latvia	6.46	-	-	-	-	-
Liechtenstein	-	-	-	-	-	0.50
Lithuania	0.45	0.28	0.17	-	0.45	0.45
Romania	0.22	-	-	-	-	3.93
Saudi Arabia	500.00	10.00	12.00	-	22.00	17.56
Turkey	3.09	2.02	-	-	2.02	1.35
Total	541.98	29.39	118.38	2.38	150.15	42.45

Note: 1. Chinese Taipei made in-kind donations to developing countries: 27.5 million face masks, 35 thousand forehead thermometers and 250 sets of automatic measurement systems. 2. Costa Rica made in-kind donations of basic groceries and hygiene items to citizens of El Salvador who are staying in temporary shelters in Costa Rica because the pandemic prevented their return to their country.

2. Recipients of contributions for COVID-19 response

2.1. Bilateral recipients

9. In general, DAC members are targeting low-income, fragile, at-risk or heavily affected countries. For example, the United States has allocated over USD 775 million to help governmental and non-governmental actors in more than a 100 of the most affected and at-risk countries across all continents. Similarly, Germany’s efforts are geared towards stabilising fragile regions affected by displacement, particularly in the Syria region, North

¹⁰ Further discussions regarding the different ways to track COVID-19 related activities (e.g. keywords/hashtags, policy marker/flags, etc.) were held at the June 2020 WP-STAT meeting.

Africa, Sahel, Yemen and southern Ethiopia (see 1). This is true for non-DAC providers as well: Chinese Taipei is active in Nicaragua, Guatemala and Honduras while Turkey is supporting infrastructure in the West Bank and Gaza Strip (see 1).

10. Several providers highlighted their support for priority partner countries. Luxembourg reported that the majority of its bilateral ODA contributions target its seven priority partner countries, five of which are least developed countries (i.e. Burkina Faso, Lao People's Democratic Republic, Mali, Niger and Senegal). Likewise, the Czech Republic specified its ODA partner countries, namely Bosnia and Herzegovina, Cambodia, Ethiopia, Georgia, Moldova, Ukraine, and Zambia. Non-DAC providers also emphasised engagement with their priority partner countries. For example, non-DAC European countries (e.g. Bulgaria and Latvia) identified countries in the EU Eastern Partnership (e.g. Georgia, Moldova and Ukraine) as recipients.

Box 1. Examples of DAC and non-DAC provider contributions to fragile contexts

German efforts to stabilise fragile regions affected by displacement

It is estimated that more than 71 million people have been displaced worldwide. For this segment of the population, the repercussions of the COVID-19 pandemic are particularly profound. Refugees and displaced persons often live in crowded accommodations (e.g. refugee camps, dense low-income neighbourhoods), where the infection risk is elevated, and their status may preclude them from accessing national health systems and government support schemes. Furthermore, the consequences of the pandemic may jeopardise social cohesion and provoke conflicts in host regions.

Thus, the German Federal Ministry of Economic Cooperation and Development (BMZ) has redirected 150 million Euros within its 2020 budget to this issue. It is helping stabilise regions affected by crisis (e.g. the Syria region, North Africa, the Sahel region, Yemen and Southern Ethiopia). To do so, BMZ is strengthening institutions to improve service delivery, financing health personnel, providing emergency relief for displaced persons, promoting preventative healthcare, fostering income opportunities and supporting education and employment measures.

Turkey-Palestine Friendship Hospital in Gaza

The construction of the Turkey-Palestine Friendship Hospital started in 2011, following a request by the Islamic University of Gaza to the Turkish authorities. Construction was completed in 2017 under the supervision of the Turkish Cooperation and Coordination Agency. Measuring 33 400 square meters and consisting of 8 interconnected blocks, four operating rooms, ICUs, laboratories, 180 rooms, the Turkey-Palestine Friendship Hospital is the largest hospital in the West Bank and Gaza Strip.

On March 26, 2020, the hospital, along with its medical equipment, was transferred fully to the Gazan authorities to enable them to effectively combat COVID-19, notably by using the facilities as a temporary quarantine hospital.

Source: (BMZ, 2020^[1]), *Emergency COVID-19 Support Programme*, https://www.bmz.de/en/zentrales_downloadarchiv/Presse/bmz_corona_paket_EN.pdf; (Turkish Cooperation and Coordination Agency, 2020^[2]), *The Hospital Built by TİKA in Gaza Will Give Hope to Palestinians in the Fight against the Coronavirus*, https://www.tika.gov.tr/en/news/the_hospital_built_by_tika_in_gaza_will_give_hope_to_palestinians_in_the_fight_against_the_coronavirus-56580

11. Geographically, nearly all DAC members have reported recipients on the African continent. Examples include Denmark (Horn of Africa and the Sahel region), Austria (Burkina Faso, Ethiopia and regional Africa), France (Sub-Saharan Africa) and Ireland (Ethiopia, Malawi, Tanzania and Uganda). However, non-DAC providers are not as ubiquitous in Africa. One exception to this is Romania, whose top recipients include Egypt, Mozambique, Tanzania and Zambia.

12. Beyond Africa, donors are providing support to Eastern Europe, small-island developing states (SIDS), as well as partners in Asia and Latin America. Both DAC and non-DAC providers are active in Eastern Europe. For example, the EU Institutions have secured EUR 962 million for Eastern Partner countries, and EUR 800 million for Turkey and the Western Balkans. DAC donors to SIDS include Australia (Papua New Guinea and Solomon Islands) and Portugal (Cabo Verde, Guinea Bissau, São Tomé and Príncipe and Timor Leste). Among non-DAC providers, Chinese Taipei specified among its recipients Marshall Islands, Nauru, Palau, Saint Christopher and Nevis, Saint Lucia, and Saint Vincent and the Grenadines.

2.2. Multilateral recipients

13. Several DAC donors specified that they are providing unearmarked contributions to multilateral recipients. While these contributions do not necessarily target COVID-19 efforts, donors acknowledge that it provides multilateral institutions the flexibility to reallocate funding to the COVID-19 crisis.

14. A few donors also reported multilateral contributions specific to COVID-19 efforts. Several countries emphasised their contributions to global COVID-19 appeals, such as the COVID-19 Global Humanitarian Response Plan and the UN COVID-19 Response and Recovery Multi-Partner Trust Fund (e.g. Iceland), as well as the UNHCR COVID-19 appeal (e.g. Ireland).

15. The recipients of these contributions include a wide range of UN bodies and funds, public-private partnerships, regional organisations and international NGOs. They can be broadly grouped by their area of focus in COVID-19 response, as follows:¹¹

- **Health:** WHO, Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, Global Fund, Pan-American Health Organisation, International Atomic Energy Agency (using nuclear-derived techniques for COVID-19 diagnostics), Unitaid.
- **Humanitarian:** UN organisations [e.g. through UN OCHA, UNICEF, UNHCR, WFP, UNFPA, FAO, UNDP, UNRWA, UNWOMEN, CERF, International Organisation for Migration (IOM)], ICRC, International Federation of Red Cross and Red Crescent Societies (IFRC).
- **Socio-Economic:** World Bank, International Monetary Fund (IMF), African Development Bank, Asian Development Bank, International Labour Organisation (ILO), Central American Integration System.

16. While countries do not explicitly map their intended objectives to each of their multilateral recipients, there are indications that countries are channelling health,

¹¹ This is not an exhaustive list of multilateral recipients. Furthermore, the groupings of institutions by area of focus are not mutually exclusive; some organisations may provide support in multiple domains. Rather, this grouping is intended be illustrative of the scope of multilateral contributions by bilateral providers.

humanitarian and socioeconomic support through the corresponding aforementioned institutions. For example, Canada clearly stated that it is responding to humanitarian appeals through the OCHA Country-Based Pooled Funds and Spain is aligning its emergency response to the UN Global Humanitarian Response Plan developed by OCHA. Additionally, members indicated that they are coordinating their COVID-19 responses with different multilateral aid providers in their domains of expertise.

