

COVID-19

COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus, which was first detected in Wuhan, China, in late 2019. Since its origin, COVID-19 (as named by WHO in February 2020) has spread across the globe, infecting more than 2.5 billion people worldwide and causing an estimated 4.4 million deaths through August 15, 2021.¹ WHO declared COVID-19 a pandemic in March 2020.

Generally spread by close contact between individuals, COVID-19 can also be spread via airborne transmission and, less frequently, through contact with contaminated surfaces. While most people who get COVID-19 recover (some of whom without ever exhibiting symptoms), roughly 5%–10% of those who do get COVID-19 can become seriously ill, requiring hospitalization and/or intensive care. Older individuals with comorbidities like cardiac issues, diabetes, and cancer are at the most risk for severe COVID-19.

In addition to the toll it has taken on global health, the lockdowns and other restrictions imposed to slow the spread of COVID-19 have had a severe economic impact. Between 2019 and 2020, the world economy shrank an estimated 4.3%, with some countries seeing declines as high as 9.6% (India) and 10.6% (Argentina).²⁵ However, COVID-19 also led to a surge in government spending, including a huge increase in development assistance for health; an estimated \$13.7 billion was directed toward COVID-19 in 2020.

Overall, development assistance for health for COVID-19

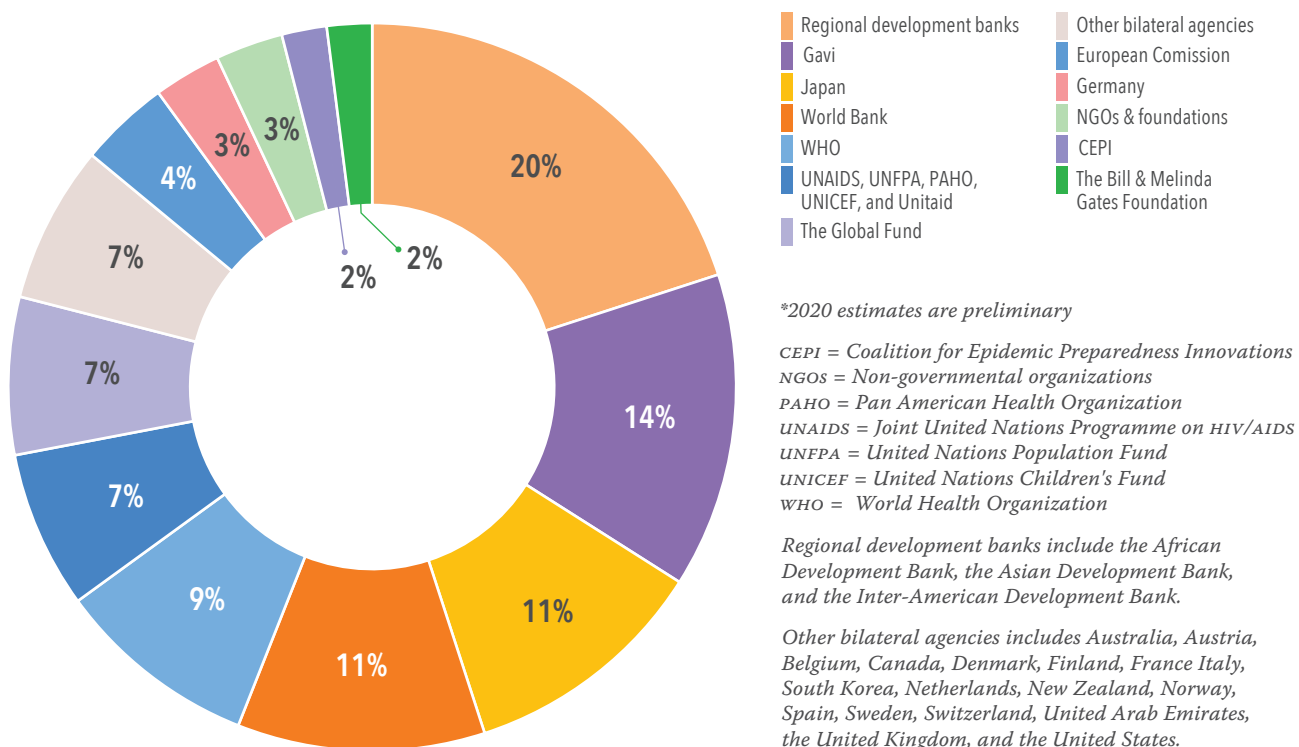
led to a 35.7% increase in total development assistance for health between 2019 and 2020: in 2019, total development assistance for health was \$40.4 billion, while in 2020 it was \$54.8 billion.

