COVID-19 IN DIFFERENT CONTEXTS: NORTH AND SOUTH, URBAN AND RURAL
PREAMBLE

As it has done regularly in the past, in connection with complex, multi-factor and potentially long-lasting crises, Groupe URD has begun to:

- Establish a ‘real-time evaluation observatory’ in order to produce synthesis reports, analysis and recommendations about the crisis.

This briefing note is the first output of the COVID Observatory. It outlines our basic understanding of the current crisis and will be regularly updated and complemented with content on specific subjects:
- Health;
- Food and Economic Security;
- Social Cohesion;
- Migration and Mobility.
INTRODUCTION

Following the sharp rise in the number of suspected cases of the COVID-19 virus, and given the seriousness of the virus, with large numbers of people being admitted to emergency and reanimation services, and many deaths, around 3 billion individuals in a large number of countries suddenly found themselves in lockdown conditions. On 29 April 2020, more than sixty countries had at least part of their territory in lockdown - more than half the planet, including eleven countries within the European continent. The main objective of this lockdown is to ‘flatten the curve’ in order to reduce the pressure that this relatively unknown epidemic is exerting on health systems. Apart from a few countries, such as Germany and the Nordic countries, emergency services in the northern hemisphere have been saturated with seriously affected patients, amongst whom the vast majority are over 65 years old. Given the lack of options, choosing to implement a lockdown was coherent with the need to reduce this saturation and mortality. It meant that hospital departments were able to regain some room for manoeuvre and meet people’s other needs. At the same time, this decision has had - and will continue to have - major impacts on societies and economies: schools closed, economies on stand-by with growing unemployment and increased inequality between different population groups and territories. People’s lives have been put on hold, generating a major level of stress.

Understanding of the virus’s behaviour and the mortality that it causes is improving. At the same time, there are a number of major unknowns which are making numerous decisions complex gambles: the reality and duration of immunity; the resistance of the pathogen in different environments and in different temperatures and levels of humidity; and how long the pathogen is present in waste water, etc. Even the list of symptoms is constantly changing; the Atlanta Center for Disease Control regularly adds new indicators to those promoted by the WHO. There have also been unexpected deaths (even of young people) which have not yet been fully explained scientifically. In addition to these uncertainties, there are different scenarios for a second, or even a third wave, and there is talk of miracle cures and the development of vaccinations within different time periods. We are finally beginning to understand the impact that simple preventive measures, such as wearing masks, testing, contact tracing, and ‘physical distancing’ can have on transmission of the virus. And we are also beginning to look into other possible ways of breaking the transmission chain.

Obviously, this is a public health issue with complex dynamics that vary depending on the population and the context. There is no consensus about the various theoretical models and solutions adopted in developed countries (which we will refer to as the North). It will not be possible to use these in numerous developing countries (which we will refer to as the South). The situation is full of uncertainty, competition, rumours and risks, and yet choices have to be made regarding public health, how physical space and mobility are to be organized, and how the economy and food security are to be managed. Political decisions also have to be made.

In theory, the virus contaminates each individual in the same way, but its impact can vary a great deal. Studying the contamination curves within cities, suburban areas and rural areas shows how much population density affects different contamination dynamics. The aging population in certain countries has made the virus more deadly. The rapid spread of the virus from limited ‘hotspots’ to wider areas, sometimes

a long way away, shows that, if no precautions are taken, mobility is a risk factor. This is even more the case in numerous countries of the South, between densely and sparsely populated regions, between urban and rural areas, between crop and livestock farmers, between slum areas and residential neighbourhoods. Here too, the measures taken will have a variety of different impacts that we can, to a great extent, anticipate and try to reduce. Thus, beyond the health impacts of the current crisis and the financial repercussions of mobilising resources and energy for the response, it is important to have a broad view of its repercussions in economic, social and political terms. It is also important to act based on reason, rather than in panic mode! Different scenarios need to be taken into consideration, with sentinel indicators to steer the response in an agile manner. This briefing note aims to take a first step in this direction. It focuses on four major areas - health, the economy, food security and social wellbeing - which are managed by different administrative, institutional and political bodies. These four areas will be essential to manage the pandemic effectively both in the North and the South. Countries that have established a way to articulate these four pillars are the most likely to flatten the curve.

Cf. Declaration by the Prefect of Seine-Saint-Denis, who warned a few weeks ago about the risk of food riots: https://www.lefigaro.fr/social/seine-saint-denis-les-autorites-redoutent-des-emeutes-de-la-faim-20200425
MANAGING THE ‘COVID-19’ HEALTH CRISIS

Institutions such as the WHO and the major disease control centres formally recognized the risk of a pandemic as early as the mid-1990s. In the last twenty-five years, many countries have conducted preparatory exercises and simulations and have carried out research on different coronaviruses (SARS in Asia, MERS in the Middle East, etc.). However, the recommendations that accompanied this research were either only partially implemented or completely ignored by subsequent governments. As a result, the COVID-19 health crisis has come as an almost complete surprise for states and populations everywhere, including in the North. Yet, though this particular virus and its precise behaviour were not predictable, the potential scale of the pandemic and many of the response measures were already known before the crisis. Of course, states are very eager to get their economies up and running again, and people want to get over the current crisis as quickly as possible. However, if lessons are not learned from this crisis, and no measures are taken immediately, the next pandemic will cause the same ‘surprise’.

