

COVID-19 Spares No One

The secondary impacts of the COVID-19 pandemic affect everyone — even those in countries reporting low case numbers

As North American and European countries have seen a dramatic spread of COVID-19 infections, **an ongoing narrative throughout 2020 was that low income countries have been “spared” from the pandemic.** Indeed, many countries in Africa, the Middle East, Central and South America, and Asia have reported low case numbers, particularly when compared to Western countries. The entire country of Somalia, for example, has confirmed fewer total cases since the start of the pandemic than New York City [reports in a single day](#). Several theories have arisen about the cause of these low numbers, ranging from a [lack of testing and reporting capacity](#), to [younger populations](#), to [increased routine exposure to coronaviruses](#). No matter the reason for the low number of cases in these countries, one thing is clear: **no one has been spared from COVID-19.** The pandemic is not only a health crisis, but a shock to the world’s economy that has plunged millions of people further into poverty. **This report examines the devastating effects of COVID-19 on livelihoods, healthcare, and education in 10 countries reporting low case numbers.**

Key Findings

- Despite few COVID cases reported, **extremely poor people continue to suffer in terms of their access to livelihoods, healthcare, and education during the pandemic.**
- 66% of respondents said their **income has been negatively affected** by the pandemic, which in many cases directly translates to an inability to eat: **50% of respondents reported that their household is eating less than they were before COVID.**
- Access to and quality of healthcare have been affected in that **resources have been diverted to address COVID-19, the price of medicines has risen, and people have delayed or avoided seeking healthcare treatment.** In Afghanistan, as many as 72% of respondents reported avoiding seeking health treatment during the pandemic.
- Despite low reported case numbers, **the most commonly reported reason for avoiding healthcare facilities was fear of contracting COVID-19.**
- 87% of respondents said that **local schools had closed during the pandemic**, presenting challenges to education. In cases where schools had not yet reopened, **14% of respondents reported that they do not think their children will return to school.**

Methodology

The data presented in this report draws on [data collected by the Alliance2015](#) in 25 countries worldwide. Data was collected by country teams of Alliance2015 member organisations using the same questionnaire from randomly-selected programme beneficiaries of one or more of the eight member organisations working in the given country. Interviews were conducted face-to-face when possible, or through phone/Zoom interviews. A minimum of 300 interviews were conducted in each country to allow for an adequately large sample.

This report includes information on the ten Concern programme countries reporting the lowest numbers of COVID-19 cases per 1 million people, according to WHO data as of 14 January 2021. These countries, from lowest to highest cases, are Burundi, Niger, Democratic Republic of the Congo (DRC), Somalia, Liberia, Burkina Faso, Malawi, Syrian Arab Republic, Haiti, and Afghanistan. Of these 10 countries, Concern collected data in three (Malawi, Haiti, and DRC), with the rest of the data collected by other Alliance2015 members. Unless otherwise cited, all information in this report comes directly from the data collection initiative.

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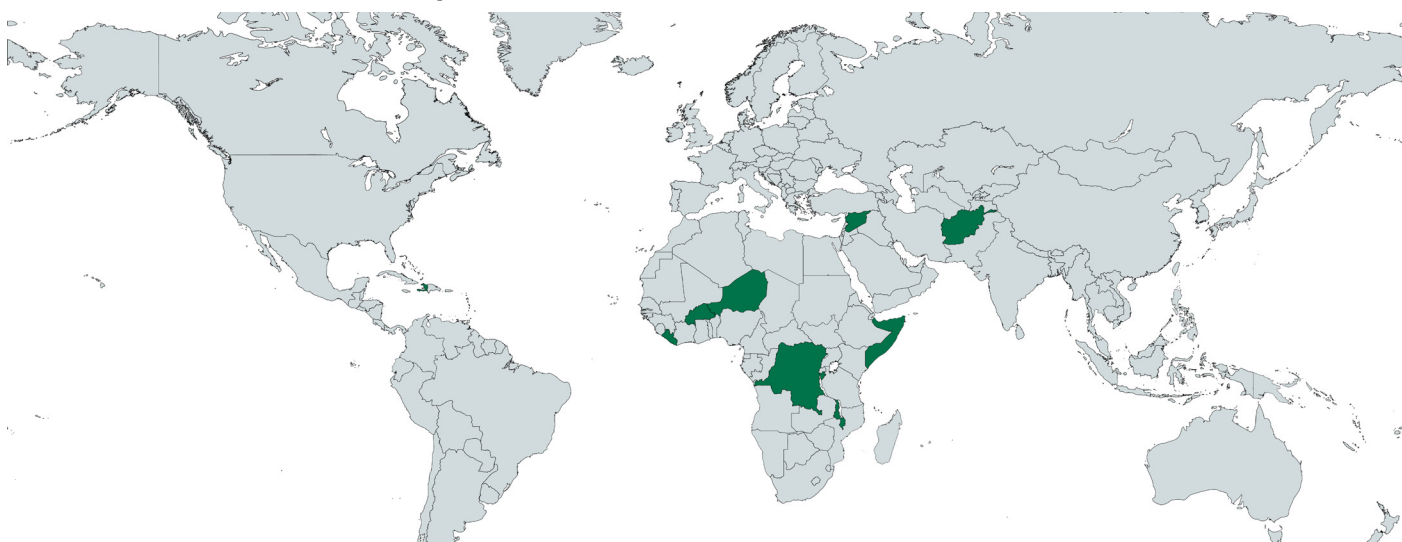
Total number of respondents in the ten countries included in this report

