

Improving the International Response to the Humanitarian Consequences of COVID-19

Prepared statement by

Thomas J. Bollyky

*Director of the Global Health Program and Senior Fellow for Global Health, Economics, and Development
Council on Foreign Relations*

Before the

Standing Committee on Foreign Affairs and International Development

House of Commons of Canada

Second Session, 43rd Parliament

Hearing on the Vulnerabilities Created and Exacerbated by the COVID-19 Pandemic

Mr. Chairman, members of the Committee, thank you for inviting me to testify today on the response of international community, including the Canadian government, to the humanitarian needs that have been created and exacerbated by COVID-19 pandemic.

Plagues put a mirror to the societies they afflict. The coronavirus pandemic has exposed the failures of governments that do not invest in the health of their own constituents or address the collective risks that arise when vulnerable groups globally lack health and economic protections.

The Council on Foreign Relations, or CFR, is an independent, nonpartisan institution dedicated to advancing understanding foreign policy choices facing the United States and other countries. CFR recently released the report of its independent task force on *Preparing for the Next Pandemic: Lessons from COVID-19*.¹

In this initial presentation, I will draw upon three interrelated conclusions from the task force report.

First, the confirmed deaths from the coronavirus are approaching 1.5 million globally, but the most damaging and long-lasting humanitarian consequences of this pandemic that emerge may not be from the virus itself. During the West Africa Ebola epidemic, more people died from a lack of regular medical care, particularly treatment for malaria, than were killed by Ebola.

Even in nations that have yet to experience the explosive growth in cases and deaths from COVID-19, there are signs that the pandemic is exacerbating poverty and pre-existing inequities in health care access and food security. A recent survey in eighteen African Union member nations found about half of the respondents were in need of care delayed or skipped a healthcare visit, and a similar percentage reported difficulty accessing medication in the pandemic.² The Famine Early Warning Systems Network (FEWS NET) has estimated the pandemic had coincided with a 25 percent increase in food assistance needs continent-wide.³

The World Bank estimates 88 million additional people in extreme poverty in 2020 as a result of COVID. In some regions, such as South Asia, higher economic growth rates may reverse some of that poverty caused by the temporary economic shock of this pandemic, but the poverty in slower-growing economies in Africa and in fragile states, like Venezuela, will last much longer.⁴

Second, national governments have failed to use multilateral forums effectively to forge a collective response to COVID-19 or its indirect health consequences. Strategic rivalry between China and the United States undercut potential action for the G7, G20, and UN Security Council to provide political direction to the international system.

The lesson here is that multilateral institutions do not spring magically into life during crises. Their success depends on the enlightened leadership of their powerful member states, who should be willing to put their differences aside and mobilize these bodies behind a collective effort.

The World Health Organization needs more dedicated funding for its Health Emergencies Program and should be required to report when governments fail to live up to their treaty commitments. There needs to be a new global surveillance system to identify pandemic threats that is far less reliant on the self-reporting

of early affected states. The UN secretary-general should appoint a permanent global health security coordinator to ensure a more robust, unified response to pandemic threats across the UN system. Canada, the United States, and likeminded nations should create a dedicated coalition that can coordinate non-health response to pandemics, such as trade policies on essential medical supplies and aid and debt relief packages to hard-hit nations.

Third, the availability of a proven safe and effective coronavirus vaccine is likely weeks away, and yet there remain significant questions about its global allocation and distribution. Wealthy nations, including the United States and Canada, have entered into advanced purchase agreements for their vaccine doses. The multilateral initiative, the Covax Facility, lacks the resources to do the same.⁵

A safe effective vaccine can meaningfully alter the trajectory of this pandemic and lessen its humanitarian consequences, but success depends on getting it to the vulnerable populations who can benefit from it most. The alternative – a “my country first” approach to vaccine allocation—would have profound and far-reaching consequences in this pandemic and for future geopolitical cooperation.⁶

Pandemic threats are inevitable, but the systemic global policy failures that have accompanied the spread of this coronavirus are not. We should not continue those mistakes in the international response to humanitarian needs and in distributing vaccines.

Thank you for this opportunity, and I look forward to your questions.

¹ Sylvia Burwell Mathews, Frances Fragos Townsend, Thomas J. Bollyky, and Stewart M. Patrick *Improving Pandemic Preparedness: Lesson from COVID-19*, Council on Foreign Relations, Independent Task Force, No 78 (2020), https://www.cfr.org/report/pandemic-preparedness-lessons-COVID-19/pdf/TFR_Pandemic_Preparedness.pdf.

² “Responding to COVID-19 in Africa: Using Data to Find a Balance, Part II,” *Partnership for Evidence-Based COVID-19 Response (PERC)*, October 6, 2020, https://preventepidemics.org/wp-content/uploads/2020/09/PERC_RespondingtoCovidData.pdf.

³ “COVID-19 Pandemic Drives Global Increase in Humanitarian Food Assistance Needs: As Internal Movement Restrictions Ease, Limitations to Cross-border Labor Movements Remain in Place.” *Famine Early Warning Systems Network (FEWS NET)*, August 28, 2020, <https://fewsn.net/global/alert/august-28-2020>.

⁴ Homi Kharas, “The Impact of COVID-19 on Global Extreme Poverty,” *Brookings*, October 21, 2020, <https://www.brookings.edu/blog/future-development/2020/10/21/the-impact-of-covid-19-on-global-extreme-poverty/>.

⁵ World Health Organization, *Urgent Priorities and Financing Requirements at 10 November 2020: Averting the Deepening Human and Economic Crisis Due to COVID-19*, (Switzerland: World Health Organization, 2020), <https://www.who.int/publications/m/item/urgent-priorities-financing-requirements-at-10-november-2020>.

⁶ Thomas J. Bollyky and Chad P. Bown, The Tragedy of Vaccine Nationalism: Only Cooperation Can End the Pandemic, 99 *Foreign Affairs* 96 (2020).