COVID-19: SCENARIOS

Possible global humanitarian developments over the next six months

April 2020

Any questions? Please contact us at info@acaps.org

About this report

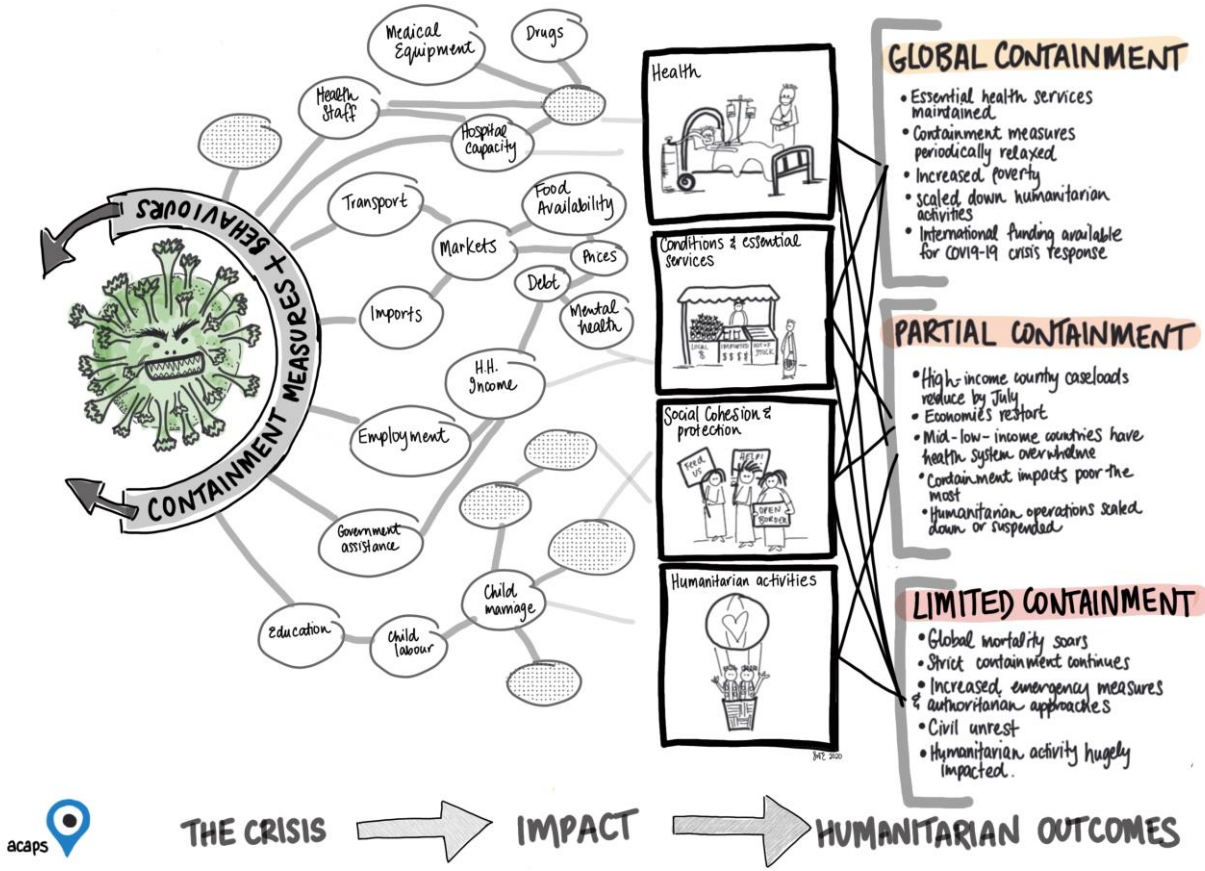
These scenarios have been developed to consider how the global humanitarian system will be impacted over the next six months in relation to COVID-19. This involves considering how changes in donor and recipient countries will affect each other, as well as the possibility that Covid-19 will trigger new humanitarian crises. To achieve this, this report considers the global interplay between countries, and the implications of both primary and secondary of the COVID-19 pandemic and containment measures.

The primary purpose is to inform strategic humanitarian decision-making through an understanding of the possible changes in needs for humanitarian assistance and possible constraints in meeting these needs.

The following scenarios consider three ways the global humanitarian context might change in the coming six months. The scenarios do not go into detail about how the virus may affect specific contexts or countries. They are not forecasts; their aim is to offer alternative, possible futures to assist in decision-making.

For each scenario, a description of the possible future over the next six months is followed by an analysis of impacts on the humanitarian situation and response that might be expected. To easily compare the three scenarios, ACAPS has prepared an excel table, which can be accessed HERE. These impacts cover both the impact of the virus itself and the impact of containment measures brought in by governments. A separate report focussing on key areas of concern for each region will be published later in April.

Compounding factors that could occur and impact any of the scenarios are discussed at the end of the document.



The three scenarios considered are:

1. global containment[1] of the pandemic
2. partial containment; major outbreaks overwhelm health systems in middle- and low-income countries, and
3. no significant containment of the virus; many health systems are overwhelmed

Please note that not all scenarios are equally probable; they are developed to consider significantly different ways the future may develop. The actual future may lie somewhere between the three (combining different elements of each).

1 Containment is used in this report to mean the process of controlling the spread of the COVID-19 virus. It does not imply that the virus has stopped spreading, simply that the rate of new infections is reduced to levels that enable a country's health system to cope.

