



WHAT CAN EVALUATIONS TELL US ABOUT THE PANDEMIC RESPONSE?


DOCUMENT REVIEW FOR THE STRATEGIC JOINT EVALUATION OF THE COLLECTIVE INTERNATIONAL DEVELOPMENT AND HUMANITARIAN ASSISTANCE RESPONSE TO THE COVID-19 PANDEMIC

THE COVID-19 GLOBAL EVALUATION COALITION | April 2023

ABSTRACT

This synthesis, taking stock of COVID-19 pandemic related evaluations, was completed in the first quarter of 2023 as a primary input to the *Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to the COVID-19 Pandemic*. It constitutes Module 1 of this global evaluation, providing both evidence (on the performance of international co-operation during the pandemic) and insights to inform the approach to the evaluation.

Comments or suggestions are welcome by email to the Secretariat: COVID19evaluation@oecd.org



The COVID-19 Global Evaluation Coalition is a network of the independent evaluation units of countries, UN organisations, and multilateral institutions that provides credible evidence to inform international co-operation responding to the COVID-19 pandemic.

www.covid19-evaluation-coalition.org

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Abbreviations

ACT-A	Access to COVID-19 Tools Accelerator
ACF	Association of Charitable Foundations
ADB	Asian Development Bank
AfDB	African Development Bank
AIB	Asian Infrastructure Investment Bank
AMC	Advanced Market Commitment
AVAT	African Vaccine Acquisition Trust
CBO	Community-Based Organisations
CBPF	Country-Based Pooled Funds
CEA	Community Engagement and Accountability
CERF	Central Emergency Response Fund
COVAX	COVID-19 Vaccines Global Access
CoVDP	COVID-19 Vaccine Delivery Partnership
CRD	Country Readiness and Delivery
CRF	Crisis Response Facility
CSO	Civil Society Organisations
DAC	Development Assistance Committee
DEC	Disasters Emergency Committee
DFAT	Department of Foreign Affairs and Trade
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DRC	Democratic Republic of Congo
EBRD	European Bank for Reconstruction and Development
EDFIs	European Development Financial Institutions
EIB	European Investment Bank
EC	European Commission
EU	European Union
FAO	Food and Agriculture Organisation
FCDO	Foreign and Commonwealth Office
FDP	Forcibly Displaced Persons
FTS	Financial Tracking Services
GAC	Global Affairs Canada
Gavi	Global Alliance for Vaccines and Immunization



GBV	Gender-Based Violence
GHRP	Global Humanitarian Response Plan
GSI	Green Stormwater Infrastructure
HDP	Humanitarian-Development-Peace nexus
HSC	Health Systems Connector
HQ	Headquarters
IADB	Inter-American Development Bank
IAHE	Inter-Agency Humanitarian Evaluation
IDBG	Inter-American Development Bank Group
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
IMF	International Monetary Fund
INGOs	International Non-Governmental Organisations
IFIs	International Financial Institutions
IsDB	Islamic Development Bank
IOM	International Office of Migration
MDBs	Multilateral Development Banks
MFA	Ministry of Foreign Affairs
MPTF	UN COVID-19 Response and Recovery Multi-Partner Trust Fund
NDVP	National Deployment and Vaccination Plan
NCG	Nordic Consulting Group
NGO	Non-Governmental Organisations
Norad	Norwegian Agency for Development Cooperation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organisation
PEF	Pandemic Emergency Financing Facility
PPE	Personal Protective Equipment
PVP	Pandemic Vaccine Pool
RCCE	Risk Communication and Community Engagement
RLNA	Rapid Learning Needs Assessment
RTE	Real-Time Evaluation
SDC	Swiss Development Cooperation
SERP	Socio-Economic Response Plan
Sida	Swedish International Development Cooperation Agency

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SME	Small and Medium Enterprises
SRF	Solidarity Response Fund
SPRP	Strategic Preparedness and Response Plan
UK	United Kingdom of Great Britain and Northern Ireland
UN	United Nation
UNCT	United Nations Country Teams
UNDP	United Nations Development Programme
UNDS	United Nations Development System
UNEP	United Nations Environment Programme
UNFPA	United Nations United Population Fund
UNJSDGF	United Nations Joint Sustainable Development Goals Fund
UNRRTF	United Nations COVID-19 Response and Recovery Trust Fund
WASH	Water Sanitation and Hygiene
WBG	World Bank Group
WFP	World Food Programme
WHE	WHO's Health Emergencies Programme
WHO	World Health Organisation
WTO	World Trade Organisation



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1. Introduction

This document presents the overall findings from a desk study that will provide input and support to the COVID-19 Global Evaluation Coalition's ongoing evaluation of the overall coherence of bilateral, multilateral, United Nation (UN) and Civil Society Organisations (CSOs) response to COVID-19, including on vaccine equity. The aim of the desk review is to analyse and synthesise documentary evidence to help answer the evaluation questions, focusing on findings, conclusions and lessons, including identifying areas of contradiction or missing information. In order to scope the desk review, specific key terms have been identified and each section in the findings section will start out by defining the term. The desk review has focused on bilateral providers as well as on support from multilateral organisations.

The desk review builds further on the COVID-19 Global Evaluation Coalition publication "The COVID-19 Pandemic: How are humanitarian and development co-operation actors doing so far? How could we do better? - Synthesis of early lessons and emerging evidence on the initial COVID-19 pandemic response and recovery efforts" from June 2021. This study provided a first attempt to present initial lessons from bilateral and multilateral COVID-19 response and recovery efforts based on input from coalition partners' material up to May 2021 (including internal reviews, real-time evaluations (RTE), process evaluations, synthesis and lessons learned reports). In addition, this desk review also makes explicit reference to the recently published comprehensive Inter-Agency Humanitarian Evaluation (IAHE) evaluation report "Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response" (IAHE, 2023) which is based on a thorough assessment of the joint humanitarian response to COVID-19.

The findings and conclusions coming out from this desk review will be triangulated with other lines of evidence (a review and analysis of available data, key stakeholder interviews and survey data) from the COVID-19 Global Evaluation Coalition's ongoing evaluation. Thus, the desk review will constitute a major line of evidence for the evaluation, helping answer key strategic questions of relevance, coherence, effectiveness, and efficiency. While coherence has been included as a specific key term, effectiveness, efficiency and relevance have been discussed across the different sections in the report but not as specific key terms.

1.1. Report structure

After this short introduction, Chapter 2 briefly describes the approach and methodology applied in the review. In Chapter 3, the key findings from the review are presented for each of the key terms (coherence/coordination, adaptation/flexibility, timeliness, innovation, localisation and the humanitarian-development-peace nexus (HDP)). Chapter 4 focuses on vaccine equity and Chapter 5 provides an overview of gaps in information and opportunities that need further study. Annex 1 provides the full list of publications while Annex 2 includes a country matrix that maps the extent to which selected countries are covered in the publication to a low, medium and high degree.

2. Approach and Methodology

Below, the overall approach and methodology applied for the desk review is briefly presented.

2.1. Document search

The COVID-19 Global Evaluation Coalition provided an initial list of 198 documents¹ which constituted the point of departure for the review team for further screening and literature search. The search for additional documents was divided into two streams; one stream focusing on the COVID-19 response from “a development and humanitarian assistance” perspective and the other stream focusing explicitly on the issue of “vaccine equity”.

Overall, the document search was based on an iterative approach where each search resulted in new learning that informed and shaped the following search. It has included a combination of, on the one hand, trial and testing of very broadly defined document search with only few keywords and, on the other hand, more tailor-made searches on specific organisations’ webpages.

In relation to the development and humanitarian assistance, the overall strategy was to identify evaluations, reviews, lessons learned, and studies commissioned by development and humanitarian aid providers and then supplement these with academic literature. This was done through a stepwise approach, involving: i) Search on webpages; ii) A broad web search; and iii) Search in academic data bases and search engines. In addition, some academic and research institutes and platforms were searched. All “hits” in the searches were carefully and qualitatively reviewed and only included in the portfolio when it had a significant focus on “response” to COVID-19 from either a “development” or “humanitarian” perspective (based on the title or executive summary/abstract).