3. Donors' sectoral priorities

17. The COVID-19 outbreak has demonstrated how a novel and poorly understood infectious disease can propagate quickly in an interconnected world and have not only public health consequences, but also social, economic and political implications. Donors' sectoral priorities reflect this reality (see Box 2 for the case study of Luxembourg's sectoral priorities). Importantly, as the crisis develops, countries' sectoral focus is likely to shift; thus, for some donors, such as Sweden, COVID-19 response is driven less by pre-defined sectors, but rather by varying contexts and needs.

Box 2. Luxembourg's sectoral priorities

In its COVID-19 response, Luxembourg is prioritising emergency response, support to the health sector and economic assistance.

In addition to providing vital medical supplies to partner countries, Luxembourg is focused on strengthening the preparedness and response capacities of countries with fragile health systems. One example of this is allocating funds to the SATMED e-health platform to make it publically and freely available as an open-source tool. This platform helps countries address COVID-19 by facilitating teleconsultations, teleradiology, management of healthcare data, online trainings, geo-tracking and geo-mapping.

To support economic resilience and labour market vitality in partner countries, Luxembourg is also promoting access to finance and liquidity. For example, under the mandate of the Luxembourg Development Cooperation, ADA (an NGO specialised in inclusive finance), has established an emergency fund to support microfinance institutions. This fund aims to help ensure business continuity for microfinance institutions so that they may continue providing access to financial services and opportunities to their clients.

18. Nevertheless, several common themes emerge among members' responses. In the immediate term, many members are focused on emergency assistance (e.g. Czech Republic, Finland, Iceland, Japan, Portugal, Slovenia and Spain) and disaster preparedness (e.g. Czech Republic, Finland, Luxembourg and Slovenia). This includes support to prepare partner countries' health sectors for infection control and to ensure their capacity for health care delivery, as well as humanitarian aid for vulnerable populations. In terms of health support, providers' activity consists of the provision of medical supplies (e.g. Azerbaijan, Bulgaria, Chinese Taipei, Croatia, Czech Republic, Japan, Luxembourg, Slovak Republic, Spain and Switzerland) - such as personal protective equipment, ventilators and disinfectants - and the training of medical professionals (e.g. Austria, Germany and Japan). Certain countries (e.g. Chinese Taipei and Romania) also reported sending health experts to support developing countries.

19. Furthermore, bilateral providers are strengthening the overall health infrastructure in partner countries (e.g. Finland, France, Luxembourg and Spain) to enable them to combat the virus. This includes, among others, developing pandemic protocols (e.g. Ireland), fortifying disease surveillance capacities (e.g. Chinese Taipei and Japan), and setting up hotlines and supporting communication mechanisms (e.g. Estonia). Beyond the immediate crisis response, donors are bolstering vaccine access (in preparation for an eventual COVID-19 vaccine) for partner countries. Ireland is buttressing partner countries' vaccine delivery systems while Spain is actively promoting adjustments to intellectual property regimes in order enable universal and fair COVID-19 vaccine access.

20. As for humanitarian aid, providers mentioned their support for projects pertaining to water, sanitation, and hygiene (e.g. Bulgaria, Italy, Ireland, Norway, Portugal, Spain and Switzerland). They are also working on promoting food security and nutrition (e.g., Germany, Kazakhstan, Portugal and Spain). Various countries stressed that they are targeting support to the most vulnerable populations (e.g. France, Ireland, Spain and United States), such as displaced groups and refugees. For example, Switzerland is fostering hygiene in refugee camps and asylum centres. Saudi Arabia is active in many fragile contexts, providing humanitarian assistance to Syria and Yemen, but also to other countries such as Somalia, Pakistan and Afghanistan through UN agencies.

21. Bilateral providers are also addressing socio-economic needs in developing countries. This consists in two mutually dependant objectives of mitigating the socioeconomic consequences of the virus in the shorter term and facilitating recovery in the longer term. An illustrative example is the EU's EUR 12.28 billion allocation to tackle the socio-economic fallout of the pandemic, which covers not only measures to protect workers during the crisis (which helps alleviate the immediate effects), but also support to build strong and resilient value chains, to safeguard labour rights, and to promote corporate social responsibility (which promotes longer-term recovery). Other socio-economic priorities include the health of SMEs (e.g. Czech Republic, Chinese Taipei, Estonia, Spain and Switzerland) and macro-fiscal stability (e.g. Ireland and Switzerland).

22. Finally, DAC members reiterated their commitment to advancing pre-existing sectoral and development priorities, even with the emergence of COVID-19. In fact, some providers (e.g. Spain) noted that the COVID-19 pandemic has the potential to reverse previously-achieved progress in many domains. As a result, Spain's COVID-19 response strategy is driven by the need to re-inforce these gains, as well as to accelerate positive structural transformations during recovery. Some specific priorities include gender issues, ranging from sexual and reproductive health (e.g. Spain) to support for victims of gender-based violence (e.g. Ireland) and more broadly, gender equality (e.g. Sweden), climate change (e.g. France) and biodiversity loss (e.g. Spain), good governance and democracy (e.g. France), education (e.g. France and Spain), and human rights (e.g. Sweden).

4. Financing mechanisms employed by bilateral providers

23. In addition to supporting partner countries' through standard ODA instruments (such as grants and concessional loans), several DAC members reported using or being in the process of developing non-ODA financial mechanisms. An illustrative example of these instruments is the strategy of Proparco, *Agence française de développement's* subsidiary dedicated to the private sector (see Box 3). Meanwhile, several countries (e.g. Australia, Iceland, Ireland, Slovak Republic, Slovenia and Switzerland) reported that they are not using any non-ODA instruments.

Box 3. Proparco's measures to combat financial difficulties due to COVID-19

Proparco, the subsidiary of *Agence Française de Développement* dedicated to the private sector, has adopted three responses to support its clients experiencing difficulty, as summarised below:

- Rescheduling of debts
- Short-term facilities to finance capital needs
- Design of financial products dedicated to the crisis, in conjunction with AFD and the network of European Development Finance Institutions.

Furthermore, Proparco's general management has the ability to grant maturity extensions, modify the purpose of its initial financing or increase the initial grant amount by 10%. Finally, France reported that Proparco is in the process of further developing mechanisms to mobilise private finance, in particular guarantees through its new EURIZ scheme.

24. A number of DAC members reported that they are using guarantees in COVID-19 response. The objective of these guarantees is to mobilise private capital by sharing investment risk with different actors. The Swedish International Development Agency (Sida), for example, has offered a guarantee instrument, eligible to be across sectors. Sida reported that there were ongoing discussions to increase the guarantee amount and redefine target groups/sectors with the goal of providing affordable capital during lockdowns, as well as for the post-crisis recovery. Other members with loan/risk guarantees include Czech Republic (if requested by implementing partners), Finland and France (which has historically promoted guarantees for development purposes through, for example, the French Development Agency's ARIZ scheme and Proparco's EURIZ scheme). Among non-DAC providers, no country reported offering guarantees.