Scenario 1 Global containment

Health systems in almost all countries remain able to provide essential services. Most high-income countries enter a planned pattern of imposing, relaxing, re-imposing containment measures as necessary. Almost all other countries continue to impose containment measures. Most state employees continue to be paid and many states around the world implement measures to assist businesses and households, although this is insufficient to compensate for loss of earnings. Many of the poorest, predominantly urban communities and marginalised groups, are driven further into poverty.

Most pre-crisis humanitarian operations continue, albeit at a somewhat reduced level, with reduced direct oversight and a shift to remote management. Organisations work to refocus and adapt projects while attempting to respond to increased numbers of people in need. Bureaucratic and logistic costs increase. Donors provide significant health assistance to countries worst affected by COVID-19.

Scenario 2 Partial containment

Health systems in most high-income countries continue to be able to provide essential services and, as caseloads reduce by July, economies cautiously restart.

In many middle- and low-income countries health systems are overwhelmed as the virus spreads. Some countries increase containment measures that have significant economic and social repercussions; others relax, or fail to maintain, current measures and the virus spreads rapidly. Containment measures disproportionately impact the poorest, although in some countries the impact is even broader with governments ceasing or delaying payment of state salaries. Many families lose caregivers or primary earners ('breadwinners') as a direct result of the disease.

Most pre-crisis development and humanitarian activity is severely scaled down or suspended; humanitarian health assistance is provided to countries worst affected by COVID-19 but is insufficient to meet need.

Scenario 3 Limited containment

COVID-19 cases increase in many countries and global mortality rates soar. The virus spreads in many countries across all regions. Only a few countries begin to see a decline in new cases with no significant resurgence. Most governments continue with strict containment measures to prevent cross border movement and curtail non-essential domestic movement.

In many countries the scope of the spread is not realised early enough due to insufficient testing and lack of access to healthcare. Many middle- and low-income countries have insufficient critical care staff, supplies, and equipment. Even where funding is available procurement is slow.

With tight containment measures proving the most effective way to slow the spread to levels that do not overwhelm health systems, more governments enact emergency legislation, while more authoritarian regimes employ increasingly repressive measures. Unemployment rises dramatically, sparking civil unrest and rising criminal activity in many countries. Social cohesion and confidence in government authorities declines.

Humanitarian operations are severely compromised. Most existing operations are suspended, scaled down, or continue with revised operational models and activities. While some countries encourage humanitarian organisations to continue working, they are hampered by movement restrictions that impact both staff presence and programme implementation, decreased community acceptance where COVID-19 is perceived as being brought by foreigners, and decreased government funding. Even in the worst-affected countries, humanitarian organisations are unable to mobilise an effective, timely response.

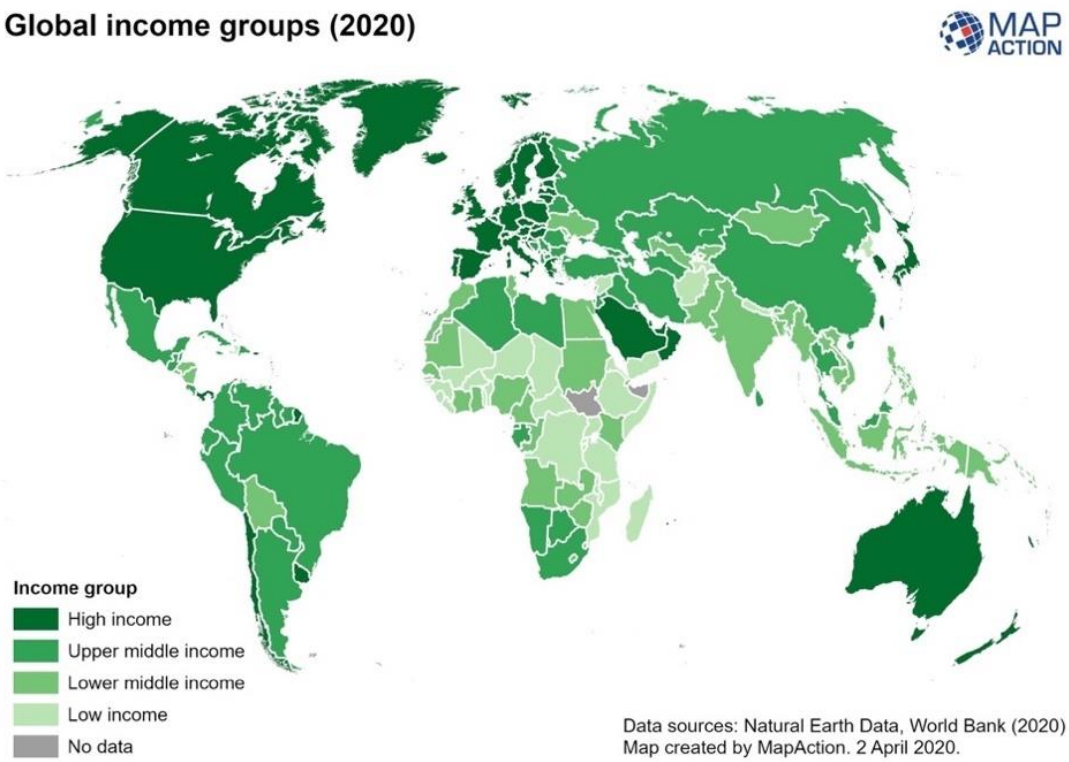
The situation leads to reduced global humanitarian strategies, with increased inequality in global needs coverage. National/local reactions to the pandemic create additional discrepancies in the situation of those in need from one country to another.

Methodology, definitions and limitations

As a means of grouping countries, this report considers the effect of the virus on high-income, middle-income, and low-income countries. This is solely for analytical purposes, and practitioners and policymakers should recognise there will be significant diversity within these groups based on strength of the state, level of pre-crisis isolation and seasonality, and each country's population size and demographics.