The literature search put a specific emphasis on identifying literature related to COVID-19 vaccinations since this is a cross-cutting subject mainstreamed in the evaluation questions. This was done through three different strategies: i) A broad web search for donor funded vaccination related publications, with specific emphasis on the COVID-19 Vaccines Global Access (COVAX) initiative; ii) Further assessment of bibliographies of key publications (such as the “External Evaluation of the Access to COVID-19 Tools Accelerator (ACT-A)” and the “COVAX Facility and Advanced Market Commitment (AMC) Evaluability, Evaluation Design and Formative Review/Baseline Study”) led to identification of other relevant publications; and iii) A search in academic databases (following the approach applied also for development and humanitarian aid). The main database applied was the Science of Web as it allowed for specific search on development studies.

All identified publications have been included in an excel sheet and categorised as either bilateral, multilateral, CSO/Non-Governmental Organisations (NGOs) or research/other (see Annex 1). This categorisation is done primarily based on the organisation that has published the document. However, in some cases research articles focus on bilateral aid and thus the document has been categorised bilateral although it is a research publication. The table below provides an overview of the number of documents that were identified within the specific categories.

¹ Not all of these documents were found useful by the review team and therefore eliminated from the document review portfolio.

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Table 1: Documents identified by category

Type of organisation/document	# of publications identified
Bilateral	19
Multilateral	103
NGOs	29
Research/other	28
Total	179

From Table 1 it is clear that there is much more information available on the multilateral COVID-19 response than on the bilateral. This is also reflected in the key findings and examples presented in this report.

2.2. Review of documents

Following the initial search for relevant documents, the qualitative data analysis software NVivo has been used as a key instrument for reviewing in a systematic manner the large number of documents identified. This has helped to identify patterns and findings as well as gaps and missing information, across these documents. Thus, the application of the NVivo software has supported development of stronger findings and allowed for undertaking of a more comprehensive triangulation of the collected information.

The desk review process has focused on assessment of some selected “key terms” in relation to the COVID-19 response. The key terms represent issues and areas of particular interest in relation to the COVID-19 response process. Some of the key terms were provided initially by the COVID-19 Global Evaluation Coalition to the review team while others have been identified by the review team from the document review process. In the end, the following key terms were included in the review: coherence, coordination, adaptation/flexibility, nexus (HDP), timeliness, localisation and innovation. In addition to this, vaccine equity has been covered separately and more extensively by the review team.

By use of NVivo, a coding and scan through of all initially identified documents was conducted for each selected key term. The search in NVivo has been focused on the findings, lessons learned and conclusions sections in the documents, as well as the executive summaries and abstracts (when available). In cases where some documents provided a very large number of hits in NVivo for specific key terms, these documents were scrutinised separately by the review team. Table 2 shows the total number of publications identified in NVivo per key term and the number of publications with more than five references per key term. When publications were numerous, the number of publications were narrowed down by only considering publications with more than five references made to the specific key term. When few publications were identified for a key term (e.g. in the case of localisation and nexus) all publications were scrutinised and coded.

Table 2: NVivo search - number of publications and publications with more than 5 references

Key word	# of publications identified	# of publications with +5 references
Coherence	79	42
Coordination	151	103
Adaptability/flexibility	119	64
Nexus	39	12
Timeliness	121	77
Localisation	42	10
Innovation	136	78
Vaccine	128	42

Based on the screening through NVivo, and a separate more thorough screening of documents identified as being of particular relevance to a specific key term, the review team has done the assessment with a view to extract generic key findings as well as to provide some specific and interesting examples from the literature that could enhance and further stimulate the learning aspect from this desk review. Vaccine equity has been a specific focus area of the document review and has therefore received additional attention from the review team in both the scanning and analysis process. In addition, through the review process, some gaps, limitations and opportunities have been identified in relation to the coverage of the COVID-19 response process in the documents. This is also explicitly pointed out in the report.

In total, 99 out of the 178 initially identified documents have ended up being used as reference documents for this review.

Finally, a list of potential case countries for the evaluation were mapped against all the reference documents (see Annex 2), based on the countries' level of appearance in these documents (Low (L), Medium (M), High (H)). The following scale has been applied to define these three levels (L, M, H) of appearance (the numbers refer to the total number of appearances in one document):

Table 3: Scale applied in the mapping of case countries' appearance in the reviewed documents

Scale
Low (L) = <10
Medium (M) = <10 <20
High (H) = 20<

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3. Key Findings

In this Chapter the key findings related to each of the selected key terms (coordination/coherence, adaptation/flexibility, timeliness, innovation, localisation and the triple HDP nexus) are presented. The key terms are presented in separate sections below. Each section is initiated with a specification of how the review team has defined and interpreted the key term and a box with a paragraph presenting the key message from that section. In continuation to that, the specific key findings are presented.

3.1. Coordination and Coherence


Coordination aspects focuses on mutually supporting actions and initiatives across countries, sectors and institutions. *Coherence* focuses on both the *internal* coherence (synergies and interlinkages with other interventions supported by same country or institution) and the *external* coherence (consistency, complementarity and harmonisation with other actors' interventions). Both the coordination and coherence aspects are closely related to the effectiveness and efficiency aspects of the COVID-19 response. Below the key findings are presented.

Overall, the desk review has documented the important role played by the multilateral system for enhanced multisector coordination in crisis situations. This has been facilitated through bilateral providers' flexible and unearmarked funding, although the coordination at country level has in general been weak. Clear advantages for the effectiveness of the crisis response have been seen from scaling-up of already established coordination mechanisms, building on existing trust among partners. At the same time, more coordinated efforts among development financing institutions could lead to more efficient and equitable distribution of crisis funding.

Finding 1. At the global level, new multilateral efforts sought to expand coordination and access to COVID-19 financing. While this was seen as a step in enhancing coordination of the response, development financing institutions struggled to establish efficient partnerships to facilitate co-financing and an equitable financing system.

The UN COVID-19 Fund for Recovery and Response built on the lessons learned from the Ebola Response Fund and the Central Fund for Influenza Action (2008-2012). These Funds demonstrated that a coordinated funding mechanism could be effective to strengthen the response to and recovery from infectious disease outbreaks (Norad, 2020). Data show that countries with a UN-coordinated appeal received the majority of COVID-19 funding (80%) through those appeals in 2020. Funding outside appeals, predominantly flowed to Red Cross Red Crescent organisations, as well as contributions to UN agencies, CSOs and some private sector companies (Devinit, 2021). Some agencies followed different funding strategies based on their level of experience conducting resource mobilisation with sovereign funders, with limited coordination with other agencies during their execution (ACT-A, 2021).

A close coordination took place between Multilateral Development Banks (MDBs) and the International Monetary Fund (IMF) and enabled emergency support to address macroeconomic impacts while mitigating the impact of COVID-19 on public debt (IMF, 2022). Likewise, the World Bank established funding partnerships with MDBs including in Asia with the Asian Development Bank (e.g. on social protection and education support) and in Latin America with the Inter-American Development Bank (IADB) (e.g. in financing the social response in Honduras) (WB, 2022b). On the other hand, the European Bank for Reconstruction and Development's (EBRD) COVID-19 Solidarity



Package did not lead to enhancement of coordination and co-financing. Instead, it was found that working with pre-existing, proven and tested products, initiatives or vehicles worked better for a coordinated response and enhanced co-financing while at the same time leading to faster delivery. In line with this approach, the EBRD actively coordinated with other International Financial Institutions (IFIs) and the European Union (EU) on the reorientation of the Vienna Initiative to organise and target support for businesses as well as a joint EU package to support Small and Medium Enterprises (SMEs) in the Western Balkans (EBRD, 2021). In addition to this, there is limited evidence of enhanced coordination and co-financing between national, sub-regional and regional development banks during the COVID-19 response process and there is a general sense that this coordination was not taking place at the scale needed (ECLAC, 2021; ESCAP, 2020; IsDB, 2020).

In view of this, it may be important to better understand how MDBs make funding decisions to crisis responses, as they did during the COVID-19 pandemic at a large scale, for effective coordination to take place with humanitarian actors to ensure a more joined-up, equitable financing system. Strengthening partnerships among IFIs could provide a more solid ground on which to build its future emergency response in the event of a new crisis. Such partnerships could help in not only coordinating the mutual efforts in crisis response, but also increasing efficiency by joined cooperation towards common goals.