The focus on COVID-19 development assistance for health did not, however, lead to a corresponding decline in development assistance for health for other health focus areas (such as HIV/AIDS and spending on reproductive, maternal, newborn, and child health). Indeed, our analyses found that the majority of COVID-19 development assistance for health was new rather than repurposed spending: 90.1% of COVID-19 development assistance for health was new, and 9.9% “repurposed” funds, the majority of which was spending previously set aside for emergencies.

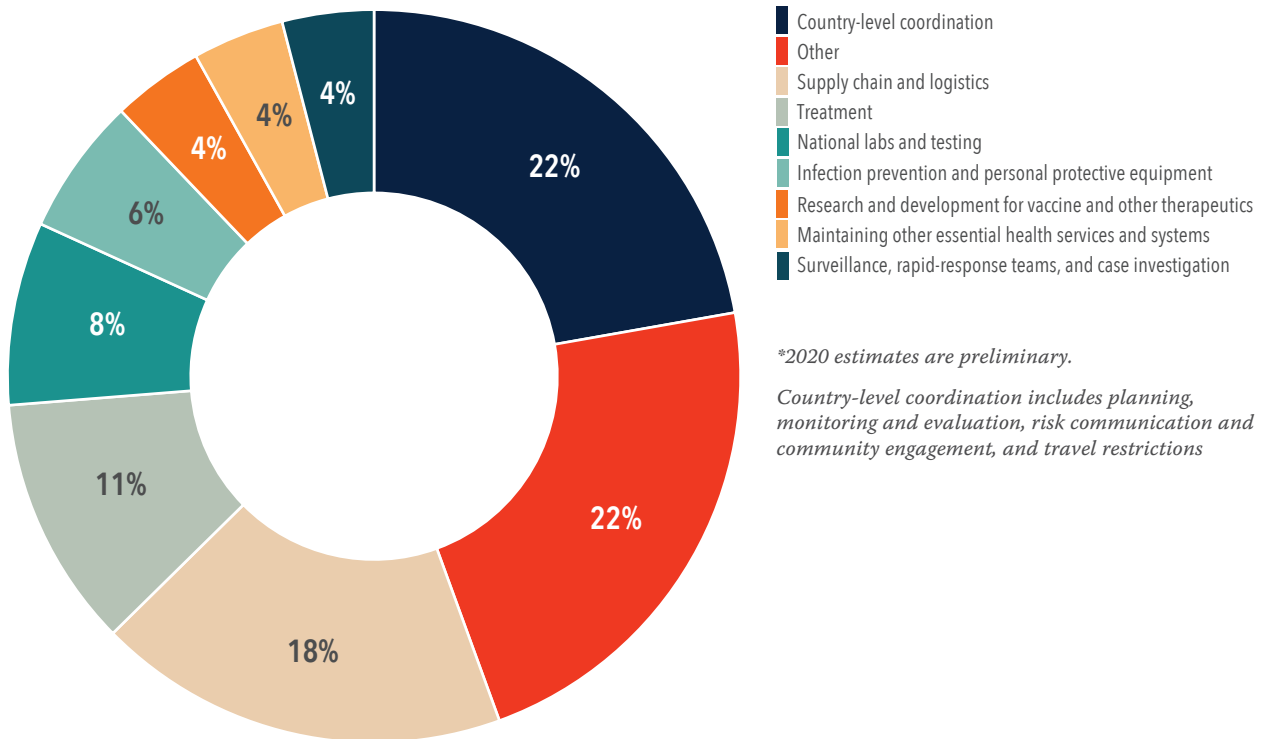
The COVID-19 profiles illustrate the sources, disbursement channels, and program areas COVID-19 development assistance for health was allocated to in 2020. As shown in Figure A, the leading channels for COVID-19 DAH were Gavi, the Vaccine Alliance (\$1.9 billion) and regional development banks as a group (\$2.7 billion).