These scenarios have been developed in conjunction with experts from humanitarian organisations, donors, and academic institutions. ACAPS uses the chain of plausibility approach to scenario-building as outlined in our guidance note documents. It should be noted that the consultative approach used in the development of these COVID-19 scenarios differs. They are far broader in scope than the situations we usually analyse with this approach and, while we usually use and advocate for face-to-face workshops to proceed through a structured process of scenario building, these scenarios were by necessity developed through remote working sessions, discussions and document exchanges.

Three main variables are considered to have primary influence over the way the global humanitarian situation will develop in the coming six months: government containment measures, national capacity to provide essential services, and the mortality rate of COVID-19. From what we currently know about the virus, a number of factors affect the mortality rate including rate of transmission, age, underlying health problems, health seeking behaviour, and access to healthcare. There may be other factors, as yet unknown, that also contribute to differences in mortality rates across countries – for example, climate. Furthermore, accurate data on infection and mortality rates will vary, which may seriously impede knowledge of the true situation in many countries. Despite these uncertainties, the limitations to physical distancing as a means of reducing the speed of transmission (spread), the effects of containment measures, and essential service provision, including healthcare, can be estimated. Thus these scenarios focus on the secondary effects of the pandemic on the global humanitarian situation.



Limitations

Scenarios can seem to oversimplify an issue as the analysis balances details against broader assumptions. Scenario-building is not an end in itself; it is a process for generating new ideas that should, in turn, lead to changes in project design or decision-making. These scenarios focus primarily on the potential ways in the global humanitarian situation may change in the coming six months. The estimated impact thus represents the impact at a global scale. Impacts will vary significantly between contexts.

Thank you

These scenarios were developed in April 2020, with input from a range of humanitarian, academic, diplomatic, or policy organisations who contributed to the scenarios through participation in the online workshops, bilateral meetings, and reviews. ACAPS would like to thank all organisations that provided input to these scenarios.

Current situation

Spread of COVID-19

COVID-19 was declared a global pandemic by WHO on 11 March, having spread worldwide since being reported in China in late December 2019. By 10 April, over 1.4 million confirmed cases and 85,000 deaths were reported globally, affecting some 214 countries, areas or territories around the world (WHO 04/04/2020).

Governments in many countries have put in place measures to reduce the spread of the virus both locally and between countries. They include measures to prepare, mitigate, and respond to the health emergency and to address some of the economic and social consequences of the pandemic. Containment measures include social distancing, movement restrictions, public health measures, social and economic measures, and lockdowns (ACAPS 26/03/2020).

The number, level of implementation, and effectiveness of public health measures largely depends on a country's resources and capacity as well as the population's trust in the government and health authorities.

Impact of COVID-19 and government measures

Although the COVID-19 pandemic is a health crisis that stresses or overwhelms health systems and increases mortality rates, containment measures are also leading to or aggravating existing political, economic, and social crises (UNDP 04/04/2020). They are having primary and secondary impacts on societies and economies, in high-, medium- and low-income countries at global, national, community, and household levels.

Direct effects on medical systems include:

- a shortage of supplies and equipment needed for testing and treatment of COVID-19;
- overstretching of medical systems in most countries or areas affected by COVID-19.

Effects of movement restrictions include:

- closures of businesses;
- reduced trade resulting in a drop in prices paid to producers but rise in retail prices;
- shortages of basic goods in import-dependent economies;
- drop in remittances;
- restrictions on cross-border grazing;
- preventing migrants and asylum seekers fleeing conflict or insecurity;
- closure of, or reduced services to refugee and IDP camps;

Physical distancing and isolation measures, and the fear and anxiety caused by the pandemic (related both to contracting the disease and loss of income), are also having an impact on people's mental health and wellbeing as well as increasing domestic violence. Targeted violence against individuals perceived as spreading the disease has also risen.

A number of countries, including many with traditionally authoritarian governance, have used the crisis to enact emergency legislation that enable them to further their own political agendas under the guise of controlling the virus

Finally, COVID-19 and governments' containment measures are having a significant impact on humanitarian operations, including:

- suspension of international flights and visas and restrictions on movement within countries;
- compulsory quarantines;
- down-sizing of operations;
- freezing of some pre-COVID-19 programming.

Gender

Throughout this report the gendered impact of the crisis has attempted to be included. All scenarios should be read with this in mind. Contracting economies, job losses, and movement restrictions have notable gendered impacts. Women are required to take on additional caregiving burdens that can increase their exposure to mental and physical health concerns, and increases in intimate partner violence and other forms of domestic violence are already occurring. In most countries worldwide the role of women in caring roles, in and outside of the household makes them more at risk to COVID-19. Due to the economic consequences of the pandemic, families may have to resort to negative coping mechanisms, including forcing children—particularly girls—to engage in transactional sex, or arranging child, early, and forced marriages. Provision of primary healthcare, including sexual and reproductive healthcare services tends to decrease during public health emergencies. This exposes women and girls to additional health risks, including increased chance of maternal and infant mortality. The mental health impact of lockdowns is also expected to have gendered impacts, with men being more at risk of suicide.

Scenario 1

Global containment of the pandemic; economic recovery starts in most high-income countries; containment measures drive poverty rates elsewhere.

High-income countries manage to keep infection rates to levels that enable health systems to continue to deliver essential services by improving identification of new cases and entering a planned pattern of imposing, relaxing, re-imposing containment measures as necessary. Meanwhile, their governments focus on protecting economies and social cohesion. International travel resumes after three months, predominantly between high-income countries where infection levels have been on the decline for several weeks. As containment measures are relaxed, most people are able to return to work while others continue to receive some measure of state support.