25. Countries are also providing debt relief to their partners, notably through multilateral initiatives and institutions like the G20 and the IMF. On 15 April 2020, G20 finance ministers agreed to a debt "standstill" for the poorest countries (OECD, 2020^[3]). Some DAC members (e.g. France) reiterated their commitment to this suspension of debt service payments for the poorest countries that request it. Other countries (e.g. Spain) mentioned that they would assess the feasibility and desirability of additional debt relief measures, in conjunction with the Paris Club. In addition to the debt "standstill", the Netherlands reported using the IMF's Catastrophe Containment and Relief Trust, which provides grants for debt relief for the most vulnerable countries facing natural disasters or public health crises (IMF, 2020^[4]). Similarly, non-DAC providers, such as Kuwait, re-affirmed that any payments due between 1 May and 31 December 2020 from countries eligible for International Development Association (IDA) support would be postponed.

26. Finally, a handful of donors reported that non-ODA financing instruments were either under consideration or being developed. For example, Austria noted that it is considering loans to the private sector. Meanwhile, Portugal, in conjunction with its development finance institution, is redefining the modalities of the Business Fund for Portuguese Cooperation in Mozambique so that it was fit-for-purpose to the country's economic needs and the challenges posed by COVID-19.

5. Disruptions in field operations and implications on development programmes

27. The pandemic is shifting policy priorities, leading to a re-orientation of development co-operation programmes, which inevitably affects field operations. As an illustrative example, Croatia reported how its resources earmarked for a hospital in Mostar were instead channelled to fight COVID-19 in Bosnia and Herzegovina. However, beyond alterations in policy priorities, the proliferation of the virus and the associated containment measures have created logistical challenges for donors.

5.1. Field-level disruptions and implications on project implementation

28. One of the major operational challenges for development co-operation programmes is the withdrawal of key staff members from the field as many donors reported that at least some staff have been repatriated. However, the extent of this withdrawal varies by country. Whereas all of the expatriate field staff from Iceland have been repatriated, most French staff have stayed in partner countries. In some cases, staff withdrawal has been more targeted, depending on the risk faced by staff and the extent to which it is essential for them to be on site. The Japan International Cooperation Agency (JICA) has withdrawn consultants and experts from high-risk areas while Luxembourg has repatriated vulnerable and non-essential personnel. Finally, some staff members may have voluntarily decided to return to their home country (e.g. Portugal).

Box 4. Sweden's approach to staff re-configuration

Following the emergence of COVID-19, the Swedish embassies, where Sida staff are based, were requested to carry out an assessment of staffing needs. The criteria for this assessment included location, health care infrastructure in the host country, transport capabilities and whether staff members (and their dependants) exhibited risk factors.

Based on this assessment, a majority of the Swedish staff were repatriated; this was especially true for expatriates in African countries. Overall, 102 of the 178 personnel abroad returned home. Of the staff members remaining in partner countries, five were temporarily re-located to another embassy in the same region and 71 remained at their duty station.

Nevertheless, all staff – whether repatriated or in duty stations – are continuing their full time assignment.

29. The repatriation of staff members has increased reliance of aid projects on local staff, who themselves may be limited by COVID-19 containment measures. Ireland and Slovenia, for example, have reported that their development co-operation projects have had to rely more heavily on local partners and staff. Iceland acknowledged that restrictions to movement have limited local staff's ability to move around the country. Nevertheless, some countries (e.g. Estonia and Japan) reported that despite reduced capacities, their staff and partners have tried to adapt and maintain their operations, as best as possible.

30. Field operations are being driven by remote work because of the staff repatriation and containment measures in partner countries. France indicated that many of its local staff, as well as expatriates, have worked mainly from home since mid-March. This is echoed by other donors (e.g. Denmark and Portugal). Members indicate that this nature of work can hinder project operations. For example, Ireland highlighted that teleworking in partner

countries is hampered by at-home connectivity issues. Iceland stressed that while electronic communication is frequent, it does not effectively replace on-the-ground presence.

31. These disruptions have prompted providers to reconfigure their operations. For many countries, this entails rescheduling projects [(e.g. Switzerland, which expects to postpone the completion of some parts of its mandates and projects. As such, it is working with contractors to develop solutions that respect legal obligations (e.g. contracts)]. Turkey reported that some of its projects have been halted due to flight cancellations, export import restrictions and supply chain disruptions. The disruptions caused by COVID-19 are direr for certain projects and countries. Kuwait reported that all projects due to be signed have been suspended until further notice, and Portugal raised the possibility of project cancellations.

32. Countries are also modifying project activities to be implementable virtually or remotely. Several non-DAC providers highlighted the use of digital tools to replace in-person project operations, such as virtual conferences and discussions (e.g. Lithuania and Romania), as well as mobile tools to implement project activities remotely (e.g. Latvia). This aligns with responses from DAC members. Portugal mentioned modifying its activity plans to identify activities that can be conducted remotely, and the Slovak Republic reported relying on online tools like virtual conferences and workshops.

5.2. Implications on project monitoring and evaluation

33. The current crisis is altering (mostly, delaying) the timeline of donors' monitoring and evaluation (M&E) activities. This is primarily because of reduced workforce capacity and restrictions on movement (the latter of which imposes a constraint on field missions), prompting many countries to postpone M&E activities. However, the extent of this differs by country. Whereas the Czech Republic reported minor changes to its monitoring schedule and the re-configuration of the design and timeline of evaluations, the Slovak Republic has cancelled the monitoring of its projects and postponed evaluations until the end of the year. In France, it is estimated that 40% of evaluations previously scheduled to be finished by the end of 2020 will not be completed until 2021.

34. Nonetheless, for some donors (e.g. Iceland, Netherlands and Sweden), certain M&E activities are continuing nearly as normal. One reason for this is that these exercises were conducted remotely under normal circumstances through donor reports, so they were not affected by COVID-19. Luxembourg also noted that real-time monitoring and evaluation (of the effects of the pandemic and of new COVID-19 related activities) was possible since a majority of its expatriate staff remained in the partner countries.

35. Remote work and movement restrictions have placed restrictions on donor's M&E methodologies; for example, lockdowns have prevented field surveys and interviews with stakeholders (e.g. Denmark). Hence, countries have altered their monitoring and evaluation methodologies, drawing on remote and digital tools and approaches. In addition to teleconferencing (e.g. Ireland), countries are developing IT applications for monitoring (e.g. Korea) and harnessing innovative data collection methods using "big data" techniques and drawing on data from mobile applications and satellite remote sensing (e.g. Denmark).

36. Donors have also increased their coordination efforts to gather the necessary information to monitor projects and evaluate them. This includes using local experts (e.g. Czech Republic) and engaging with NGO partners to identify the impact of the crisis on funded programmes (e.g. Ireland). One cited platform for coordination – which countries have used to conceptualise how to evaluate COVID-19 efforts, as well as how to conduct

evaluation under COVID-19 constraints – is the DAC Evaluation Network (e.g. Denmark and Iceland).

6. Coordination with and support for CSOs

6.1. Co-ordination mechanisms and objectives

37. Countries acknowledged the crucial importance of CSOs to tackle this crisis, given their community links and familiarity with operating environments. Several providers, thus, have umbrella systems for information sharing, consultation and response coordination with CSOs. In Ireland, there has been regular engagement with CSOs through their umbrella body for CSOs involved in development, Dóchas. Similarly, the Slovak Republic's Ministry of Foreign and European Affairs and the Slovak Agency for International Development Cooperation are communicating intensively with the national platform for development and humanitarian NGOs, Ambrela. In Czech Republic, a national consultancy process with CSOs was organised under the Government Council for Development. France is regularly communicating with Coordination Sud, an umbrella organisation of NGOs working on international development and solidarity.

38. Some members have strengthened, or are strengthening, these existing coordination mechanisms to address the challenges posed by COVID-19. In the case of Sweden, additional digital meetings were held between the Heads of Operations of Swedish CSOs, as well as an extra digital meeting between the Sida Director General and the Secretary-Generals of the Swedish CSOs. Several other DAC members reported heightened coordination with their CSOs, whether through increased dialogue (e.g. France) or the establishment of new co-operation mechanisms (e.g. Australia).