The MDB group² COVID-19 response showed to be a potential channel for collaborating on a green economic recovery for Member Countries (EBRD, 2021; ECLAC, 2021; IsDB, 2020; ESCAP, 2020). Through the MDB Climate Heads Group, the Islamic Development Bank (IsDB) already started in April 2020 working with all MDBs on producing a high-level guidance note on green principles for MDBs' COVID-19 response (mainly focusing on the recovery/restart phase) to ensure that the MDBs' support (including that of IsDB) at recovery phase would enable green and sustainable growth (IsDB, 2020).

Finding 2. To ensure coherence, there is an inherent advantage in scaling-up existing co-ordination mechanisms to respond to crises, building on existing trust among development partners and familiarity and confidence with the ways of working. The multilateral system played a key role in leading this process during COVID-19.

Leadership and governance of scaled-up mechanisms tended to be perceived as legitimate by stakeholders and often involved transparent means of decision-making inclusive of key stakeholders, including country-level beneficiaries. These platforms helped promote policy and operational coherence across different multilateral organisations as well as the implementation of global results frameworks that enhanced accountability and transparency (MOPAN, 2022).

Working through experienced, trusted partners and using existing coordination mechanisms enabled rapid mobilisation of resources and provided a more informed and coherent approach as response to COVID-19 (OECD, 2021a). The multilateral system was key for scaling-up existing coordination mechanisms across development actors, organisational levels and ways of working to launch a coherent response to the health, socioeconomic and humanitarian impacts of the crisis. As an example, the World Bank's COVID-19 recovery efforts emphasised the establishment of One Health coordination within countries to support multisector responses and strengthen coordination structures. This aligned with the efforts of other agencies such as Food and Agriculture Organisation (FAO), United Nations Environment Programme (UNEP), and WHO. In Senegal, the World Bank supported a One Health multisectoral approach to coordinate the COVID-19 response and this approach grew to include ministries responsible for finance, health, social affairs, livestock and

²Including: African Development Bank (AfDB), Asian Development Bank (ADB), Asian Infrastructure Investment Bank (AIIB), EBRD, European Investment Bank (EIB), Inter-American Development Bank Group (IDB), Islamic Development Bank (IsDB) and World Bank Group (WBG).


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animals, agriculture, rural development, environment and sustainable development, and water and sanitation. Since COVID-19, the approach has also included education (WB, 2022c). Having these structures set up even before COVID-19 to organise the response was key since setting up coordination for the first time showed to be challenging. However, in total only about 10% of partner countries had pre-established multisector coordination groups to support implementation of the COVID-19 response, such as One Health committees (WB, 2022b). At the same time, weakness of the World Bank's support to the response was found to be a limited engagement with CSOs (WB, 2022c).

The creation of a multi-party trust fund based on the experiences from the Ebola fund was considered a potential effective way of facilitating coherence between humanitarian and long-term development aid (Norad, 2020) and pooled funding for joint programming among UN entities was seen as one of the strongest drivers of strengthened coherence in the United Nations Development System (UNDS) socio-economic response to COVID-19 (UNDS, 2022). Some UN agencies launched appeals for humanitarian funding and while this approach contributed to better coherence across appeals, the actual funds mobilised varied widely across countries, which was inconsistent with the pandemic mantra that “no one is safe until everyone is safe” (MOPAN, 2022). For example, it was found that while the COVID-19 response plans were better funded than the overall Humanitarian Response Plans (HRPs) in Cameroon, Chad, Democratic Republic of Congo (DRC), Mali, Niger, the Palestinian Authority, Ukraine, Venezuela and Yemen, striking examples of underfunding of the COVID-19 response plans (in comparison to the overall HRPs) were found in Burundi, Ethiopia, Haiti, Iraq, Nigeria, Somalia, and South Sudan (OCHA, 2021). Burundi, Ethiopia, Haiti, Nigeria and South Sudan all received less than 30% of the funding requested within the HRP while countries with existing appeals such as Niger, Palestinian Authority, Libya and Ukraine all received 80% of the funds requested. Countries such as Mozambique and Lebanon received, respectively, 80% and 76% of the requested funding for their COVID-19 specific appeals in 2020 while the Democratic People's Republic of Korea and Colombia received only 9% and 13% respectively of their requested funds (IAHE, 2022). These discrepancies are not further explained neither in the IAHE evaluation nor in the UN Office for the Coordination of Humanitarian Affairs' (OCHA) publications. However, according to the IAHE learning paper, five different donors contributed with over half of the overall amount³ of funding for the GHPRs. This could potentially have skewed distribution towards these donors' priority countries although a shift from a global to country-driven requirements could also explain these discrepancies (IAHE, 2022).

At global level, the collaboration between the International Federation of Red Cross and Red Crescent Societies (IFRC) Secretariat, UNICEF and WHO was seen as important and contributed to the overall relevance and coherence of the humanitarian response, in particularly within risk communication and community engagement (RCCE). IFRC played a dedicated role to facilitate ongoing dialogue with WHO. This was based on lessons from the Ebola response. This dedicated liaison function was found to be highly useful and recommended for future large-scale health operations (IFRC, 2022a). Coherence was also enhanced through ongoing scanning of the funding landscape with a cognisance of COVID-19 related funding streams, both at the onset and throughout implementation (UNF-WHO, 2021). New tools, such as the COVID-19 Partners Platform, helped coordinate a broader scope of partners, including MDBs and bilateral partners in real time around a changing landscape of national needs (MOPAN, 2022).

³ The US, Germany, the European Commission's Humanitarian Aid and Civil Protection Department (ECHO), the United Kingdom and Japan.



Finding 3. Multisectoral coordination structures at all organisational levels showed to be of critical importance for the COVID-19 crisis preparedness and response process to ensure that actions and information were consolidated and implemented/disseminated in a unified and coherent manner. Generally, however, the response was considered weak at country level and led more by one or more key actors than by a joint coordinated response.

This was found to be particularly true when integrating public health programming with livelihoods and cash assistance to address food security and cost barriers to health services (UNHCR, 2020). A key strategy for establishing effective intersectoral collaboration was regular convening of multisectoral meetings. For example, UNICEF Ethiopia conducted weekly multisectoral meetings throughout the pandemic, to coordinate inputs from all sectors (UNICEF, 2022a). While the need for improved information management and coordination at all levels of humanitarian response has long been recognised, the COVID-19 pandemic reiterated the need for coordination across organisational levels to ensure that guidance disseminated online was updated, aligned, contextually grounded and responsive to the evolving situation.

The huge amount of information service efforts that emerged early in the pandemic, while well intentioned, also generated duplication and confusion. For instance, it was found that similar online compilation of guidance documents, was found at different platforms and websites, prompting the need for improving information management and coordination at all levels to ensure that guidance disseminated online would be updated, aligned, contextually grounded and responsive to the evolving situation. The need for improved information management and coordination has long been recognised but the pandemic further reiterated this need. There is however less evidence on whether this occurred in practice (Odlum, 2021). At the same time, knowledge work reinforced the COVID-19 coordination by helping inform how to operationalise crisis response actions (for instance, the multisectoral response in the Philippines built on long-term knowledge work in social protection and community development) (WB, 2022b).

Socio-Economic Response Plans (SERPs) contributed to a “One UN” response to COVID-19 across the UNDS. This helped ensure coherence of humanitarian appeals across the countries. However, the three-pillar structure of the overall UN response (OCHA’s Global Humanitarian Response Plan (GHRP), WHO’s Strategic Preparedness and Response Plan (SPRP) and the UN Framework for the Immediate Socio-Economic Response to COVID-19) presented challenges for United Nations Country Teams (UNCTs) as they worked to ensure a coherent response from the entire UN team at country level. In particular, the division between health systems support interventions under the SPRP and the health pillar of the SERP was often difficult to clearly define. In addition, UNCTs had to adjust frameworks and adopt special measures to ensure coherent support to humanitarian and development responses in some countries including Indonesia, Jordan and Sierra Leone. Furthermore, the level of coherence achieved in the UNCT responses to COVID-19 was not matched by a similar level of coherence at regional level since regional reforms lagged behind those at UNCT level (UNDS, 2022; IAHE, 2023). In general, poor performance was found within GHRP countries since no applicable guidance or tools were in place. Emergency response preparedness was generally not used, and the response relied to a large extent on ad-hoc planning and on actions from one or more agencies that were better prepared (IAHE, 2023).