Middle- and low-income countries are not overwhelmed by the virus as there are relatively few symptomatic cases and only patients with chronic or pre-existing conditions present complications. In most cases, spread is slowed by the enforcement of severe restrictions in place for 4-6 months; most national health systems successfully implement business continuity plans; health service provision is only marginally disrupted; and there the secondary health effects of the pandemic are minimal.

The global economy shrinks as containment measures restrict some domestic and much international business. In some countries civil society plays an active role in meeting urgent needs and the delivery of essential services.

Impact on humanitarian caseload

Health

In scenario 1, major outbreaks are limited to very few low-income countries. Outside of these countries, health services continue at pre-crisis levels. Where outbreaks occur, there is insufficient testing or critical care capacity to treat most COVID-19 patients, resulting in large numbers of COVID-19 related deaths. Further:

- The health workforce is reduced as many staff contract the disease, leading to prolonged absence from work during the outbreaks. High mortality rates for health workers also creates significant capacity gaps in health services.
- In countries with weaker economies and a large proportion of people working in the informal economy, containment and preparedness measures are the main cause of decline in health status of the population. There is an increase in morbidity and mortality from treatable endemic diseases such as waterborne diseases and malaria for which people are unable or reluctant to get treatment.
- Confidence in health systems and healthcare workers is challenged by a combination of rumour and misperceptions regarding COVID-19. This leads to a drop in health-seeking behaviours and contributes to increased morbidity.
- Given the need for global containment, high-income countries will support countries experiencing significant outbreaks, allocating financial and human resources.

Living conditions and essential services

Containment measures disproportionately impact the poor in all countries. In high income countries and those with existing successful social protection programmes, effective measures to assist households are implemented, although this does not fully compensate for loss of income, perhaps supported by regional international financial institutions.

- In countries with no economic-coping capacity, governments are unable to scale-up existing, or introduce new, social protection mechanisms.
- Containment measures have a significant impact on food security, particularly for those in IPC phases 3 - 5.
- Livelihoods are also affected. Most smallholders and subsistence farmers and fishing communities are able to continue working, although restrictions impact commercial farmers where day labourers are prevented from working. Those without access to land in rural areas and those working in manufacturing and the service sector will not have any way of maintaining an income. Large numbers of people, predominantly urban populations, lose much or all of their income.
- Containment measures mean that as household income reduces, those close to the poverty line are forced to adopt a range of negative coping strategies. In low income countries increased levels of child labour and early marriage are observed. People take out new debts in order to pay for basic necessities in the face of income losses. Households may start sharing accommodation in order to save on rental expenses, reducing the effectiveness of physical distancing measures and potentially exacerbating protection risks.

- In most countries, education is suspended for 4-6 months, fuelling the education attainment gap between rich and poor. In countries where schools re-start, not all students are able to return, creating longer term reductions in school attendance. This will be caused by:
    - continued fear of the virus
    - inability to pay for school supplies
    - increase in children who have entered the workforce
    - lack of family motivation for education after a prolonged break
- In countries where people already struggle to meet the costs of basic utilities, access to water and electricity will decrease as costs increase. Transport and rubbish collection services reduce.
- Donors make significant efforts to assist lower-income countries to cope with the socio-economic effects of containment measures. This includes restructuring social protection programmes to ensure newly vulnerable groups (women and urban populations) are not overlooked.

Social cohesion and protection

- Social cohesion strengthens in some places and deteriorates in others. In countries with high levels of trust in the authorities and strong social networks, social cohesion becomes stronger as communities work together to protect themselves from the virus. In countries with a lack of trust in authority and high levels of underrepresented groups there is a disintegration of social cohesion.
- Prolonged containment measures that prevent people performing religious rites and ceremonies, while dealing with the impact of containment, are a particular flashpoint.
- Where information channels are weak a lack of public knowledge of the disease, compounded by reports of increasing mortality, triggers social unrest, misinformation, rumours, and panic.
- Countries with large migrant and / or refugee communities see a sharp increase in nationalism and xenophobia despite COVID-19 being contained. This results in increased protection concerns for individuals and specific groups, including migrants, refugees, or minorities.
- Temporary ceasefires are called in a number of armed conflicts, while containment efforts are underway. Where this does not happen, many people trying to flee are now prevented from moving, both across international borders and within countries. In some cases people are still able to flee, due to the lack of government control, and increase the probability of contracting or transmitting the virus.
- In countries with a history of civil society movements, prolonged, stringent movement restrictions run public opinion against governments.
- Containment measures reduce organised crime activities, as these rely on cross-border movements. However, domestic crime and black-market economies increase due to a lack of livelihood opportunities and closure of legitimate businesses. As crime rates and dissention over movement restrictions rise in low-income countries, police and other security actors may respond disproportionately in some contexts.
- In countries with a history of civil society movements, prolonged, stringent movement restrictions run public opinion against governments.
- Authoritarian governments, or those that adopted more authoritarian measures during the state of emergency, use the opportunity of emergency legislation to target opposition or minority groups and parties, as well as journalists and civil society.
- Lockdowns and isolation measures lead to an increase in intimate partner violence and child abuse around the world, but especially in countries that are the most gender unequal. Violence against women continues during the COVID-19 pandemic and is even more underreported than usual. This is particularly true in countries where containment measures have curtailed social services and/or humanitarian programmes.