In addition to this institutional surprise, certain health experts sometimes do not have the courage to admit that there are gaps in our understanding of the virus. Several extremely partial clinical trials were hastily presented as solutions by the press, on social networks and sometimes, unfortunately, by well-known experts. Competition between researchers and between laboratories (given the potentially high financial stakes involved) may also have hindered collective progress. Issues that should initially be debated in ‘peer-review’ processes and within the scientific community are increasingly being debated on social networks, leading to social stress and useless, if not harmful, political confrontation.

At the present time, all scenarios point to the pandemic lasting at least two years. People will therefore have to learn to live differently in order to maintain the rate of transmission below 1 (the figure that is commonly accepted today as being tolerable by the majority of countries and health experts).

Continuous learning and real-time evaluation mechanisms need to be reinforced. There needs to be continuous feedback to optimise the impact of innovations. This is true not only for technological innovations, but also for those that concern the adoption of ‘protective’ behaviour. This obviously needs to be carried out in parallel to a high level of international cooperation in order to accelerate research into treatments and vaccinations. These should be made available at low cost, and the laboratories should make a commitment to share their formulas and allow generic solutions to be produced.

However, despite the element of surprise and the current lack of in-depth understanding of the pathology generated by the virus, and the fact that there is no recognised treatment or vaccination, countries are not helpless. To date, the best way to limit mortality related to COVID-19 is to work on a certain number of priorities, and aid organisations have a role to play in this respect.
It is also important to be wary of certain solutions that may seem obvious but that also raise a lot of questions. For example, sending large quantities of unfamiliar, sophisticated, biomedical equipment (such as respirators) makes the response capacity even more fragile. Over the years, a great deal of equipment has been sent to many different health institutions all over the world. Unfortunately, this is often not really used and eventually deteriorates. The remaining skeletons continue to haunt the corridors and courtyards of hospitals in the South. The aim rather should be to support simple, inexpensive solutions that staff are familiar with.

**Priority 1: promoting prevention measures to be adopted by the population** with the dissemination of the appropriate precautionary behaviour. The experience of countries affected by Ebola and cholera could be essential in this regard. The priority should be given to:

- establishing means of providing information about risks and appropriate behaviour (for example, information boards about risks that are often seen in such crises),
- reinforcing precautionary behaviour within families, but also within state services (schools, administrations, etc.) and commercial areas (markets, fares, etc.),
- measures for the regular disinfection of places where groups regularly gather.

**Priority 2: putting in place mechanisms to detect cases and trace contacts, and placing suspected cases in quarantine** in order to prevent contamination. Progress in detecting cases due to symptoms, and especially through testing, are important issues, but access to tests is limited in numerous countries.

**Priority 3: preventing transmission of the virus in hospitals, where secondary contaminations too often take place.** Establishing systems to organise how the space is used in hospitals is essential in order to protect medical staff and limit the transmission of the virus within hospitals.

**Priority 4: managing information in a healthy manner and establishing trust** (informing the population, combatting rumours and false information circulating on social networks, which are able to spread information very widely, including in more isolated areas). In certain cases, the local authorities also need to establish the measures that need to be respected in order to reduce non-essential exchanges as decided by the community (in agreement with the regional and national authorities).
UNDERSTANDING THE ECONOMIC AND FOOD SECURITY IMPACT OF THE CRISIS

URBAN COVID

Lockdown conditions, the halting of international transport and the restricted flow of goods between countries have had a major impact on economies. In certain cases, the immediate impact was limited due to the existence of stocks, but in many other cases, such as economic sectors that function on a just-in-time basis (stocks being costly to maintain), the impact has been, and will be, significant.

The situation is fundamentally different in the South and in many middle-income countries with fragile political systems. First of all, there are the countries who have become the ‘factories of the North’ in the last two decades of globalisation, producing textiles, electronic goods and ‘cheap’ consumer goods. With the economies of the North on hold, and their products no longer being consumed, there is an immediate impact. As trade is reduced – or perhaps halted completely – and international transport is limited to a great extent, this leads to a drastic reduction in revenue for businesses and also a major reduction in activities and employment. As a result, millions of people have no income, and therefore are unable to get supplies, pay for healthcare or meet their basic needs. This will obviously have a significant impact on income among farmers and the other components of the food supply chain. For example, in certain cities in India and Bangladesh, we are beginning to see piles of unsold agricultural produce in markets. As these are not removed, they are causing major waste management problems. This could even eventually lead to additional public health problems. This potential ‘snowball’ effect needs to be watched very carefully, and it may be necessary to help the municipal authorities who are generally in charge of managing waste.

Urban areas are also where we find the most dynamic forms of the informal sector: street food stalls, markets and mobile vendors, street services, as well as a large proportion of tradespeople. They are also populated by ‘day labourers’ who generally earn in a day what they and their family need for the next day. Many of these people live in overpopulated cities, sometimes in unhealthy slums.