On-going UNDS reforms helped to establish a platform for a coherent and effective UNDS response to socio-economic impacts of the crisis, helping to drive success in maintaining UNCT operations. This helped create the conditions for a more effective socio-economic response, as embodied in the SERPs, and progress in the reforms was crucial for enabling a coherent UNDS response at country level (MPTF, 2021; MOPAN, 2022). Multiple examples of inter-agency coordination and cooperation on COVID-19 responses are reported, enabling an organisational culture and readiness to be accountable for collective results shown necessary for the UNDS system moving to an emergency footing. The experience from collaboration on joint projects and in preparing the SERPs

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has helped to strengthen a commitment to coordination, coherence, and collective action among UNCT entities, although there is still work to be done (MOPAN, 2022; Sida, 2021; EBA, 2022; MPTF, 2021).

The UN system collaboration and ACT-A facilitated a rapid response and an unprecedented level of coordination and collaboration between global health agencies to address the COVID-19 pandemic. ACT-A was designed to reinforce coordination and collaboration among the pillars and the working groups within each pillar were created quickly and found useful to address immediate challenges related to the pandemic. Moreover, coordination and partnerships between different countries are highlighted as a significant achievement of ACT-A (ACT-A, 2022a). However, while WHO's Health Emergencies Programme (WHE) had a relevant mandate to play and a critical role in supporting countries' national responses (ACT-A, 2021) limited central-level coordination between WHE and the Health Systems Connector (HSC) led to missed opportunities for the ACT-A to better support national response mechanisms. A better mutual understanding between WHE and HSC on each other's country level work reveal an opportunity for better coordination in this area (ACT-A, 2022a).

Strengthening developing capacities of regional organisations for disease response coordination proved to be important as regional coordination facilitated rapid country responses to COVID-19. This included establishing of new platforms such as the Regional Coordination Centre in Zambia for Southern Africa and the Caribbean Public Health Agency, which played an important coordination role in facilitating country responses during COVID-19 (MPTF, 2021). At the local level, an area-based model for operational coordination may offer a platform to better align development, humanitarian and peace interventions and strengthen engagement with local actors (DI, 2021b; DI, 2021a). Through the localisation agenda, there has been a growing focus on enhancing the role of national and local actors in decision-making and coordination processes (Devinit, 2021) (see further discussion of this in Section 3.5 on Localisation).

The GHRP, which was coordinated by OCHA and implemented by UN agencies together with international NGOs and CSO consortiums, was the first ever humanitarian event-specific global appeal and covered countries with existing or multi-country/sub-regional response plans as well as non-appeal countries that had requested international assistance (IAHE, 2023). In this case, prior experience of coordination between governments, humanitarian actors and social protection donors helped to facilitate alignment between humanitarian and development actors at the point of crisis. This was exemplified by the European Commission (EC), which coordinated across the development-humanitarian nexus during the pandemic (ODI, 2021a). However, consultations with large networks of CSOs created challenges in the context of COVID-19 due to required time and transaction costs. Thus, OCHA faced challenges in ensuring an ideal depth of coordination with CSOs when trying to launch the first version of the GHRP quickly, which contributed to tensions with the CSO community throughout the initiative. It centred around UN agencies rather than clusters/sectors which limited its inclusiveness and had a damaging effect on UN-CSO relationships (MOPAN, 2022; IAHE, 2023). IFRC's Coordination with other agencies worked well and became a cornerstone of the Community Engagement and Accountability (CEA) response. There was a strong network of partners working together globally and locally, including the partnership between WHO, UNICEF and IFRC on the RCCE Collective Service, which was a central component of CEA actions in this operation (IFRC, 2022a). The engagement of UN-Habitat at the highest level of humanitarian coordination in the UN System contributed to broader coordinated response to the specific challenges of the COVID-19 response in humanitarian crises in human settlements and cities (UNHABITAT, 2020).

Finding 4. High level government leadership and political will has been critical to support and guide COVID-19 response coordination at partner country level, but mainly effective when accompanied by partner country government's decision-making power and balanced with technical input from and collaboration with other development partners.

While some country processes for coordination were established relatively quickly, adherence to it was purely based on the goodwill of the different stakeholders at partner country level and ideally requirements and protocols for systematic coordination should be institutionalised. It was found that effective COVID-19 communication and coordination was strongly linked to adequate government capacity (experience from e.g. South Africa, South Sudan, Ethiopia and Rwanda). Development partners had an important role to play here in working to build national ownership over time and supporting partner country governments to stay engaged in donor coordination processes with a view to avoiding or phasing out parallel coordination structures in the longer term (ICAI, 2021; DI, 2021a).

In some cases, parallel development and humanitarian assessment, planning and coordination mechanisms has placed an unnecessary burden on host governments, undermining ownership, fragmenting the support provided, and generating inefficiencies. This is seen both in countries where there is strong government leadership and political will (as in Bangladesh) or where the main issue is weakness or fragmentation of local governance structures rather than political commitment (as in Somalia). In these cases, siloed coordination and planning showed to be a product of the aid system, rather than an imperative to ensure access to populations in need. While no single coordination model fits all contexts, an honest mapping and evaluation of the effectiveness of existing coordination mechanisms could be a starting point towards establishing a better coordinated approach that creates space for joined-up analysis and planning across development and humanitarian actors (DI, 2021a). Coordination among donors (e.g. on who reports on what) could allow for more efficient use of resources so not all embassies and agencies are conducting and reporting on similar aspects to their headquarters (HQs) (EBA, 2022).

By endorsing the newly devised *Team Europe* approach, the EU, its Member States and the European Development Financial Institutions (EDFIs) are politically committed to a joint and coordinated response to COVID-19 in partner countries. Team Europe has offered means and opened opportunities for increased coordination and communication in relation to the COVID-19 response from the EC and EU Member States and there are clear indications that coordination, including with non-EU stakeholders (international organisations and CSOs present in multi-country programmes) partners, did intensify during the initial response to the COVID-19 crisis (European Commission, 2022; Burni, 2021). Coordinated interventions ranged from compilation of data on COVID-19 support to pooling resources for needs assessments (Ecuador), technical advice (DR Congo), flagship initiatives (the EU Humanitarian Air Bridge in Yemen), and joint results matrices and joint policy dialogue with national authorities in partner countries (Senegal). Joint situation analyses were the most frequent form of collaboration. More intensive forms of collaboration, such as joint M&E that required more closely aligned programming, where comparatively less frequent (European Commission, 2022; Enabel, 2021). The Team Europe approach in partner countries and regions also bolstered EU's ability to convene actors around a more coordinated response to the crisis resulting from the pandemic (European Commission, 2022; EBA, 2022; Finland, 2022).

In most cases, the COVID-19 pandemic led to a strengthened coordination and mutually reinforced responses among like-minded bilateral providers, such as the Nordic group through which the Nordic approach to Building Back Better and Greener was developed (Finland, 2022; EBA, 2022). This was in most cases taking place through partner country coordinated initiatives. However, in countries with multiple conflicts going on simultaneously and where governments were not demonstrating a proactive and collaborative attitude towards bilateral providers (such as in Bolivia),

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the conditions for a coordinated COVID-19 response among bilateral providers proved to be more difficult. This situation was further challenged by heavy workloads at the embassies during the first months after the COVID-19 outbreak. As a result, in Bolivia the bilateral providers' response to the COVID-19 pandemic was characterised more by separated than by coordinated actions. Even in the case of three likeminded donor agencies (Swedish International Development Cooperation Agency (Sida), Swiss Development Cooperation (SDC) and Global Affairs Canada (GAC)) it was difficult to ensure a proper geographical and thematic coordination to avoid duplication of efforts (EBA, 2022; Sida, 2021).