Humanitarian and development operations

- Access and movement restrictions test the ability of humanitarian agencies and diplomatic missions to deliver assistance. Movement restrictions negatively affect existing humanitarian programming in some contexts, although humanitarian exemptions negotiated in some contexts enable some organisations to continue operations.
- In order to enable humanitarian supply chains to function and enable staff deployment and movement, bureaucracy and logistic costs increase.
- Agencies establish remote working and management protocols.
- International staff numbers reduce as staff rotations are hard to establish, given the lack of international flights and government-enforced isolation periods. Recruitment freezes and contingency plans are drawn up. There are fewer international humanitarian staff on the ground and serious concerns about expectations that

national staff will carry out tasks that may put them, or the communities they work in, at risk. With fewer international humanitarians in place, there will be fewer people to bear witness to the conditions and treatment of people in need.

- Donors make some funding available for COVID-19 emergency humanitarian operations in the worst-affected countries, including supporting deployment of emergency medical teams to countries that are witnessing unmanageable transmission rates.
- Humanitarian actors largely balance COVID-19 response programming with business continuity for life-saving programmes. Humanitarian actors focus on community engagement and communication and ensure that they respond to the secondary impacts of the pandemic, beyond health. Lessons learned from Ebola focus efforts on continuing to respond to the most critical humanitarian crises and secondary impacts.
- The potential for aid diversion and corruption increases.

Scenario 2

Virus is contained in most high-income countries; elsewhere the spread is slowed but with major outbreaks in middle- and low-income countries.

Reported COVID-19 cases increase significantly in high-income countries over the coming weeks, but the number of new cases reported has substantially reduced by July, indicating that countries have successfully contained the virus, for now. High-income countries begin to relax containment measures, temporarily re-imposing as necessary. International travel increases slightly, predominantly for economic purposes, within continents, and between high-income countries that believe they have the virus under control.

Large outbreaks occur in many of middle- and low-income countries, overwhelming national health systems. The actual spread of the disease is unknown, due to inadequate testing, reporting and data management, but morbidity and mortality related to COVID-19 and other endemic diseases rises rapidly.

Some middle- and low-income countries relax containment measures too early, primarily out of economic necessity and pressure from their populations, but also because high-income countries have done so. This enables the spread of the virus resulting in rapid increases in cases and new spikes in countries that had seen reductions.

Other middle- and low-income countries continue to impose severe containment measures, even where health systems appear to be coping with the outbreak. These measures negatively affect the economy and employment and continue despite protests. These governments rely on national sovereignty arguments and appeals to populations to "put the country first" to justify their policies and forestall regime change.

Impact on humanitarian caseload

Health

There are outbreaks in the majority of middle- and low-income countries, with the following impacts:

- Health services in some middle- and many low-income countries are overwhelmed with a rapidity that means mortality rates are many times higher than in high-income countries.
- Testing or critical care capacity is insufficient to treat most COVID-19 patients, resulting in large numbers of COVID-19 related deaths.
- The health workforce is further reduced as many staff contract the disease, leading to prolonged absence from work during the outbreaks. High mortality rates for health workers also creates significant capacity gaps in health services.
- Demand for testing and treatment supplies and equipment continues to outstrip demand, with global production being consumed predominantly by high-income countries. Health systems in other countries thus lack essential supplies, reducing the ability to treat patients and exposing health staff to high levels of risk. Where health services temporarily recover, they are hit with second or third wave outbreaks as countries relax containment measures.
- As in scenario 1, in countries with weaker economies and a large proportion of people working in the informal economy, containment and preparedness measures are the main cause of decline in health status of the population.
- Similar to scenario 1, the health systems are dominated by COVID-19 patients, but this time in many countries. As a result, in countries already facing humanitarian crises there is an increase in morbidity and mortality from treatable endemic

diseases such as waterborne diseases and malaria for which people are unable or reluctant to get treatment.

- Valid fear of contracting COVID-19 at healthcare facilities prevents many people from seeking care for other issues, so health concerns go unaddressed. Confidence in health systems and healthcare workers is challenged by a combination of rumour and misperceptions regarding COVID-19. This leads to a drop in health-seeking behaviours and contributes to increased morbidity.
- Women and children are particularly impacted as routine immunisation rates decrease while maternal mortality rates and other sexual and reproductive health complications increase.
- Requests from middle- and low-income countries for support cannot be responded to as funding and production of equipment and supplies remains under intense pressure.

Living conditions and essential services

As in scenario 1, containment measures disproportionately impact the poor in all countries.

- In some countries, governments cease or delay payment of state salaries. In fragile states, development and humanitarian actors seek to continue to pay salaries. Many families lose caregivers or breadwinners as a direct result of the disease. In many conflict areas insurgents increase activities to access goods and profit from shortages.
- Similar to scenario 1, containment measures have a significant impact on food security, particularly for those in IPC phase 3 - 5. Most smallholders and subsistence farmers and fishing communities are able to continue working, although restrictions impact commercial farmers where day labourers are prevented from working. Those without access to land in rural areas and those working in manufacturing and the service sector will not have any way of maintaining an income. Large numbers of people, predominantly in urban areas, lose much or all of their income. At the same time, food and fuel prices increase and food security increases, especially for those already facing IPC phase 3 or higher.
- Also as in scenario 1, containment measures mean that as household income reduces, those close to the poverty line are forced to adopt a range of negative coping strategies. In low income countries increased levels of child labour and early marriage are observed. People take out new debts in order to pay for basic necessities in the face of income losses. Households may start sharing accommodation in order to save on rental expenses, reducing the effectiveness of physical distancing measures and potentially exacerbating protection risks.
- In many middle- and low-income countries education services remain suspended. In countries where schools re-start, not all students able to return creating longer term reductions in school attendance. This will be caused by:
    - continued fear of the virus
    - inability to pay for school supplies
    - increase in children who have entered the workforce
    - lack of family motivation for education after a prolonged break.
- In countries where people already struggle to meet the costs of basic utilities, access to water and electricity will decrease as costs increase. Transport and rubbish collection services reduce.
- Donors are able to make some changes to current aid flows to assist lower-income countries to cope with the socioeconomic effects of containment measures. This includes restructuring social protection programmes to ensure newly vulnerable groups (women and urban populations) are not overlooked.