39. Coordination with CSOs has involved strategic planning and the development of policy priorities, as well as a consideration of field-level operational issues. Korea International Cooperation Agency (KOICA), for example, has leveraged existing consultation channels to gather input from relevant CSOs during the policy and programme planning stage of COVID-19 response. These consultations also aim to ensure that for each partner country, KOICA's COVID-19 response is complementary to that of the CSOs. Meanwhile, Italy reported that the Italian Agency for Development Cooperation has established a Working Group with CSOs, implementing partners and other relevant stakeholders to evaluate field level issues that are affecting operations (e.g. logistic and security issues) and identify possible solutions.

6.2. Support and flexibility for CSOs

40. In response to the disruptions and re-programming caused by COVID-19, members are coordinating with partner CSOs to ensure that they have the necessary flexibility. One set of measures aims to facilitate the re-orientation of resources towards COVID-19 related efforts. To that end, many donors are using grant schemes. Among DAC members, the Netherlands has published a new grant scheme that allows CSOs to re-direct funds to pandemic response, and Iceland reported discussing whether to launch a grant application round specifically for COVID-19. For non-DAC countries, Latvia indicated that COVID-19-related projects implemented by NGOs are expected to account for 50% of funds available through grants. Several other donors (e.g. Belgium, Denmark, Finland and

France) noted that they had processes for CSOs to re-direct resources towards COVID-19-related activities.

41. Members are also increasing flexibility for partner CSOs through leniency regarding project timelines. Countries, such as France, Portugal and Slovenia, are communicating with CSOs to reconfigure project schedules and delay implementation, as needed. Several countries are pairing flexibility in schedule with the aforementioned flexibility in budget resources. Slovenia is coordinating with CSOs to adjust project timelines and re-orienting roughly EUR 300 000 to the fight against COVID-19. In Portugal, Camões, IP is developing a methodology to allow NGOs to adjust both their schedule and budget without compromising the contractual framework.

42. In some cases, members have also deployed additional resources. Luxembourg, has made additional funding available, should reallocations to COVID-19 efforts not be possible. Sweden also reported that it had adopted more generous funding arrangements for CSOs to enable them to respond to the crisis.

Multilateral providers

43. Seventeen multilateral providers reported amounts pledged, committed and/or disbursed in response to the coronavirus pandemic in 2020 (Table 3). As of early May 2020, their pledges totalled USD 63.8 billion, with development banks pledging the largest amounts. Multilateral provider commitments totalled USD 10.7 billion, with all but USD 1 million specified as being targeted to developing countries. These figures are preliminary and do not present a complete picture of the multilateral provider response. Note also that they may include both concessional and non-concessional finance.

Table 3. Multilateral organisations' contributions for the COVID-19 response in 2020, preliminary data as of May 2020

Million USD

Donor	Amounts pledged	Amounts committed				Amounts disbursed
	Total support pledged	Support to developing countries	of which: in-kind technical co-operation	Activities with global benefits	Total support committed	Total support disbursed
AfDB	10,000	-	-	-	-	-
AIIB	-	755	-	-	755	-
AsDB	20,000	6,020	62	-	6,020	3,070
CDB	386	34	-	-	37	-
CEB ¹	672	32	-	-	32	-
CERF	-	-	-	-	-	95
EBRD ²	11,758	-	-	-	-	-
GGGI	-	13	13	-	13	-
Global Fund ³⁴	-	1,000	-	-	1,000	-
IAEA	-	22	-	-	22	-
IDB	12,700	-	-	-	-	3,500
IDB Invest ³	7,000	-	-	-	-	-
IFAD	-	164	-	-	164	-
IsDB ⁵	-	2,166	-	-	2,166	-
UNHCR ⁶	745	-	-	-	-	-
UNWTO ⁷	-	-	-	-	10	-
WHO ⁸	577	508	-	1	509	282
Total	63,838	10,714	75	1	10,725	6,947

Note: 1. Projects in internal approval process and in the pipeline. 2. Amounts pledged over 2020-21 totalling USD 23.5 billion were divided in half to estimate the 2020 amount. 3. Funds up to that amount are available. 4. The Global Fund has highlighted that this figure is incomplete, as it does not yet have the budget breakdown for COVID-19 activities in their lump sum programme funding. Therefore, they did not respond to the survey further. 5. IsDB commitments total USD 2316 million if support provided by the Islamic Corporation for the Insurance of Investment and Export Credit (ICIEC) is taken into account. 6. Appeal for funding to the donor community. 7. 2020 estimate based on reported monthly funding estimate. Breakdown between activities supporting developing countries and global benefits is unavailable. 8. The WHO has highlighted these figures are incomplete due to the evolving nature of the COVID-19 response.

7. Increased funding to address immediate needs

44. Multilateral institutions are particularly pivotal in the response to the coronavirus pandemic as co-ordinating actors and in collating information from across the world for an

effective and urgent response to this global, rapidly evolving crisis. To this end, multilateral organisations and especially United Nations (UN) entities have called for ambitious increases to donations so that they can scale up their response to the level required by the coronavirus pandemic. For example:

- The World Health Organization (WHO) COVID-19 Response Fund has called for USD 1.7 billion through the end of 2020.
- The UN High Commissioner for Refugees (UNHCR) has issued a coronavirus emergency appeal amounting to USD 745 million.
- The International Fund for Agricultural Development's (IFAD's) COVID-19 Rural Poor Stimulus Facility expects to mobilise USD 200 million.
- The Food and Agriculture Organization (FAO) is developing numerous donor-funded trust fund projects addressing COVID-19 related issues.

45. Multilateral development banks and financing mechanisms have created new facilities and reallocated funds to help their member countries respond immediately to all aspects of the coronavirus pandemic. Examples include:

- The Asian Infrastructure Investment Bank (AIIB) has created a COVID-19 Crisis Recovery Facility.
- The Council of Europe Development Bank (CEB) launched the COVID-19 Response Social Inclusion Bond (USD 1 billion; 7-year maturity).
- The European Bank for Reconstruction and Development (EBRD) has created the Solidarity Package (USD 4 billion).
- The Islamic Development Bank (IsDB) has developed a Strategic Preparedness and Response Program (USD 2.3 billion).
- The Global Fund has made USD 1 billion immediately available, half by reprogramming up to 5% of existing grants and half through additional funding.

46. Multilateral organisations are also repurposing undisbursed project resources and redirecting existing initiatives towards COVID-19 activities [e.g. IFAD, the Caribbean Development Bank and the World Tourism Organisation (UNWTO)].

47. Some other multilateral organisations, especially environmental vertical funds, are mostly continuing to implement their existing programmes of work. At the time of the survey (early May 2020), these organisations were in the process of updating their programmes of work and considering activities tailored to COVID-19 [e.g. the Adaptation Fund, Climate Investment Funds (CIF), Global Environment Facility (GEF) and the Nordic Development Fund].

8. Support for low-income and fragile partner countries

48. Multilateral institutions are concentrating on their COVID-19 response to low-income populations and fragile contexts, within their regional focus. The United Nations Co-ordinated Appeal, the Global Humanitarian Response Plan for COVID-19, identifies the most affected and vulnerable population groups in priority countries across the world. Several UN entities are already focused on low-income and fragile contexts, and thus,

continue to do so during the coronavirus pandemic (e.g. CERF, UNHCR, UNFPA and UNWTO). Some multilateral development banks specify that their funding is for vulnerable groups within their member countries [e.g. Inter-American Development Bank (IADB) and IDB Invest].