Finding 5. The COVID-19 response provided flexible and good quality humanitarian funding from bilateral providers, enabling multilateral agencies to work with partners to direct funds rapidly to emerging needs and to fill gaps in humanitarian provisions. At the same time, governance and coordination structures within bilateral providers themselves influenced internal coherence of these countries COVID-19 response.

Governments of major bilateral providers and contributors to the multilateral system (such as United Kingdom (UK), Sweden, Norway and Finland) placed trust in the global system and provided the flexible funding (through core and unearmarked funding) needed for these organisations to allow for coherence in the multilateral and bilateral response. This strongly built on these bilateral donors' long-term strengths in policy dialogue and partnering with multilateral institutions with key mandates in relation to the COVID-19 response (such as UNICEF, World Bank, WHO) as well as in ensuring coherence in their multilateral influence with like-minded countries (Sida, 2021; EBA, 2022; Norad, 2020; Finland, 2022). The latter took place e.g. through the Nordic Plus group.⁴ The UK's early, unearmarked contributions to the humanitarian system helped promote coherence and coordination at the international level, as funds could swiftly be allocated to complement other development partners' interventions and proved to be an efficient way to get money and equipment to where it was most needed (ICAI, 2022).

Decisions by Ministry of Foreign Affairs (MFA) on mandatory return of development aid staff from many international postings hampered the ability of bilateral providers to provide coherent responses with implementing partners and other development agencies (ICAI, 2021; EBA, 2022; Sida, 2021; Finland, 2022). The reason for this was that it became difficult to communicate and coordinate effectively without staff on the ground. Likewise, differences in institutional setting, the lines of command and the split of roles and responsibilities between MFAs and development agencies (e.g. in the case of Sweden, Switzerland and Finland) created confusion and uncertainty among embassy staff members and at times challenged the feeling of internal coherence in the response from bilateral providers (Sida, 2021; EBA, 2022; Finland, 2022). Moreover, in both Sweden and Finland, the MFA found it difficult to ensure coherence with national health authorities in their international COVID-19 responses. In the case of Belgium, it was found that in countries where OneTeam Belgium was already strong, the response to COVID-19 strengthened it further and, in some cases, the strength of OneTeam Belgium had a positive impact on the capacity of the response (coherence, better coordination, greater visibility for Belgium) (Enabel, 2021).

3.2. Flexibility & Adaptation

The desk review identified a close link between the key terms "flexibility" and "adaptation" in the documents, and these two key terms have therefore been analysed jointly. Adaptive management is considered by the review team to be an intentional approach to making decisions and adjustments in response to new information and changes in context. It is a pragmatic and flexible

⁴ The Nordic Plus group consists of Denmark, Finland, Ireland, The Netherlands, Norway, Sweden and UK.

approach to allowing implementing partners' changing methods of work if considered necessary in the given context. It can be considered a set of management practices that enable changing the path being used to achieve objectives in response to changing circumstances. Flexibility is understood as allocating more responsibility towards implementing partners, and thus a reduction of strict regulations and rigid terms for reporting implementing partners have to adhere to. Instead, the financial providers will have a more facilitating role within a given framework and focus less on compliance. Below, the key findings are presented.

Adaptive management and flexibility have been considered essential in responding to a crisis situation such as the COVID-19 pandemic. While these terms have long been highlighted as essential in doing development differently, the pandemic has further highlighted the need to be able to quickly adapt programmes and to allow more flexibility around administrative and financial requirements. The pandemic has showed that multilateral organisations are able to react quicker when funding is unearmarked, although some barriers have been identified within multilateral organisations themselves. Requirements to CSOs and NGOs have been loosened during the pandemic which allowed them to continue implementation although they were not capable of delivering i.e. own funding as they are normally requested to do. Flexibility in terms of programming has also allowed CSOs/NGOs to continue although they have had to change ways of working due to restrictions on mobilisation etc.

Finding 6. Adaptive management and flexibility have been widely discussed in evaluations of the pandemic but there are few studies that explicitly define the terms. Nevertheless, examples provided in studies indicate that adaptation is largely understood as donors providing more flexible terms and requirements to implementing actors.

The RTE of Enabel (Enabel, 2021) and the Process Evaluation of three donors COVID-19 response in Bolivia (Sida, 2021) applied a specific framework for understanding adaptation of programmes and categorised programme adjustments into three types of adaptations: 1) Interventions fully adapted to address COVID-19 where COVID-19 is explicitly mentioned in the objective; 2) Interventions with one or more components addressing COVID-19; and 3) Interventions with some activities addressing COVID-19.

Evaluations and studies covering COVID-19 response mention flexibility and adaptation/adaptive management and often in connection with each other. Flexibility is considered an integrated part of adaptive management as a quick and continuous response to the changing context, not least during an emergency situation (UNICEF, 2020). Further it is explained that adaptive management is understood as emergency procedures that aim at adaptation by allowing more context-specific and flexible programmes. For bilateral providers, multilateral organisations and private philanthropic donors this meant simplifying processes underway aiming at facilitating programme action through adaptive management and providing predictable funds (UNICEF, 2020; DI, 2021b; EBA, 2022; Norad, 2020; ACF, 2021; Finland, 2022). Norway for instance supported the Robert Carr Fund which was set up as a pooled funding mechanism to support regional and global civil society networks in the health sector. Norway through Norwegian Agency for Development Cooperation (Norad) participated in the steering committee and approved several measures to address COVID-19 (Norad, 2020). Irish Aid allowed for building flexibility and adaptability into development programmes, both in terms of service delivery (the need to adapt from large community-based events to one-on-one activities), and in embracing new ways of working (such as remote monitoring and teleworking). Ireland's adaptive programming has helped to maintain health and nutrition services and expand gender-based violence (GBV) messaging and support, whilst responding to the pandemic (Irish, 2021a). Several evaluations also note that the pandemic has made development

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cooperation's adaptive results-based management and risk management even more important than before (Finland, 2022; EBA, 2022; ACF, 2021).

A linkage between adaptive management, learning and having the courage to act upon new knowledge has also been evident in the evaluations. An evaluation of Irish Aid highlighted the importance of incorporating uncertainty or flexibility into project planning and implementation and providing the mandate to act when evidence points to the need and make a genuine effort to involve stakeholders, including beneficiaries in learning, adaptation, and project improvements. Private philanthropic donors highlighted a shift from asking about progress towards planned outcomes to asking about lessons learned in their consultations with implementing actors during the pandemic indicating a shift towards learning which then also allows for more flexibility (Irish, 2021b; EBA, 2022; ACF, 2021).

Finding 7. More institutional flexibility in terms of developing and applying new instruments, reallocating funds, simplifying existing instruments, policies, and processes, and bringing forward spending was central to enabling rapid resource mobilisation in response to the pandemic.

Evaluations and studies point to the establishment of an array of specialised COVID-19 emergency response funds, funding instruments and modalities, designed with the intent to support adaptiveness and supply quick, flexible funds. Several development banks established such funding modalities early in the pandemic, or in the case of the World Bank, applied existing crisis instruments to provide resources to partner countries rapidly (WB, 2022b). African Development Bank (AfDB) established a USD 10 billion Crisis Response Facility (CRF) which was found to enable fast, flexible and effective responses to lessen the economic and social impacts of COVID on its regional member countries and the private sector. The guidance note for CRF states that selection and processing of CRF operation should be approved under a streamlined review process, appraisal reports and fast-track approval (AfDB, 2021). Likewise, Asian Development Bank (ADB) established a rapid and flexible financing instrument, the COVID-19 Pandemic Response Option, which provided quick-disbursing, counter-cyclical loans, earmarked to help governments to contain disease, strengthen health systems, expand social protection, and assist key sectors of the economy (GEF, 2022). The Global Alliance for Vaccines and Immunisation (Gavi) likewise established a new flexible financing mechanism for rapid purchase of vaccines, the Pandemic Vaccine Pool (PVP), to be able to respond quickly and manage the vaccine market, maintaining a secure supply in the face of new variants, demand for vaccines etc. (FCDO, 2021). Thus, flexibility within these funding mechanisms were provided in terms of rapid and more streamlined approval processes.