Social cohesion and protection

- As in scenario 1, social cohesion strengthens in some places and deteriorates in others. In countries with high levels of trust in the authorities and strong social networks, social cohesion becomes stronger as communities work together to protect themselves from the virus. In countries with a lack of trust in authority and high levels of underrepresented groups, there is a disintegration of social cohesion.
- Prolonged containment measures that prevent people performing religious rites and ceremonies, while dealing with the impact of containment, are a particular flashpoint, as in scenario 1.
- Also as in scenario 1, where information channels are weak a lack of public knowledge of the disease, compounded by reports of increasing mortality, triggers social unrest, misinformation, rumours, and panic.
- Countries with large migrant and / or refugee communities see a sharp increase in nationalism and xenophobia despite COVID-19 being contained, like in scenario 1. This results in increased protection concerns for individuals and specific groups, including migrants, refugees, or minorities.
- Temporary ceasefires are called in a number of armed conflicts while containment efforts are underway.

- Secondary impacts include severe restrictions on the movement of displaced people trying to escape conflict or persecution or trying to return home. The right of asylum seekers to seek safety in third countries is severely compromised.
- Illicit traders and organised crime syndicates exploit the crisis by expanding activities. Increasing numbers of people rely on the informal economy as unemployment rates rise, pushing people to violate government containment measures and engage in activities that were already illegal. Black-market economy emerges, where formal banking or cash economies are no longer possible. The black-market may include much needed/highly valued commodities related directly to the virus, such as personal protective equipment and medical supplies and drugs being used in experimental trials, but it could also include food and non-food items that have increased in value after being rationed in the formal market. Borders closures between and within countries motivate some people to smuggle people and goods, which may involve bribing local officials.
- Where governments are reluctant to relax containment measures and household economic challenges worsen, the population's dissatisfaction will increase and sometimes manifest in social unrest.
- Persuasive state-sponsored media campaigns convince the majority of the population of the efficacy and importance of the measures, enabling the government to maintain control in most settings.
- Fake news and misinformation campaigns increase, fuelled by a lack of clear, official, public health messaging and political rivalry. International and domestic political tensions hamper effective COVID-19 response and further fuel tensions.
- As in scenario 1, lockdowns and isolation measures lead to an increase in intimate partner violence and child abuse around the world, but especially in countries that are the most gender unequal. Violence against women continues during the COVID-19 pandemic and is even more underreported than usual. This is particularly true in countries where containment measures have curtailed social services and/or humanitarian programmes.

Humanitarian and development operations

- As in scenario 1, access and movement restrictions test the ability of humanitarian agencies and diplomatic missions to deliver assistance. Movement restrictions negatively affect existing humanitarian programming in some contexts, although humanitarian exemptions negotiated in some contexts enable some organisations to continue operations.
- In order to enable humanitarian supply chains to function, as well as staff deployment and movement, bureaucracy and logistic costs increase.
- As in scenario 1, agencies establish remote working and management protocols.
- International staff numbers reduce as staff rotations are hard to establish, given the lack of international flights and government-enforced isolation periods. Recruitment freezes and contingency plans are drawn up. There are fewer international humanitarian staff on the ground and serious concerns about expectations that national staff will carry out tasks that may put them, or the communities they work in, at risk. With fewer international humanitarians in place, there will be fewer people to bear witness to the conditions and treatment of people in need, as in scenario 1.
- Meanwhile, some countries use the virus spread as an opportunity to undermine humanitarian agencies. Some states seek to underline their national sovereignty by projecting the message that the 'rich' countries and UN were unable to stop the virus (even in their own countries) and are thus not reliable sources of help.
- Many pre-existing programmes are suspended as funding is diverted to COVID-19 responses. New funding prioritises life-saving interventions in countries suffering major outbreaks, while the needs of those being driven into poverty by strict containment measures in other countries go unaided. The challenges of meeting the humanitarian needs that pre-date the COVID-19 crisis increase.
- Although government and overall funding decrease, private sector actors and foundations become more important funding streams for low-income countries.
- Movement restrictions also result in the suspension of many in-kind distributions and programmes that require staff to work in communities.
- Overall, strict containment measures force humanitarian actors to develop agile and innovative new ways of working. This has a serious impact on programmes, particularly those related to protection and or those with training or capacity building components.
- Cash transfer programming becomes an even more important assistance modality, but it is challenging to ensure that the key commodities and services people are intended to access are available and at stable prices. Cash transfers are also largely dependent on the existence of key foundational electronic elements in place before the pandemic.

Scenario 3

Virus is largely not contained; second phase outbreaks occur; harsher and more austere containment measures enacted; serious economic decline.

Cases of COVID-19 increase in many countries and global mortality rates soar. Most governments enact increasingly more stringent containment measures to prevent cross-border movement and curtail non-essential domestic movement. Any reductions in transmission are undone as soon as governments lift containment measures.

Countries that have managed to reduce morbidity and mortality have achieved this at significant cost to their economy and, in some instances, observance of human rights. With tight containment measures proving the most effective way to slow the spread to levels that do not overwhelm health systems, more governments enact emergency legislation and more authoritarian regimes employ increasingly repressive measures.