Meanwhile, Figure B shows COVID-19 DAH received by program area in 2020. Country-level coordination (\$3.1 billion), spending on supply chain and logistics (\$2.4 billion), and treatment (\$1.5 billion) were leading COVID-19 program areas by DAH received in 2020. And Figure C shows sources of COVID-19 DAH in 2020; the single largest sources were Japan (16.8% of COVID-19 DAH, or \$2.3 billion) and Germany (9.8%, or \$1.3 billion).

FIGURE A Development assistance for COVID-19 by channel of assistance, 2020*

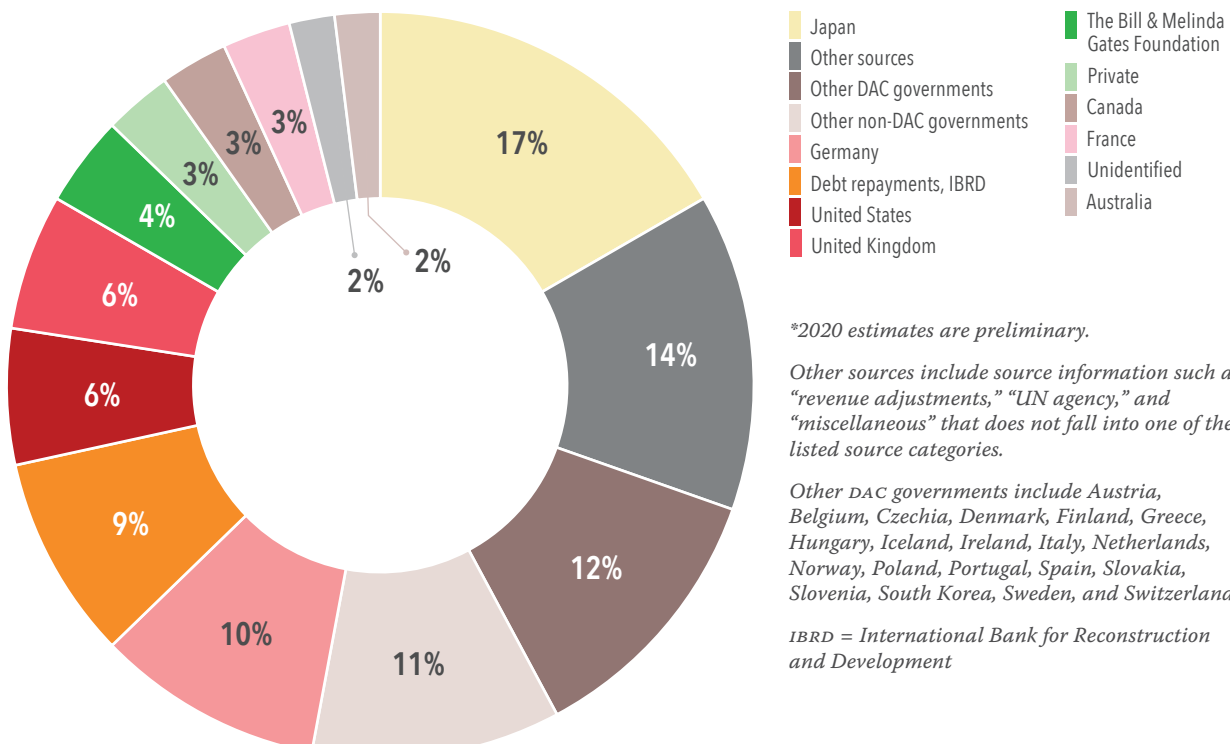


COVID-19

FIGURE B Development assistance for COVID-19 by program area, 2020*


*2020 estimates are preliminary.

Country-level coordination includes planning, monitoring and evaluation, risk communication and community engagement, and travel restrictions

FIGURE C Development assistance for COVID-19 by source of funding, 2020*


*2020 estimates are preliminary.

Other sources include source information such as “revenue adjustments,” “UN agency,” and “miscellaneous” that does not fall into one of the listed source categories.

Other DAC governments include Austria, Belgium, Czechia, Denmark, Finland, Greece, Hungary, Iceland, Ireland, Italy, Netherlands, Norway, Poland, Portugal, Spain, Slovakia, Slovenia, South Korea, Sweden, and Switzerland.

IBRD = International Bank for Reconstruction and Development