Unfortunately, quarantine and lockdown measures may need to be imposed in these high-density areas if contaminations and mortality increase rapidly. However, if other measures, such as the wearing of masks, social distancing, and handwashing are quickly implemented and respected by as many of the population as possible, it may be possible to avoid the lockdown conditions that have been applied with varying degrees of success in the Far East, Europe and the United States. In countries like Nigeria and Guatemala, for example, ‘physical distancing’ measures have been respected in markets and other busy places. Each prevention measure has an impact on the epidemic’s curve. Multi-sector national committees should decide what measures are appropriate for a country, region or population group, based on a variety of health, economic and social criteria. In these high-density contexts, where there is a higher risk of contamination, but where people struggle to survive from one day to the next, extended lockdown measures can only really be imposed by force. This can very quickly lead to a tense, or even explosive, social situation.
A number of options for aid organisations to explore:

**Supporting the income of the urban poor.** States may use a variety of solutions, such as transferring cash to micro-businesses so that they continue to pay their staff, or distributing food vouchers to gain access to state stocks and make up for lack of income during periods of enforced unemployment. Such measures could be supported by international financial institutions and bilateral donors, including by cancelling debts or instigating a moratorium. Certain governments have already established solidarity funds: Morocco, Tunisia, Senegal and Ivory Coast.

**'Social buffer' mechanisms, such as social laws, solidarity and wealth distribution systems** will play a fundamental role. Possible activities to explore, support and develop include: reinforcing social safety nets; supporting micro-credit mechanisms so that they are able to cope with non-payment; or even developing a subsidized consumer credit system for critical periods.

**Increased support for civil society organisations.** Whether in rich, poor or middle-income countries, civil society organisations play a central role in the social response and in supporting the most vulnerable people. It is therefore crucial to support and reinforce them. In numerous countries, initiatives of this kind emerge spontaneously; the goal should be to find ways to support them. Youth networks, members of diasporas and women’s groups are already setting up projects which are excellent entry points for scaled-up actions.

**Quarantine measures, or lockdown measures, if there is a risk of increased contamination,** should be accompanied by food assistance:
- distributions in secure sites to ensure that physical distancing can be respected;
- house distributions conducted by organised networks and staff with the relevant equipment to avoid spreading the virus.

**RURAL COVID**

Things are relatively different in rural areas where family farms are prevalent and where contamination is much slower, even though there is still not a great deal of information and we only have an incomplete vision of how the virus really is spreading.

In North Africa, it is currently the start of the agricultural season, and work is beginning in the fields. This means both that the population is spread out more evenly throughout the different regions, but also that people are in greater proximity due to the collective work. In the pastoral and agro pastoral areas, the herds have begun to head back to the rainy season pasturelands. Measures to counter contamination should take advantage of this window of opportunity due to lower population density in rural towns, which should help to reduce contamination.

In Sub-Saharan Africa, though there were significant gains in terms of food security in 2019, these vary depending on the area, and have been partially compromised due to locust and other plagues in the Horn
of Africa and other parts of the continent. Though the health impact of COVID-19 will probably be limited, in a context that is constantly weakened by conflicts and climatic events, and where a certain number of farming activities are aimed at exports (flowers in Ethiopia, coffee in Kenya, cocoa and cotton in Ivory Coast, etc.), a reduction in exports will lead to a major loss of income for farmers.

The impact on family food production should be more limited, but in the numerous cases where the families’ farming surplus is destined for the local food markets, limited access to these markets (whether it is the farmers’ access to the trading site, or consumers’ access to the place where they buy the produce) could have a significant impact on farming income and market prices, and would therefore also affect consumers. This is all the more true for exchanges between cities and the countryside which a lot of farmers depend on: for many, losing access to urban markets would be an economic disaster.

**CURRENT STOCKS AND FUTURE FLOWS AND PRODUCTION**

Limiting or partially interrupting the major international flows of products by blocking numerous ports and docking entire transport fleets, closing customs, etc. are important measures to combat the coronavirus. At the same time, they could have a significant impact on the ability to replenish stocks and food markets, and supplying basic products that are not produced locally. Prices need to be monitored very carefully at all levels of the value chain.

In mid-March, world food stocks were generally at an acceptable level due to the relatively good production levels in the main agricultural countries. However, the situation was extremely uneven between regions, and even between and within countries. Prices therefore began to fluctuate at the end of March in numerous contexts and price increases of more than 10% have become increasingly common in markets for basic goods.

One extremely worrying phenomenon is the decision by certain states to build massive stocks or to limit exports of agricultural products, and the speculative actions of a certain number of private sector players. This could have a major impact on prices and markets, and could have even more of an effect on the most vulnerable people than other economic dynamics.

Aid actors therefore should:

- **Ensure that countries have a strategy to prevent price rises, particularly by preventing speculation.** This requires information about existing stocks, but also market regulation and measures against speculators.

- **Find ways to keep distribution systems that work.** Whether via state mechanisms, international aid organisations (WFP, NGOs), private sector organisations or local civil society networks, there are going to be problems managing staff (absent due to illness or lockdown measures) or managing physical space. Systems will need to be put in place that reduce the risk of transmission.