UN agencies also benefitted from the establishment of specific, flexible funding instruments to respond to COVID-19. In March 2020, WHO established the COVID-19 Solidarity Response Fund (SRF), a first-of-its-kind platform that enabled corporations, individuals, foundations and other organisations to support global efforts to contain and mitigate the pandemic by pooling flexible financial resources (OCHA, 2021). The unrestricted and flexible funding nature of the SRF, which was used to fund the procurement and distribution of essential medical supplies, was an asset to WHO and partners, and was found to enhance complementarity with traditional funding streams (UNF-WHO, 2021). The Fund set-up itself was flexible and agile in the sense that recipients were able to start spending the money pledged as soon as a donor contract was signed (rather than waiting to have the money in hand); and for WHO, the Fund could be used to immediately fill funding gaps and be redeployed when earmarked or time-bound funding arrived (UNF-WHO, 2021). The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (MPTF) was also established as a flexible funding instrument, which proved useful in UN's initial health sector and socio-economic response to the pandemic (MOPAN, 2022). Lessons from the SRF and the Recovery and Response MPTF illustrate the usefulness of such funding instruments in filling immediate



funding gaps at the onset of crisis, where UN agencies otherwise experienced an absence of flexible funds (MOPAN, 2022).

Pooled funds were another important part of the funding landscape in responding to the pandemic, particularly due to the flexibility, timeliness and responsiveness that they provide (Devinit, 2021). For example, the UN Central Emergency Response Fund (CERF), a global pooled fund designed to provide rapid access to flexible funding for countries in crisis, was used to support lifesaving activities in response to the COVID-19 pandemic. In fact, the CERF piloted new disbursement practices to enable faster, more efficient funding allocating in COVID-response, hereunder streamlining application and reporting practices, and allowing more adjustments in CERF projects (Devinit, 2021).

Finding 8. Bilateral providers have shown a high degree of flexibility towards CSOs and NGOs and multilateral organisations, including to re-programme funds, adapt existing programmes, enable more decentralised decision-making, simplify application and reporting requirements, and expedite funding procedures.

Having internal structures and processes for adaptive management both institutionally and at programme level was highlighted as key enabler of such flexibility among donor agencies (Irish, 2021a; EBA, 2022). For example, core elements of the Irish Aid adaptive management approach that worked well in response to COVID-19 were to allow for flexible budgets in the design of interventions, but paired with a robust monitoring, evaluation and learning set-up and strong communication channels, enabling well-informed adjustments in response to contextual developments. Such flexibility was included in the design phase as a consequence of the ongoing pandemic (Irish, 2021b). While Sweden has for a long time had an ambition of being a flexible provider, the pandemic further emphasised the need to communicate to all embassies to allow for flexibility towards implementing partners (EBA, 2022).

The provision of unearmarked, core funding for national and international NGOs (INGOs) and multilateral organisations, was also emphasised across several evaluation reports and studies as a key enabler of flexibility and adaptation (Norad, 2020; UNICEF, 2020; ICAI, 2022; OCHA, 2021; Canada, 2022; EBA, 2022; Sida, 2021). Norway and Sweden, for example, disbursed core funding to multilateral organisations and programmes early to enable greater flexibility for its multilateral partners, which was seen to facilitate quick response and more adaptive management to meet changing needs on the ground. Bilateral providers loosened up interpretation of boundaries for development and humanitarian funds for CSOs and multilateral providers, allowing for more spending flexibility (see more in Section 3.7 on nexus) (Norad, 2020; Sida, 2021; EBA, 2022). In Bolivia, the core support for UNICEF allowed UNICEF to quickly commission vulnerability studies and establish a hotline for women, children and vulnerable population groups such as migrants who had survived GBV or were facing mental challenges due to the pandemic. This had not been possible without the core support and Sweden's clear communication to partners to consider contributions (projects) flexible with a high openness towards changing programmes if implementing actors deemed it necessary during the pandemic (Sida, 2021; EBA, 2022).

Likewise, UK through its Foreign and Commonwealth Office (FCDO) allocated GBP 218 million toward the global humanitarian response, the majority of which was left unearmarked, to give the humanitarian system flexibility to respond to the evolving pandemic without geographical restrictions (ICAI, 2022). Evaluations of UN agencies emphasise the value addition of such unearmarked funds to their COVID-response, enabling more responsiveness to evolving realities on the ground (UNDP, 2022; OCHA, 2021; UNF-WHO, 2021). While Financial Tracking Services (FTS) indicate a decrease in earmarking of funding at the outset of the COVID-19 response, from 81% in 2019 and 73% in 2020 (Devinit, 2021), an IFRC evaluation concluded that already by Q3 of 2020, there were growing levels of earmarked funding and decreasing levels of flexible unearmarked

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funding (IFRC, 2022a). The IAHE also found an increase in unearmarked funds in the beginning of the pandemic, which was instrumental to scaling up the health response, however this flexibility was reduced with time and returned to pre-pandemic level. The reduction occurred before the larger COVID-19 waves and thus did not respond to the fact that in many places the pandemic was more severe in terms of infection and death rates beyond 2020 (IAHE, 2023).

Flexibility in funding was also practiced by private philanthropic donors as documented by the Association of Charitable Foundations (ACF) (ACF, 2021). According to this study, 84% (n=67) of private philanthropic donors increased flexibility around reporting and payment schedules with only 16% (n=13) saying no to this. The pandemic spurred a move towards granting more core funding e.g. for staff rather than only funding projects. This development is likely to be extended to post-COVID-19 and is likely to influence approval of larger grants (ACF, 2021). Private philanthropic donors also responded quickly in relation to humanitarian assistance and have been praised for increasing flexibility in reporting and grants management and ensuring predictability of funds (DI, 2021b). The Disasters Emergency Committee (DEC) highlighted flexibility in funding combined with a strong monitoring system in the field as essential for the rapid response to COVID-19 (DEC, 2021).

Notably, greater donor flexibility did not always make partners more flexible; UNICEF, for example, benefitted from donor flexibility, but did not allow implementing NGO partners to reallocate or reprogramme funds (UNICEF, 2021a; UNICEF, 2021b; Sida, 2021). Therefore, it is unclear to what extent donor flexibility improved conditions for front-line responders and/or implementing partners (refer more discussion under 3.5 Localisation).

Donors also recognised the need to implement measures to support CSOs partners in a more flexible manner. A key measure in this regard was to temporarily exempt civil society partners from contributing own funds when receiving a grant (Norad, 2020; Finland, 2022; EBA, 2022). Other measures to support more flexibility for CSOs included revising guidelines for reallocation of grants, giving CSOs the flexibility to redirect up to 20% of funds across thematic and geographic areas, and allowing for unallocated funding in the budget (Norad, 2020).

Decentralised decision-making power and autonomy at embassies was also seen to enable flexibility in COVID-response (Sida, 2021; EBA, 2022). Sweden's highly decentralised decision-making power meant that in practice, Swedish embassies could facilitate flexibility and adjust focus within strategic areas by interpreting the boundaries of thematic areas more flexibly (EBA, 2022). However, while other donors worked to simplify procedures to expedite decision-making processes and quickly allocate funds on approval of grants or adjustments to programming, Sida largely maintained the same administrative and financial procedures as prior to the onset of the pandemic. The procedures had just been revisited a few years before the pandemic and they proved to allow for the needed flexibility (Sida, 2021; EBA, 2022).

3.3. Timeliness

Timeliness is about checking if the sequencing of the intervention fits the challenges and not necessarily about being first. It is about deciding what are the most appropriate measures at a given point in time, and within a given context. Therefore, timeliness is closely related to the *relevance* of specific interventions and development and humanitarian partners' response in a given context. Below the key findings are presented.

Timely response has mainly been possible when partnerships have been established prior to the pandemic and the foundation for collaboration has already been laid. While the responses from multilateral organisations, bilateral providers and development banks have been timely when it comes to provision of budget support and technical assistance, service delivery has been more challenged due to restrictions of movement and other external barriers. The lack of flexible funding for vaccines, albeit explicit commitments from bilateral providers, impeded COVAX ability to respond timely and secure vaccine agreements.

Finding 9. Humanitarian and development partners built on existing engagement, networks, and funding allocations to ensure timely response to the COVID-19 pandemic.