Percentage of respondents by gender



Female 51%
Male 49%

Countries included in this report



Limitations

Respondents were drawn from programme participants, or potential beneficiaries in areas where programmes were about to start, of Alliance2015 member agencies. In that sense, the poorest and most vulnerable members of society will be over-represented and the actual profile of the respondents will vary considerably across countries.

COVID-19 by the Numbers

The countries included in this report are the 10 Concern programme countries that have reported the lowest total COVID-19 cases per 1 million people. As depicted in the table below, case numbers for these countries are extremely low, particularly when compared to high-income countries such as Ireland and the United States. The low number of cases in these countries has led some to declare that people living there have been “spared” from the pandemic, but as this report will demonstrate, no one has been spared from the far-reaching and multifaceted consequences of COVID-19.

COVID-19 case numbers (as of 14 January 2021) and development indicators by country

Country	Total COVID cases per million people	New COVID cases in the last 7 days	Human development index* (2020)	GDP per capita (2019)
Burundi	89	220	185	\$261
Niger	164	647	189	\$554
Democratic Republic of the Congo	217	1,282	175	\$581
Somalia	297	0	No data	No data
Liberia	371	76	175	\$622
Burkina Faso	405	1,337	182	\$787
Malawi	491	2,290	174	\$412
Syrian Arab Republic	723	672	151	No data
Haiti	913	288	170	\$1,272
Afghanistan	1,381	568	169	\$507
Ireland	31,510	42,269	2	\$78,661
United States	68,416	1,774,844	17	\$65,298

Sources: Covid-19 case numbers - [WHO](#), Human Development Index - [UNDP](#), GDP per capita - [The World Bank](#)

*The Human Development Index is a statistic composite index of development indicators used to rank countries by their level of development. The higher the ranking, the worse a country's level of development. In 2020, the highest ranking on the index was 189 (Niger).

COVID-19 has decimated livelihoods

Despite low case numbers in many countries, **the brunt of the financial impacts of the pandemic have been borne by the world’s poorest people.** COVID-19 has been [a shock to the global economy](#) — driving down worldwide demand for many items manufactured and traded by low-income workers, while driving up prices for basic goods. As a result, many of the world’s poorest people have lost some or all of their income and are struggling to afford increasingly expensive essential items. Among those respondents worried about the future financial impacts of COVID, **62% were concerned about further price increases.**

Of the 10 countries included in this report, [only the Syrian Arab Republic provides any kind of social insurance programmes, such as unemployment pay.](#) As a result, many people have relied on humanitarian assistance in the absence of social protection during the pandemic. **27% of respondents indicated that their household has received cash or goods from a government, international organization or NGO assistance programme since the onset of the Covid-19.** Nearly 4% of respondents indicated that this type of support is their main form of income. Continued humanitarian assistance is essential to supporting those who are unable to make ends meet during the pandemic, but even more pressing is **the need for governments to invest in social safety nets that can provide a more stable means of support for those in need.**

Most common sources of livelihoods reported by respondents

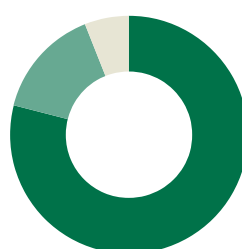


Informal forms of employment leave workers vulnerable to shocks — such as a global pandemic — and often come without social and financial protection. Previous research by Concern in [Malawi](#) and [Somalia](#) found that agricultural workers and traders have suffered as **customers restrict their movement or can no longer afford to purchase from them.** A loss or reduction of income for extremely poor people is directly related to a loss in the ability to feed their families. **Half (50%) of respondents reported that their household members are eating less than they were before COVID.**

66%

Percentage of respondents indicating that their income has been negatively affected by the COVID-19 pandemic

Percentage of respondents who are worried that COVID-19 will (further) affect their financial situation in the next 6 months