9. Support addresses both direct and socio-economic impacts as well as recovery

49. As the coronavirus pandemic evolves, so does the form and areas of multilateral organisations' support. In their first responses to the pandemic, multilateral organisations have concentrated on mitigating direct, economic and social impacts as well as a sustainable and green recovery.

9.1. Direct impacts

50. Multilateral support in the short term addresses the direct impacts of the COVID-19 public health emergency – focusing on the health sector, humanitarian assistance and keeping critical supply chains functional. Most multilateral organisations fund several of these areas (Table 4). CERF, in line with its mandate to channel emergency funding where most needed, funds projects across the UN system to address all of these areas.

Table 4. Examples of multilateral support addressing direct impacts of COVID-19

Area	Example activities
Infection prevention and control	Providing personal protective equipment and upgrading healthcare facility buildings (e.g. AfDB, AsDB, CDB, CEI, IADB, IsDB, UNICEF and CERF-funded UNDP)
Essential health services and case management	Funding medical staff and equipment (e.g. AsDB, CEI, IADB and IsDB)
Risk communication and community engagement	Supporting effective communication with the public on COVID-19 (e.g. WHO and UNICEF)
Surveillance system capacities	Providing tools and trainings to detect cases and report the data (e.g. AsDB, UNHCR and UNICEF)
Points of entry	Supporting efforts to screen and manage travellers with COVID-19 symptoms (e.g. IsDB, and CERF-funded IOM and WHO projects)
National rapid response teams	Training and equipping for case investigation and community-based surveillance mechanisms (e.g. AsDB, IADB and UNICEF)
National laboratory systems	Strengthening capacities to perform diagnostic testing (e.g. IsDB and UNHCR)
Operational support and logistics	Delivering emergency supplies (e.g. WFP) and working with the private sector to support the local production of critical personal protective equipment (e.g. AfDB and IDB Invest)
Water, sanitation and hygiene	Delivering water and sanitation services, and assisting the design of national programmes (e.g. UNHCR and UNICEF)
Shelter	Providing shelter spaces (e.g. UNHCR)
Social protection services for children	Assisting the design of national programmes (e.g. UNICEF)
Food security	Providing agricultural inputs, facilitating market access, providing funds for rural financial services and using digital services to share key information (e.g. FAO and IFAD)

9.2. Economic impacts

51. Multilateral organisations are supporting governments but also the private sector – small businesses and entrepreneurs, even individuals – respond to the short- to mid-term economic effects of the COVID-19 crisis (Table 5).

Table 5. Examples of multilateral support addressing economic impacts of COVID-19

Level	Example activities
Government	<ul style="list-style-type: none"> Supporting the design and implementation of policies in fiscal measures, public procurement and economic recovery (IADB) Supporting capacity building for finance officials in South East Europe online through its online platform (The Center of Excellence in Finance (CEF)). Increasing access to finance to local governments for job-creating climate-related activities (GCF) Conducting national-level assessments of the socio-economic impacts of COVID-19 and assisting in the design of national programmes on the tourism sector (UNWTO)
Private sector	<ul style="list-style-type: none"> Continuing trade and supply chain financing to keep up global trade (AsDB, EBRD, IADB, IDB Invest) Supporting vital economic infrastructure (EBRD) such as banks (AsDB) and telecom networks (IDB Invest) Increasing the flexibility of their financing including providing short-term financing, fast-track payment deferrals and restructurings, and risk sharing mechanisms (EBRD) Providing recommendations and technical assistance to the private tourism sector (UNWTO)
Small businesses	<ul style="list-style-type: none"> Expanding financing (AsDB, CDB, GCF, IADB, IDB Invest) Providing technical assistance to support business recovery and continuity (CDB) Launching short-term liquidity guarantees (IADB and IDB Invest) Loan restructuring (IADB)
Individuals	<ul style="list-style-type: none"> Directly transferring payments and offering subsidies to individuals (AsDB and IADB) Supporting green entrepreneurs and innovation to create green jobs and developing training programs for green jobs with short-term income support (GGGI)

9.3. Social impacts

52. The coronavirus pandemic has affected all parts of society but disproportionately vulnerable groups. To support women, UNFPA has ensured access to sexual and reproductive health services and activities preventing gender-based violence. To address the disruption in education faced by youth, CDB is increasing student access to online learning. Multilateral organisations are also conducting national-level assessments of the socio-economic impacts of COVID-19, including long-term effects, and assisting in the design of national programmes in specific areas (e.g. UNICEF on children, FAO on food systems, UNPBF on peacebuilding and conflict sensitivity, and UNFPA on sexual and reproductive health and preventing gender-based violence).

9.4. Sustainable and green recovery

53. Green recovery initiatives aim to support the environment and the economy, often with benefits in public health. To this end, multilateral organisations are highlighting the green economy transition in their objectives (EBRD), supporting governments in crafting green stimulus measures (GCF), developing proposals for a green COVID-19 recovery in member countries and financing a wide range of investments (GGGI).

10. Field-level operations

54. Restrictions in international and domestic travel, supply chain disruptions and changing priorities resulting from the COVID-19 pandemic are affecting all aspects of the operational field capacities of multilateral organisations. They affect communication across internal and external stakeholders as well as project development along the full cycle – planning, implementing and monitoring. Uncertainty, the inability to access traditional

sources of information in the field and obtaining physical signatures from counterparts hinder traditional approaches to programme and project planning by multilateral organisations (e.g. AsDB, IsDB and UNPBF). The absence of key staff and goods prevent activities from being carried out as planned and project evaluations are on hold (UNPBF).

55. Multilateral organisations that have experienced fewer disruptions are those with most staff at headquarters (CEB), strong capacity to continue working online (e.g. CEF moved their courses to an online platform and at GGGI staff remained in-country to work remotely) and organisations experienced in working in humanitarian settings (e.g. UNFPA). Still, sectors that are outside of emergency response and health have seen their financing reduced and activities deprioritised both at the project level (e.g. AfDB, AsDB, FAO, IFAD, UNFPA, UNWTO) and at the organisational level (e.g. GEF in climate and UNPBF in conflict prevention).

56. Disruptions in project implementation are unavoidable in certain cases, and in particular:

- Projects that depend on physical supply chains and distribution [e.g. agricultural input distribution (FAO), and infrastructure projects, which require raw materials and equipment deliveries (AfDB)].
- Projects that depend on in-person service delivery (restricted access to beneficiaries such as internally displaced persons for UNICEF and delayed immunisation activities for WHO and UNICEF).
- Beneficiaries and partners that lack good telecommunication infrastructure (GEF and UNPBF).

57. Multilateral organisations are addressing these challenges posed by COVID-19 through flexibility in grant and loan management, digital approaches, co-ordination, local partners and innovation (Table 6).