Evaluations highlight that the choice of sticking to existing programme sectors, geographical areas and communities enabled timely response, drawing on existing networks and knowledge of the local context (War Child, 2020; Save the Children, 2021; British Red Cross, 2022; Sida, 2021; EBA, 2022). For example, the British Red Cross built on pre-existing structures and approaches to Water Sanitation and Hygiene (WASH) and livelihoods (British Red Cross, 2022). Likewise, both FAO and Save the Children found it useful to leverage existing partnerships, and well-established relationships to mitigate and respond to the pandemic in a timely manner (Save the Children, 2021; FAO, 2022). In order to ensure a timely response, FAO conducted ongoing real-time assessments and monitoring of COVID-19's impact on food security. This allowed governments in partner countries and the humanitarian community to closely follow the development and respond to avert a deterioration in food security (FAO, 2022). ADB's decade of experience in the social protection sector in the Philippines enabled them to build on existing knowledge and experience, expediting response, particularly when compared to ADB's COVID-19 response in India and Bangladesh, where limited prior engagement in the sector resulted in longer planning (ODI, 2021b). ADB was also able to rapidly approve budget support in the Philippines due to their prior engagement (ODI, 2021b).

The global analysis of UNICEF's response to COVID-19 also points to the fact that country offices with prior emergency experience, and appropriate systems, capacity and working culture, were able to quickly adapt to the pandemic; on the contrary, country offices without emergency experience encountered difficulties in adapting to new ways of work, which ultimately impacted timeliness and efficiency (UNICEF, 2022).

Finding 10. While multilateral organisations struggled to deliver services in a timely manner, mainly due to external logistical issues, multilateral organisations, development banks and bilateral providers were more effective in supporting already established partner countries with budget support and technical assistance.

Delays in supplies was the main impediment to timeliness of UNICEF's contribution across several country contexts, due to regional shortages of essential items and the restrictions on movement (UNICEF, 2021d; UNICEF, 2022). In addition to availability issues and fluctuating prices of required inputs, lockdown regulations affected both timely implementation and FAO's ability to monitor activities (FAO, 2022). Global shortages on health equipment needed to address COVID-19 in many

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cases led to severe delays (Islamic Relief, 2021); here, a key lesson for humanitarian actors is to prioritise investment in preparedness, hereunder pre-positioning essential supplies to help deliver a more timely (and cost-effective) response, saving more lives (OCHA, 2021).

In a few instances, evaluation studies highlighted internal structural issues that undermined timely support. In particular, UN-wide processes, hereunder coordination meetings, joint activities, and new requirements for joint reporting were shown to be burdensome, requiring significant time and resources and substantial commitment from all involved partners (ILO, 2022; UNICEF, 2022). While these challenges have been the reality prior to the pandemic, and in particular as a consequence of the UN Reform and the requirements to enhance coordination among agencies, the need to react fast revealed these shortcomings even stronger. For instance, prior to the pandemic a number of reviews, evaluations and a MOPAN review of the International Labour Organisation (ILO) showed that only about 26% of ILO projects have sufficient human and financial resources to deliver on planned outputs and limited on-the ground presence in countries without country offices. This shortcoming meant that ILO in some cases struggled to provide coordinated and timely support to the field, due to challenges in securing the required technical expertise on the ground, at the right time (ILO, 2022).

The EU response to the pandemic (through Team Europe) was found to be relevant and timely. It concentrated mostly on re-allocating already committed funds and repurposing ongoing interventions. Budget support and macro-financial assistance constituted, in terms of funding, about three quarters of the EU response in the 17 case study countries and regions. In a context of revenue shortfall and rising expenditure and debt, these provided timely liquidity to partner governments of all countries examined. In several of the countries, the modest to significant fiscal space increase generated contributed to maintain macroeconomic stability. It also helped partner governments to finance their emergency fiscal and socio-economic packages (European Commission, 2022). As an example, in Senegal the EU support package consisted of a new EUR 111 million budget support contract. The coordination prior to COVID-19 was already strong but through the Team Europe approach the coordination was additionally improved and EU convening power was strengthened with non-EU bilateral providers and actors (European Commission, 2022). The established partnership prior to COVID-19 was also essential in ADB's budget support response in Philippines as mentioned above (ADB, 2021).

The timeliness of the World Bank Pandemic Emergency Financing Facility (PEF) resources for just-in-time use by World Bank teams was limited by the need to declare an emergency to access the funding and by the processing requirement that PEF had to be included in a World Bank financing project for recipient execution. Also, it was found that the PEF funding was less effective than expected since it was spread too thinly over too many countries and would likely have been timelier and more useful had it been provided to the health teams as World Bank executed trust fund for financing of joint advisory services and analytics. Many governments struggled with how to respond to COVID-19 and sought diagnostics and technical assistance, to refine strategies and planned actions (WB, 2022b).

According to a Working Paper, timely social protection responses were facilitated in country by the use of both pre-existing and specially created joint multi-donor funds such as the United Nations Joint Sustainable Development Goals Fund (UNJSDGF) and the United Nations COVID-19 Response and Recovery Trust Fund (UNRRTF), and specific technical assistance inputs funded, for example, by UNICEF, World Food Programme (WFP), and the ILO to address technical system bottlenecks constraining the expansion of social protection delivery (ODI, 2021a). Findings from the UNICEF Europe and Central-Asia RTE also indicated that although service delivery was challenged due to external barriers, the country offices managed to quickly mobilise and procure supplies and

technical assistance by recruiting of additional staff, particularly in new areas of expertise such as WASH, and successfully scaling the steep learning curve associated with shifting to emergency operations (UNICEF, 2021e).

Finding 11. The availability of flexible funding has been raised as a key issue for timely response, particularly in the early stages of the pandemic.

A core criticism relates to the timeliness of funding toward vaccination; despite international financial commitments, it took COVAX over 15 months since the onset of the pandemic to raise enough funding to procure vaccines to cover 30% of developing economy need; this delayed advance purchase agreements, and thereby also the deliveries of vaccines (IMF, 2022). COVAX also faced challenges in meeting targets because vaccine-producing companies circumvented them, making contracts directly with the highest-paying countries (The Lancet Commission, 2022). Also, the self-financing arm of the COVAX Facility did not deliver as anticipated. Especially, Latin American governments were not satisfied with the performance of COVAX in improving access to COVID-19 vaccines in their countries. Latin American countries found it easier, and in some cases cheaper, to make deals with vaccine producers directly rather than procuring vaccines through COVAX. This was also the case for Thailand which did not join COVAX, partly due to dissatisfaction with the contracts which failed to guarantee specific volumes of doses by specific points in time (ACT-A, 2022a).

In Ethiopia, there was some criticism of UNICEF as insufficiently proactive in ensuring timely financial support for activities where UNICEF had taken responsibility, particularly for the vaccine demand promotion work (waiting for World Bank funds rather than identifying UNICEF resources) (UNICEF, 2021a). See more under vaccine equity in Chapter 4.

3.4. Innovation

This section focuses on *innovation* which here relates to introduction of new practices or improvement of existing practices. The identified innovations are clustered according to the following overall types of innovation: i) systems innovation; ii) technological/digital innovation; and iii) innovative financing. Below, the key findings are presented.

The crisis made multilateral organisations and bilateral providers more open to innovation and risk taking while the necessity for crisis response also spurred on innovation in some contexts. Early and clear communication and encouragement from HQs to field offices and partners to “think out of the box” was seen as critical to this endeavour. At the same time however, while several innovative new programming and monitoring tools have been introduced during the COVID-19 pandemic, the extent to which this may have impacted development results is unclear as evaluations of this are still to be conducted.

Finding 12. A large degree of autonomy and flexibility in the reprogramming process generated a focus on opportunities rather than on limitations and resulted in development of new innovative practices. Most innovations aimed at systems strengthening in partner countries (e.g. health, social protection, surveillance, education, payment etc.) and benefited from systems established before COVID-19 and from partnerships.

For instance, innovations within education benefited from expanding of technology partnerships developed before COVID-19, innovations within social protection benefited from systems and digitalisation work completed before COVID-19, which allowed countries to rapidly expand digital payment and social rosters. In countries where there was previous support to develop disease

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surveillance, these systems were elaborated further to help respond to COVID-19. This points to the importance of building on emergency innovations from the relief stage.