The virus spreads across all regions, and only a few countries begin to see a decline in new cases with no subsequent resurgence. The rapid spread is facilitated by, and the impact more severe, in countries with:

a. large-scale refugee and displacement sites;
b. densely populated urban areas, including low income informal settlements;
c. insufficient or substandard domestic water and sanitation provision and poor hygiene practices;
d. high rates of illiteracy
e. leaders, either elected or popular, who deny the seriousness of the virus and refuse to endorse the special measures to limit its spread.

In many countries, the scope of the spread is not realised early enough to effectively mitigate transmission, due to insufficient testing and lack of access to healthcare services and supplies. Many middle- and low-income countries have insufficient critical care staff, supplies, and equipment. Even where funding is available, procurement is slow due to increased global competition for scarce resources.

Impact on humanitarian caseload

Health

COVID-19 transmission rates increase across the world and health systems across the world are overwhelmed.

- As in scenario 2, health services in some middle- and many low-income countries are overwhelmed with a rapidity that means mortality rates are many times higher than in high-income countries. There is insufficient testing or critical care capacity to treat most COVID-19 patients resulting in large numbers of COVID-19 related deaths.
- The health workforce is further reduced as many staff contract the disease, leading to prolonged absence from work during the outbreaks, as in scenario 2.
- High mortality rates for health workers, also creates significant capacity gaps in health services.
- Also, similarly to scenario 2, demand for testing and treatment supplies and equipment continues to outstrip demand with global production being consumed predominantly by high income countries. Health systems in other countries thus lack essential supplies reducing the ability to treat patients and exposing health staff to high levels of risks. Where health services temporarily recover, they are hit with second or third wave outbreaks as countries that relax containment measures.
- Compared to scenario 2, most countries have radically reduced the amount and type of non-COVID-19 healthcare that they can provide. This combined with prolonged containment measures (lockdowns) leads to a spike in non-COVID-19 related morbidity and mortality, largely from treatable and/or endemic diseases such as waterborne diseases and malaria.
- Valid fear of contracting COVID-19 at healthcare facilities prevents many people from seeking care for other issues, so health concerns go unaddressed.
- Confidence in health systems and healthcare workers is challenged by a combination of rumour and misperceptions regarding COVID-19, like in scenario 1 and 2. This leads to a drop in health-seeking behaviours and contributes to increased morbidity.
- As in scenario 2, women and children are particularly impacted as routine immunisation rates decrease while maternal mortality rates and other sexual and reproductive health complications increase.

Living conditions and essential services

As in scenario 1 and 2, containment measures disproportionately impact the poor in all countries.

- The global economy deteriorates rapidly as the length of government sponsored containment measures increases, leading to high levels of unemployment and minimal legal income-generating activities.
- Low-wage economies which have manufacturing industries which rely on orders from high-income countries face a collapse of their industries and associated high levels of unemployment. Governments cease or delay payment of state salaries. In fragile states, development and humanitarian actors seek to continue to pay salaries.
- Many families lose caregivers or breadwinners as a direct result of the disease.
- Most supply chains are severely disrupted despite government efforts to facilitate movement of essential goods. Food and basic commodity prices soar while food shortages become widespread. An unprecedented number of people are unable to meet their basic needs for survival. Many of those already living in IPC phases 3 - 5 of food insecurity will see further spikes in their food insecurity and hunger.
- In middle and low-income countries, safety nets that some governments have introduced are insufficient to keep many people from needing humanitarian assistance.
- Similar to scenario 1 and 2, containment measures mean that as household income reduces, those close to the poverty line are forced to adopt a range of negative coping strategies. In low-income countries, increased levels of child labour and early marriage are observed. People take out new debts in order to pay for basic necessities in the face of income losses. Households may start sharing accommodation in order to save on rental expenses, reducing the effectiveness of physical distancing measures and potentially exacerbating protection risks.
- School remain closed, increasing the attainment gap between rich and poor.
- Many people are unable to access basic services, including many who have seen their access to these services increase over the last few decades. Governments are unable to provide many essential services, leading to the establishment of new service delivery mechanisms, with a large role for communities and elites.
- International assistance is frontloaded over the next three months and aid flows dry up prematurely.

Social cohesion and protection

As communities (primarily urban) become more desperate and confidence in national authorities falls, tensions rise exacerbating or igniting underlying divisions in some societies. Localised violence increases in countries lacking strong governance. Social unrest increases, with violent riots against people suspected to carry the virus, especially in crowded locations. Stalemate and confusion created by the pandemic in some countries also gives space to some armed groups to recruit people and gain space and resources.

- Countries with large migrant and / or refugee communities see a sharp increase in nationalism and xenophobia despite COVID-19 being contained. Resulting in increased protection concerns for individuals and specific groups, including migrants, refugees, or minorities. Violent attacks on minority groups with impunity become commonplace.
- Some armed opposition groups, including Islamic State, use the pandemic to regroup and launch new campaigns and access resources, leading to an increase in insecurity. However, conflict reduces in other settings, as parties fear contracting the virus or heed calls for ceasefires.
- Increased poverty leads an increasing number of people, including children, to join armed groups.
- Secondary impacts include severe restrictions on the movement of displaced people trying to escape conflict or persecution or trying to return home. The right of asylum seekers to seek safety in third countries severely compromised.
- Illicit traders and organised crime syndicates exploit the crisis by expanding activities. Increasing numbers of people rely on the informal economy as unemployment rates rise, pushing people to violate government containment measures and engage in activities that were already illegal. Black-market economy emerges, where formal banking or cash economies are no longer possible. The black-market may include much needed/highly valued commodities related directly to the virus, such as personal protective equipment and medical supplies and drugs being used in experimental trials, but it could also include food and non-food items that have increased in value after being rationed in the formal market. Borders closures between and within countries motivate some people to smuggle people and goods, which may involve bribing local officials, as in scenario 2.
- Some governments collapse, and the lack of political stability makes the national response more challenging. In countries with weak governance, trust in the

authorities falls and social or political unrest spreads rapidly. As authorities struggle to manage the crisis, looting and criminality increases.