Table 6. Example strategies multilateral organisations are employing to continue fieldwork

Approach	Examples
Flexibility in grant and loan management	<ul style="list-style-type: none"> ● Extending project timelines (e.g. the GCF has provided a 6-month blanket no cost extension to grants) ● Reallocating travel budgets and using the contingency budget to cover unforeseen project management costs (GCF) ● Adapting standard approaches to increase flexibility (EBRD and GCF).
Digital approaches	<ul style="list-style-type: none"> ● Teleworking arrangements at headquarters and country offices (AsDB, GGGI and IDB Invest) ● Leveraging remote design and supervision (IFAD) and project implementation (CEF and UNWTO)
Co-ordination	<ul style="list-style-type: none"> ● Sharing guidance on relevant areas and on adjusting programming across headquarters, country offices and clients (FAO, EBRD and UNFPA) ● Co-ordinating plans and sharing information with beneficiary communities, different levels of recipient country governments, other multilateral organisations and other bilateral providers (UNFPA, UNPBF and UNWTO)
Local partners	<ul style="list-style-type: none"> ● Increasing work with local consultants, NGOs and government counterparts to complement existing field staff, in the absence of field staff or with reduced international staff in the field (AfDB, CEB, IFAD, IsDB, UNICEF) ● Supporting key government partners in SIDS and LDCs for effective remote working (GGGI)
Innovation	<ul style="list-style-type: none"> ● Launching initiatives to identify and promote promising technologies to make travel possible (UNWTO/WTO Healing Solutions for Tourism Challenge)

Private philanthropic foundations

58. In times of the COVID-19 pandemic, philanthropy has been put to the test to show its reactivity to a global crisis of an unprecedented scale. To better understand private foundations' immediate response to the global challenges posed by the crisis, the survey¹² was also conducted with almost 70 of the largest private foundations working for development. The survey collected unique insights as of mid-May 2020 on both the financial and policy response of the international philanthropic community based in OECD countries. The survey results included detailed responses from twenty-seven foundations and additional information retrieved through web research for twenty-one additional foundations that were not in a position to respond to the survey at this point of time. Since the objective of the survey was to capture foundations' response at the early stage of the pandemic, the findings are of preliminary nature.

11. Financial contributions

59. At the time the survey was conducted, private foundations had already committed approximately USD 1 billion as an immediate response to the COVID-19 crisis toward developing countries. This figure also includes commitments without a specific geographic allocation¹³, but assumed to benefit developing countries and global public goods, based on the general mission and geographic focus of the funding institution (see Table 7). In addition, some foundations also provided details on their commitments related to COVID-19 allocated domestically, towards high-income countries or not yet allocated, amounting to USD 579 million.

60. Of the foundations' contributions towards developing countries and global objectives, USD 491 million (49%) was allocated to developing countries and the remaining 51% was for activities at a global scale (USD 404 million) or yet unallocated by specific country/region (USD 105 million). Many foundations channelled their financial aid through multilateral organisations, such as the UN and CEPI, of which a large part went to the WHO Solidarity Response Fund. As of mid-May 2020, the largest COVID-19 contributions were by the following foundations:

- The Bill and Melinda Gates Foundation (BMGF) committed around USD 260 million in support of developing diagnostics, therapeutics and vaccines, strengthening health systems as well as helping mitigate the social and economic impacts of the virus in low-income countries. The foundation made both long- and short-term investments, including for R&D on treatments and stabilizing markets for medical supplies.

¹² The survey questionnaire sent to the philanthropic foundations was tailored to this group of providers in order to ensure the highest response rate possible. The survey also gathered information through web research for some foundations known to be active in development co-operation. More information can be found at <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/beyond-oda-foundations.htm>.

¹³ While some philanthropies had put aside resources for their COVID-19 response, they had not allocated the funds to individual countries by end-May.

- The BMGF, Wellcome Trust and MasterCard Impact Fund launched the Therapeutics Accelerator initiative – the therapeutics pillar of the ACT Accelerator – with a cornerstone contribution adding up to USD 125 million (see also paragraph 82). Other foundations that contributed to this initiative included the Alwaleed Philanthropies, Avast Foundation, Chan Zuckerberg Initiative, EQT Foundation, Michael & Susan Dell Foundation and some high-net-worth individuals.
- Beyond its contribution to the COVID-19 Therapeutics Accelerator, the Dell Foundation also pledged USD 80 million toward non-profit and social enterprises working in the area of health, education and community development.
- The BBVA Microfinance Foundation allocated financial resources (USD 102 million) to its low-income clients based in Latin America to help cover drastic shortfalls of income.
- The Open Society Foundations provided nearly USD 67 million for activities in developing countries or with a global scope to support low-income workers (e.g. those in the informal sector, caregivers and the undocumented), and to protect refugees, migrants and asylum seekers. The funds also aimed at providing access to vaccines and treatments, regardless of economic or citizenship status.
- Google.org made a USD 100 million financial contribution targeting domestic, country-specific and global-scale projects with a major focus on health and science, distance learning, and economic recovery.
- Bloomberg Philanthropies established its Global Response Initiative that consisted of a USD 40 million partnership with the WHO and other organisations to support relief activities in low- and middle-income countries, with a strong focus on Africa. Additionally, Mike Bloomberg committed USD 10 million to the International Rescue Committee to reduce COVID-19 impacts on vulnerable populations worldwide, including through strengthening WASH systems and health care capacities in fragile communities.
- The MasterCard Foundation established the COVID-19 Recovery and Resilience Program, which aims at assisting institutions and communities in Africa and within indigenous communities in Canada to respond to short-term impacts of the pandemic and to strengthen resilience in the long-run. Its investments have been targeted towards emergency health support, equitable education, decent work and the provision of financial services, channelled to and through non-governmental organisations as well as the private and public sector. In June 2020, the foundation specified that the size of the programme was up to USD 40 million.

61. As shown in Table 7, many other foundations have committed to tackle the COVID-19 pandemic in developing countries, including the Conrad N. Hilton Foundation, the IKEA Foundation, the Coca-Cola Foundation, the LEGO Foundation and the PepsiCo Foundation.

Table 7. Philanthropic foundations' financial contributions for the COVID-19 response, pledged of committed by mid-May 2020, USD million

Private philanthropic foundations	Main office location	Developing countries	Global objectives	Unallocated, but likely developing countries	Domestic (see note below)	Cross-border, HICs	Unallocated	Total
Apple*	USA	-	15.0	-	-	-	-	15.0
Avast Foundation*	CZE	-	25.0	-	-	-	-	25.0
BBVA Microfinance Foundation	ESP	88.0	-	-	-	14.0	-	102.0
Bill and Melinda Gates Foundation	USA	195.0	61.0	-	5.0	-	-	261.0
Bloomberg Philanthropies, Mike Bloomberg*	USA	50.0	-	-	-	-	-	50.0
Carnegie Corporation of New York	USA	-	-	-	2.5	-	-	2.5
Caterpillar Foundation*	USA	0.3	-	-	-	-	8.5	8.8
Chan Zuckerberg Initiative*	USA	-	25.0	-	-	-	-	25.0
Charity Projects Ltd (Comic Relief)	GBR	-	-	-	-	-	12.0	12.0
Citi Foundation & Citi	USA	-	5.0	-	12.5	-	5.0	22.5
Coca-Cola Foundation*	USA	19.2	-	-	17.4	11.2	-	47.8
Conrad N. Hilton Foundation	USA	6.4	-	-	7.2	-	-	13.6
Dalio Philanthropies*	USA	-	-	-	4.0	-	-	4.0
David and Lucile Packard Foundation	USA	-	1.8	-	5.8	-	-	7.5
EQT Foundation*	USA	-	1.1	-	-	-	-	1.1
Fondation CHANEL	FRA	0.6	0.2	-	1.1	0.6	-	2.5
Gatsby Charitable Foundation	GBR	-	-	-	2.6	-	-	2.6
Goldman Sachs Foundation*	USA	-	25.0	-	25.0	-	-	50.0
Google.org	USA	8.7	19.5	26.3	10.5	5.3	29.8	100.0
H&M Foundation	SWE	1.6	0.5	-	0.1	-	-	2.2
IKEA Foundation	NLD	11.2	-	-	-	-	-	11.2
John D. and Catherine T. MacArthur Foundation	USA	-	-	-	1.9	-	-	1.9
La Caixa Banking Foundation	ESP	-	1.7	-	9.3	-	-	11.0
LEGO Foundation*	DNK	15.0	-	-	-	-	35.0	50.0
Leona M. and Harry B. Helmsley Charitable Trust*	USA	1.4	-	-	1.2	11.0	-	13.6
Margaret A. Cargill Foundation*	USA	-	-	7.0	6.0	-	7.0	20.0
MasterCard Foundation	CAN	48.3	-	-	-	-	-	48.3
MasterCard Impact Fund*	CAN	-	25.0	-	-	-	-	25.0
MAVA Foundation	CHE	0.2	-	-	0.0	0.2	-	0.4
McKnight Foundation	USA	-	-	-	0.2	-	-	0.2
MetLife Foundation	USA	3.0	-	10.5	1.0	-	10.5	25.0
Michael and Susan Dell Foundation	USA	-	20.0	40.0	-	-	40.0	100.0
Mondelez International Foundation*	USA	6.7	-	-	6.7	6.7	-	20.0
Oak Foundation*	CHE	-	-	-	-	-	6.0	6.0
Open Society Foundations	USA	3.5	63.5	-	60.0	3.0	-	130.0
PepsiCo Foundation*	USA	10.7	2.0	-	8.8	2.1	26.4	50.0
Rockefeller Foundation	USA	-	35.0	-	15.0	-	-	50.0
Skoll Foundation	USA	9.7	2.6	21.1	3.3	-	63.3	100.0
Visa Foundation*	USA	-	10.0	-	-	-	-	10.0
Wellcome Trust*	GBR	10.0	50.0	-	-	-	-	60.0
World Diabetes Foundation	DNK	1.6	-	-	-	-	-	1.6
Other*			15.0		75.0			90.0
All private philanthropic foundations		491.1	403.8	104.9	281.9	53.9	243.4	1,579.1