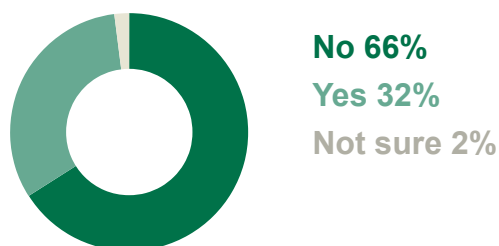
Yes 79%
No 15%
Not sure 6%

Healthcare is increasingly difficult to access

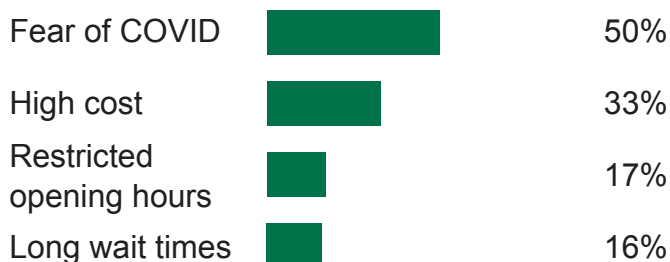
COVID-19's effects on healthcare varied across the countries in this report. Nearly a third (32%) of respondents said that they or someone in their household had to postpone or forego medical treatment during the pandemic, but **this percentage was as high as 51% in Somalia and 72% in Afghanistan**. Despite the low number of reported cases in these countries, the most common reason for avoiding healthcare across the board was **fear of contracting the virus**.

COVID-19 has also overwhelmed the healthcare sector and diverted valuable healthcare resources away from ongoing campaigns. In particular, the [suspension of vaccination campaigns](#) and other key healthcare services early in the pandemic could put hundreds of thousands at risk for preventable diseases such as [polio](#) and [measles](#). Further compounding the situation, the [prices of hundreds of essential drugs and medicines have risen](#) during the pandemic, **leaving many unable to afford the treatments they need**. Continued support is needed from governments and the international community to ensure that urgent healthcare needs can be met despite these challenges.

Percentage of respondents indicating that they or someone in their household had to delay or skip health treatment



Most commonly reported reasons for respondents or household members to avoid health treatment



In addition to physical healthcare, mental health and psychosocial support needs have grown immensely around the world due to fear and uncertainty during the pandemic. **Mental health and psychosocial support needs may be even more acute for the extreme poor**, for whom the pandemic presents increasing uncertainty about whether they will be able to earn a sufficient income and adequately feed their families.

Percentage of respondents reporting that they or someone in their household has experienced psychosocial symptoms during the pandemic



Children are out of school — and may never go back

In an effort to contain the spread of the virus, many governments and localities made the decision to close schools. Because people living in fragile and conflict-affected areas are unlikely to have access to the technology needed for remote learning, **school closures present significant obstacles to education**. While a small minority of respondents indicated that their children can access remote education through means such as radio (6%), online class (4%), and educational television (6%), **the vast majority are left with little recourse**. Aside from providing education, schools are often an important source of food for low-income families. In many cases, [their closure translates to one less meal for children during the day](#). **It is critical to provide political support and funding to ensure that children can access adequate food and education while schools are closed.**

With children at home and many adults out of work while financial strain and psychosocial stress increase, the risk for violence at home is elevated. **37% of respondents indicated their belief that people are arguing more with their families since the COVID-19 pandemic began**. This corresponds with other evidence that suggests that [gender-based violence is on the rise](#) as people spend more time indoors.

Percentage of respondents indicating schools in their locality were closed at some point due to the COVID-19 pandemic

14%



Yes 87%
No 12%
Not sure 1%

Percentage of respondents indicating that they do not think their children will go back to schools once they reopen

While the majority (70%) of respondents indicated that schools in their locality had reopened after closing, the fact that they were closed for a substantial period presents a major risk to the continuing education of children, particularly girls. As many families face serious threats to their livelihoods as a result of the pandemic, **it is increasingly likely that children will leave school to work**. Financial difficulties, and thus the need for children to work, was the most commonly reported barrier to education during the pandemic.

Most commonly reported barriers to children receiving education during the pandemic



Conclusion

One of the major challenges in responding to humanitarian needs during COVID-19 has been the unprecedented nature of the crisis and the constantly evolving situation. **Humanitarian organisations have had to rapidly adapt to the changing context and learn while on the job.** While we continue to evaluate the best practices and policy measures going forward, some of the clearest ways forward are those made most obvious by the findings of this report:

- While it is impossible to predict the long-term consequences the pandemic presents for livelihoods, it is clear that in the short term, extremely poor people will continue to struggle to find employment, earn sufficient wages, feed their families, and afford essential goods such as medicines. **It will be critical to create and invest in social insurance measures when possible.** In the absence of such measures, support through humanitarian assistance can significantly ease the burden these families face — **but it will require funding.**
- It is impossible to ignore the impact that school closures will have on youth around the world, particularly girls. **It will be key to ensure the political and financial support for remote education in low-tech settings,** while also providing **assistance for children who rely on school feeding programs, as well as the increasing number of people experiencing domestic violence.**
- Finally, while healthcare services are overwhelmed amid the pandemic and the prices of medicines spike, financial investment will be necessary to **allow people to receive essential health services and to continue preventative healthcare measures such as vaccinations. COVID-19 information campaigns may also be helpful,** as many cite their fear of the virus as a reason not to seek health treatment despite low case numbers. As COVID-19 vaccines are rolled out, advocacy will be key to **ensuring the vaccine is accessible to everyone, regardless of their nationality or ability to pay.**