- Where governments are reluctant to relax containment measures and household economic challenges worsen, the population's dissatisfaction will increase and sometimes manifest in social unrest.
- Persuasive state-sponsored media campaigns convince the majority of the population of the efficacy and importance of the measures, enabling the government to maintain control in most settings.
- Fake news and misinformation campaigns increase, fuelled by a lack of clear, official, public health messaging and political rivalry. International and domestic political tensions hamper effective COVID-19 response and further fuel tensions, as in scenario 2.
- As in scenario 1 and 2, lockdowns and isolation measures lead to an increase in intimate partner violence and child abuse around the world, but especially in countries that are the most gender unequal. Violence against women continues during the COVID-19 pandemic and is even more underreported than usual. This is particularly true in countries where containment measures have curtailed social services and/or humanitarian programmes.

Humanitarian and development operations

- Humanitarian operations are severely compromised. Most existing operations are suspended, scaled down, or continue with revised operational models and activities. Access and movement restrictions test the ability of humanitarian agencies and diplomatic missions to deliver assistance.
- The shrinking operational space increases concerns regarding the potentially misconduct of national authorities, armed groups, and other actors in humanitarian contexts. Humanitarian and peacebuilding organisations have less capacity to bear witness.
- Rotations of blue helmets operations continue to be suspended, stressing the capacity of peace-keeping missions.
- Peace talks and negotiations remain delayed in some countries due to international and national movement restrictions.
- Movement restrictions lead to additional bureaucratic and logistical impediments; coupled with increased insecurity and social unrest, humanitarian operations and supply chains are severely disrupted.
- While the UN manages to secure humanitarian exemptions from government measures in some countries, other governments refuse to grant humanitarian exemptions and, in some cases, reinforce and extend general restrictions to humanitarian organisations, significantly weakening the traditional humanitarian system.
- Meanwhile, as in scenario 2, some countries use the pandemic as an opportunity to undermine humanitarian agencies. Some states seek to underscore their national sovereignty by projecting the message that the UN and 'rich' countries were unable to stop the virus, even in their own countries, and are thus not reliable sources of help. Consequently, humanitarian organisations struggle to respond to COVID-19 in countries with little current humanitarian presence.
- Where welcomed by governments COVID-19 response programming increases but faces serious financial, access, and human resource constraints. As a result, many INGOs reorganise to support national or local networks and implement remote programming, although at reduced levels.
- ODA spending is reduced as donor countries see their economies shrink and taxpayers increasingly want to see funding spent domestically.
- As in scenario 2, government and overall funding decreases, although private sector actors and foundations become more important funding streams for low-income countries.
- Movement restrictions result in the suspension of many in-kind distributions and programmes that require staff to work in communities.
- Strict containment measures force humanitarian actors to develop agile and innovative new ways of working. This has a serious impact on programmes, particularly those related to protection and or those with training or capacity building components.
- Cash transfer programming becomes an even more important assistance modality, but it is challenging to ensure that the key commodities and services people are intended to access are available and at stable prices. Cash transfers are also largely dependent on the existence of key foundational electronic elements in place before the pandemic.
- The UN influence is weakened in most countries while a new humanitarian influence network, composed of high-level business and entertainment personalities, increased diaspora support, and uncoordinated local and social network initiatives

emerges. The situation leads to reduced global humanitarian strategies, with increased inequality in global needs coverage.

- Some contexts see an increased militarisation of humanitarian action and thus less adherence to humanitarian principles. Non-state armed groups seek to take advantage of the general disruption caused by the pandemic by increasing recruitment and military operations.

Compounding factors

Natural disaster

The occurrence of a natural disaster of the scale that would normally necessitate international assistance would severely compound suffering in any of the above scenarios. It is unclear the degree to which the international community could (in terms of movement restrictions) and would (in terms of dedication of finances and expertise) commit to a natural disaster response.

All of the above scenarios envision that supply chains are disrupted and humanitarian organisations are overstretched by responding to ongoing crises and COVID-19-specific response operations Additionally, in the first scenario, movement restrictions and concerns over the protection of emergency response staff would also reduce the capacity of the international humanitarian community to respond. In the third scenario, the domestic focus of many countries would reduce funding and personnel available for response operations.

Conflict

An increase in or eruption of a new conflict in any area would significantly increase the probability that COVID-19 could spread rapidly, as those caught in or near the conflict would be unable to observe containment measures. Conflict would also precipitate movement, and the displaced may become trapped at borders in crowded conditions, again enabling the virus's spread. Humanitarian access would be even more challenging than normal, resulting in, at best, delayed assistance.

Disease

Many countries are approaching the annual peak for certain endemic diseases, which will compound pressures on health systems. For example, the rainy season in many east African countries starts around May, during which there will be an increase in the spread of waterborne diseases. Meanwhile transmission season for malaria is ongoing in parts of sub-Saharan Africa.

Migration

Migration to Europe via the Mediterranean usually increases over the summer months while Turkey may decide to re-open the border with Greece.