Note: Survey results based on web research are marked with a star (*). Please note that information related these foundations' contributions for domestic purposes or to recipients beyond developing countries may be partial. Moreover, the Bernard van Leer Foundation, Grameen Crédit Agricole Foundation, Johnson & Johnson Foundation and William and Flora Hewlett Foundation responded to the survey section on non-financial contributions.

12. Non-financial contributions

62. The survey also highlighted that private philanthropic foundations responded to the crisis by extending non-financial support to developing countries or with a global scope in the form of large-scale fundraising, flexibility towards grantees, continuation of usual pay-out or various kinds of technical assistance.

12.1. Large scale fundraising

63. Several foundations showed their leadership by fundraising, establishing vehicles and launching influential engagement campaigns. For example,

- The BMGF played a leading role in promoting international fundraising efforts and in securing political support for an immediate international response among world leaders, contributing to international co-operation initiatives, such as the Coronavirus Global Response, initiated by the European Commission.
- The Wellcome Trust launched the COVID-Zero initiative with the objective of raising USD 8 billion to cover the funding gap for scientific research to end the pandemic. The foundation called the private sector to donate up to USD 1 billion from their crisis management budgets to the fund. The funds raised will be directed to advance research and development of COVID-related vaccines, treatment and testing.
- The UBS Optimus Foundation established the COVID-19 Response Fund to raise donations for projects in low- and middle income countries, channelled through global organisations, such as Médecins Sans Frontières and local frontline organisations, such as Last Mile Health in Liberia. The foundation encouraged its clients and others to donate by matching 10% or their donations.

12.2. Increased flexibility

64. Many private foundations have pledged increased flexibility to their grantees regarding administrative obligations. Some foundations announced flexibility in the grant making processes, also allowing for the re-orientation of earmarked funds towards other purposes. In a similar fashion, some lending foundations initiated debt rescheduling discussions with their clients. For example,

- The Ford Foundation has provided significant flexibility vis-à-vis its grantees (e.g. mainly NGOs and civil society). It shifted its project/programme grant making to general operating support, taking into consideration the immediate shortfall of its grantees' activities and income.
- The BBVA Microfinance Foundation adopted measures to ease the financial burden of its customers, such as restructuring microloans and providing debt moratoriums of several months.
- The MAVA Foundation announced enhanced flexibility regarding reporting deadlines and the implementation of work plans and provided emergency funds to their financially most vulnerable partners.

12.3. Continuation of usual pay-out

65. Although the consequences of COVID-19 affected the endowment of many private foundations, most of them continued their usual pay-outs to their grantees. For instance, the William and Flora Hewlett Foundation expected its endowment to significantly diminish due to the global crisis but committed to finance all of its grantees as usual, with no adjustments to the approved budget.

12.4. Technical assistance

66. Private foundations also responded to the COVID crisis through technical assistance provided to their partners and beyond, such as distributing guidance on crisis management, providing IT literacy training to facilitate teleworking or conducting various research activities related to the COVID-19. Many foundations provided guidance on how to overcome the challenges posed by the pandemic and the related sanitary restrictions in their sectors of their activity. For example, the Grameen Crédit Agricole Foundation in the area of finance, Johnson&Johnson Foundation provided materials and trainings to surgeons, nurses and other healthcare workers, Bernard van Leer Foundation published guidance on supporting babies, toddlers and the people who care for them and the BBVA Microfinance Foundation offered tailored assistance to its clients and conducted analyses on the pandemic's impact on its clients' businesses.

Co-ordination among development co-operation actors

67. The global, multi-faceted and all-encompassing coronavirus crisis demands co-ordination across and among all types of stakeholders for an effective response. To this end, all development co-operation providers are collaborating with each other at the international, as well as the local level.

13. International co-ordination

68. In response to the COVID-19 pandemic, multilateral organisations, and especially UN entities, have activated bodies and mechanisms to mobilise the global response to the crisis. For example, the UN Crisis Management Team, led by WHO, was activated in February 2020 to mobilise the entire UN system to work on critical issues related to COVID-19.

69. Bilateral, multilateral and private organisations are increasing their engagement with each other to provide emergency health and humanitarian responses to the COVID-19 crisis. For example, many bilateral providers (e.g. Belgium, Bulgaria, France, Iceland, Japan, Liechtenstein, Luxembourg, Netherlands, Norway, Saudi Arabia and Sweden), private foundations (e.g. BMGF, Wellcome Trust and Bloomberg Philanthropies) and multilateral banks (e.g. AfDB and AsDB) report co-ordinating with the WHO, UNOCHA, CEPI, GAVI, UNHCR, WFP and UNRWA. Bilateral providers are also working with the Bretton Woods Institutions, World Bank and the IMF to address socioeconomic consequences. Other examples of multilateral forums highlighted by bilateral providers include the OECD DAC, the G20 and the G7.

70. The UN system, philanthropies and the EU are spearheading international fundraising efforts for the coronavirus response. The UN appeals are co-ordinating efforts across all providers by laying out global priorities and calling for needed funding (e.g. IFAD, UNHCR and WHO). The UN Global Humanitarian Response Plan for COVID-19 is bringing together appeals from the WHO and UN humanitarian agencies, totalling USD 6.7 billion. Furthermore, the WHO, the UN Foundation and partners have launched the COVID-19 Solidarity Response Fund to mobilise primarily private donor support for the WHO and the UN humanitarian responses. Meanwhile, the EU hosted an online summit, the Coronavirus Global Response, in early May 2020 to raise USD 8 billion from over 30 countries and multilateral and private providers in support of vaccine development and diagnostic and treatment research. Multilateral institutions are also actively coordinating the allocation of pandemic-related funding; for example, the UN Central Emergency Response Fund (CERF) is helping to distribute funding across the UN system.

71. Bilateral providers are collaborating with neighbouring countries to co-ordinate their aid efforts. EU members (both DAC and non-DAC providers) highlighted the “Team Europe” initiative, the EU-led effort to combine resources from across the Union to support partner countries in responding to the coronavirus (see Box 5). Other examples of regional co-ordination include among Nordic countries through the Nordic+ Group and among Arab countries, through the Arab Coordination Group.

72. Philanthropic foundations are working together to reorient existing health-related collaboration towards the COVID-19 response (e.g. CEPI) and designing new initiatives (e.g. the COVID-19 Therapeutics Accelerator).

73. Multilateral development banks and vertical funds are also co-financing projects, pooling resources and leveraging their respective areas of expertise across institutions (e.g. AIIB, CDB, CDEMA and IADB). They are also sharing information and good practices to coordinate policies, including their procurement procedures (e.g. IADB, UN entities and WB).

Box 5. Team Europe

Team Europe is a package launched by the European Union to support partner countries in their fight against the coronavirus pandemic and its repercussions.

Totalling more than EUR 20 billion, this package combines resources of the European Commission, the European Investment Bank and the EU member states. It targets the most vulnerable partner countries in Africa, the Western Balkans, Eastern Partner Countries, Middle East and North Africa, as well as some countries in the Pacific, Asia, and Latin America and the Caribbean. The package is intended to benefit at-risk people operating in fragile contexts, such as children, women, elderly, and displaced populations.

The support of this package is guided by three pillars: i) responding to the immediate health crisis and the consequent humanitarian needs, ii) strengthening health, water and sanitation systems and iii) mitigating the immediate social and economic consequences.

Source: (European Union, 2020^[5]), *European Union launches “Team Europe” package to support partner countries with more than €20 billion*, https://eeas.europa.eu/headquarters/headquarters-homepage/77326/coronavirus-european-union-launches-%E2%80%9Cteam-europe%E2%80%9D-package-support-partner-countries-more-%E2%82%AC20_en

14. Country-level co-ordination

74. At the partner country-level, UN Country Teams are co-ordinating across UN entities and governments. Bilateral providers are working with other bilateral provider embassies and delegations operating in the same partner country to co-ordinate field operations (e.g. Korea and Lithuania); they are also jointly supporting projects in partner countries (e.g. Luxembourg and Belgium support Burkina Faso’s Ministry of Health national COVID-19 response). Across all providers, national and local ownership of activities is strongly supported.

75. At the provider country-level, bilateral providers are co-ordinating efforts between government agencies (e.g. U.S., Switzerland, Azerbaijan, Croatia, Cyprus and Kazakhstan), the private sector, notably pharmaceutical companies (e.g. Italy and Japan) and CSOs (e.g. Italy). Some countries have established (or are using existing) formal mechanisms, such as taskforces and platforms, for co-ordination. For example, Belgium coordinates Belgian actors in the health sector through the “Because Health” platform and Italy has created a taskforce of ministries, CSOs and the private sector to develop a coherent development co-operation response to the COVID-19 crisis. Many philanthropic foundations participated in this process too, especially the BMGF and the Wellcome Trust.

76. Provider countries are also facilitating coordination across different levels of government. This is especially pertinent for donors that have subnational actors engaged in development co-operation – that is, decentralised development co-operation. For example, Spain, which has a well-established culture of decentralised development co-operation, is ensuring coherence among its development co-operation actors through a joint declaration that establishes a framework of shared principles and joint response to the COVID-19 crisis.

Activities with regional and global benefits

77. The COVID-19 pandemic is a global crisis that does not respect national boundaries. While health systems, socio-economic recovery efforts and international co-ordination are all public goods, activities such as knowledge dissemination, public research generation and technological development are international public goods that bring benefits to people across regions and the globe. Key areas of international public goods covered in this section are: health, international trade and supply chains, global food supply, gender and tourism.

15. Health sector

78. Providers are using online platforms to facilitate learning and knowledge sharing. The WHO International Clinical Trials Registry Platform, a single point of access for international clinical trials, has taken on increased importance as medical researchers and professionals consult the Platform on the scientific evidence base on COVID-19. The IsDB and its partners have created two platforms to facilitate peer learning and knowledge sharing in the response to COVID-19. The first is a platform for medical staff in IsDB African member countries and includes online trainings and meetings to exchange good practices. The second is a network that connects the Dakar Pasteur Institute to ten francophone sub-Saharan member countries and conducts capacity building activities and provides laboratory equipment.

79. Initiatives aim to accelerate the needed research and development to create new technology, namely diagnostics, vaccines and therapeutics for COVID-19. The Access to COVID-19 Tools Accelerator, launched on 24 April 2020, is a multilateral initiative of international organisations, private foundations, NGOs, and bilateral aid providers with the goal of developing and promoting universal and equitable access to diagnostics, treatment and vaccines against COVID-19. Another example is the R&D Blueprint activated by WHO to improve coordination between scientists and global health professionals, develop new norms and standards, improve upon the global response to accelerate the development of diagnostics, vaccines and therapeutics for COVID-19.

80. On **new diagnostics technology**, WHO has set up an Emergency Use Listing Procedure for candidates in vitro diagnostics to detect SARS-CoV-2 and rapid diagnostic tests intended for antibody detection. The procedure provides guidance on the quality, safety and performance of tests to international and national medical procurement bodies to increase the accessibility of needed tests. Costa Rica's National Center for High Technology is also developing an alternative protocol to detect SARS-CoV-2 with the objective of making the protocol freely available to other laboratories in Latin America.

81. On **vaccine development**, WHO facilitates collaboration on global research accelerating a safe and effective COVID-19 vaccine by aiming to give all candidate vaccines the chance to be tested at the initial stage of development. CEPI, as well as most bilateral providers, are also focussing their efforts on COVID-19 vaccine development.

82. On **treatment development**, WHO and partners have launched the Solidarity international clinical trial to help find an effective treatment for COVID-19. The BMGF, Wellcome Trust and the MasterCard Impact Fund have launched the COVID-19

Therapeutics Accelerator to research, develop and manufacture treatments. Costa Rica's Clodomiro Picado Institute is preparing strategies to treat patients with COVID-19 through SARS-CoV-2 antibodies.

83. Providers are also working to prevent future zoonotic disease. The FAO is supporting the early identification of potential animal virus hosts and reducing spillover effects on humans. The GEF targets the root of new zoonotic diseases – a collision between human systems and natural systems – through strengthening biodiversity, improving land use and addressing land degradation.

16. International trade and supply chains

84. Several multilateral development banks are continuing to provide trade and supply chain financing to promote global trade, including the trade of medical supplies (AfDB, AsDB and EBRD). The UN COVID-19 Supply Chain Task Force co-ordinated by the WHO and WFP scales up procurement and delivery of supplies needed to combat COVID-19. CERF allocated 40 million USD to support the WFP in establishing essential international air services and supply chains to ensure the continuity of life-saving humanitarian operations and health assistance.

17. Global food supply

85. The FAO is pursuing two international public goods approaches to strengthen the global food supply. The first is developing a comprehensive portfolio of policy tools to help policy makers assess the impact of COVID-19 on food and agriculture, value chains, food prices and food security across the globe. The second is contributing to the mitigation of the impacts of COVID-19 on global food trade and markets.

18. Gender

86. COVID-19 is disrupting access to lifesaving sexual and reproductive health services, and compounding existing gender inequalities. To this end, UNFPA and partners have produced and published research briefs on how COVID-19 is currently impacting and expected to impact a wide range of related subjects.

19. Tourism sector

87. The tourism sector is among the most effected sectors by the coronavirus pandemic. The UNWTO has various initiatives to disseminate analysis and recommendations for recovery through reports and global webinars to related international organisations, governments, the private sector and tourists. It has also launched a global call, Healing Solutions for Tourism Challenge, to identify innovative solutions to share with its global network.