A large part of the innovations focused primarily on institutional strengthening, particularly in relation to multisectoral coordination planning and health. Only few innovations focused on policy. Most system innovations were related to better engagement of local governments and communities, for instance in data collection and monitoring. Inter-sectorality and partnerships were important across innovations and sectors such as water, technology, and agriculture played important roles in systems innovation within health and social protection. Moreover, partnerships offered key expertise to expand innovations in areas where there was limited experience, such as psychosocial services innovations (WB, 2022c; Sida, 2021; IFRC, 2022a).

A World Bank stocktaking analysis identified innovations in more than 80% of the countries in the portfolio, often reflecting new approaches or practices to strengthen systems. Innovations to support the response were positively associated with the reorientation of World Bank country portfolios, suggesting that reorientation opened opportunities for innovation. Examples of innovations in relation to the COVID-19 response included Uzbekistan (informing people about COVID-19 through SMS messages, Telegram, WhatsApp, video clips, and infographics and adapting health services for telemedicine); Mali (a new national 24-hour-a-day, 7-day-a-week call centre dedicated to COVID-19 enabling free calls and offering advice for implementing coronavirus protocols); Senegal (community-based disease surveillance and multistakeholder engagement allowing community health workers and volunteers to detect COVID-19 and report cases to health facilities and local government agencies); Latin America (tracking the presence of COVID-19 in wastewater through real-time data collection of the virus spread in a community); and Cambodia and India (instructional videos, conference calls, and social media supplement coaching services for teachers). These innovations often built on systems and interventions already being established and supported from before COVID-19 (WB, 2022c).

Partnerships among multiple government sector line ministries with government and private sector actors enabled rapid efforts to expand digitalisation of systems for crisis preparedness and more equitable access to services (WB, 2022c). The rapid change to remote programming early in the pandemic had positive effect. Such innovation allowed the maintenance of many services that previously relied on face-to-face contact. It also created new modalities that could strengthen the resilience and efficiency of protection programming in future emergencies (e.g. child protection and GBV case management, mental health and psychosocial support, registration and documentation for asylum, and telehealth for health responses) (UNHCR, 2022).

Finding 13. Across organisations and implementations within countries, innovations have supported digitalisation processes, including in relation to service delivery mechanisms, social protection, child welfare, and critical health services. Some digital innovations enabled development of wholly new technical solutions and approaches to the impacts of the pandemic, others provided enhanced safety and protection and addressed bottlenecks.

In health, the innovation focused mainly on expansion of systems to monitor the quality of health and disease-related services. The UN established UNRRTF aimed to provide a roadmap for social and economic recovery from the pandemic. The UNRRTF allocated funds to social protection through one of its three windows, which was dedicated to mitigating the socioeconomic impact of the pandemic and safeguarding people and their livelihoods, promote digital innovations to support employment and livelihoods and improve the provision of social services to promote recovery (ODI, 2021b). Thus, from the beginning, the form of innovation the Fund was intended to support



included both digitalisation and the use of technology on one hand and innovative programme implementation models and partnerships to be supported on the other (MPTF, 2021).

Health workers, local government, and communities supported crisis response to help countries strengthen telehealth and other platforms for continuing essential health services in an emergency (WB, 2022c). COVID-19 has also encouraged technological innovations that are changing the way in which countries respond to a public health crisis (WHO, 2022a). Most health innovations focused on critical health services, such as information management, early warning systems, and new approaches for reaching vaccine recipients. These included the introduction of telemedicine for consultations with pregnant women (WB, 2022c; Sida, 2021).

Within social protection, the innovation focussed on expansion of social registries and data analytics capacities supported systems in responsively expanding social protection benefits in an emergency. Innovations in social protection and education were well integrated in the response. Examples of this are digital payment systems and remote learning as well as development of more inclusive insurance and financial products. New technologies and mechanisms were developed to expand social protection coverage and delivery mechanisms (WB, 2022c; UN Women, 2022; MPTF, 2021). This included strengthening of networks and hotlines (e.g. for GBV) through development of new platforms for communication among the actors such as UNICEF's hotline in Bolivia supporting survivors of violence with psychosocial support that has gradually further advanced in terms of reaching more marginalised population groups such as migrants (Sida, 2021) and linking of information on health surveillance data of COVID-19 testing and migrant movement data as collected by government immigration departments (IOM, 2020). The ILO support to countries encompassed knowledge sharing, capacity building and technical assistance through innovative models targeting vulnerable groups (ILO, 2020). At the same time, according to the World Bank, only 10% of innovations identified in the COVID-19 response addressed gender disparities (WB, 2022c).

Dynamic and interactive reprogramming processes, and multistakeholder platforms established by the projects, facilitated innovative interventions. This helped to push the digitalisation process within partner countries and support development of new inclusive products, for instance through linking of financial institutions and insurance companies to social protection interventions, as it happened in Bolivia (EBA, 2022; Sida, 2021). At country level, humanitarian partners demonstrated significant innovation and flexibility in adapting programmes and delivering assistance, despite a rapidly changing operational environment (ODI, 2021b). Local people's innovations have been of vital importance in the COVID-19 pandemic. These innovations included enabling of wholly new technical solutions and approaches to address the impacts of the pandemic, such as digitally case tracking and tracing in the Kenyan public transport system and enhanced provision of safety and protection for the collaboration of makers' collectives and the Indian government to produce personal protective equipment (OECD, 2021a).

The pandemic response from United Nations Population Fund (UNFPA) reaffirmed the role innovation can play in empowering women and young people and expanding access to essential services. UNFPA found that digital tools provided an opening for South-South, interregional and cross-border cooperation through online learning platforms and presentations, increasing knowledge sharing on a global scale. Many of the technological innovations offer the potential for replication and scaling up as innovative and technology-driven approaches are in high demand and are increasingly feasible even in resource-poor settings (UNFPA, 2021). As innovation clusters and strong innovation ecosystems are crucial to realise the potential of the Fourth Industrial Revolution (4IR), the fallout from the COVID-19 pandemic has refocused minds, as it offers considerable scope for digital transformation and innovative solutions to be deployed for maintaining essential services

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and supply chains, enhancing business and societal resilience against unforeseen shocks, and the development of new businesses and new business sectors (UNIDO, 2020).

Finding 14. A number of innovative financing products and practices developed and implemented during the COVID-19 response process may have potentials for further scaling and become really transformative for leveraging of financing.


Building back from COVID-19 in the medium to longer term is an opportunity to scale up innovations and build capacities that could ensure the continued provision of basic assistance to a wider population in need long after the pandemic is over. The opportunities provided by the COVID-19 crisis include expanding the accessibility and use of digital technologies, such as promoting e-payments. At the same time, such innovations should be implemented with care and avoid excluding of already marginalised groups, such as through digital exclusion (IDS, 2022a).

External financing has been the main source to finance innovations, with IMF and World Bank as the dominant donors followed by bilateral donors, regional development banks, and the UN and international organisations. Within consortiums and partnerships, internal funding facilities were designed to encourage further use of adaptation and try new approaches in existing community-led interventions. This has established foundations for locally led innovations and their potential scaling up in future programming (DI, 2021b). The scope and flexibility of the UNRRTF allowed Australian Department of Foreign Affairs and Trade (DFAT) to take risks in innovating to achieve transformational sector change. This enabled DFAT to work across a wide range of geographic and sector contexts and supported a shift in Australia's aid investment take a more transformative and innovative approach. This included a strengthened Green Stormwater Infrastructure (GSI) focus in WASH projects, by adopting a system strengthening approach and support for use of evidence-based knowledge and innovation in implementing WASH activities (DFAT, 2020).

This crisis has significantly enhanced humanitarian-development collaboration, and there is potential to take forward significant innovations in sectoral financing that build on these strengthened relationships. This involves connecting to alternative funding sources, including, for example, anticipatory action and disaster risk financing (the creation of a system of budgetary and financial mechanisms to credibly pay for a specific risk, arranged prior to a potential shock. It could also involve leveraging innovative financing sources such as private sector financing and insurance. At the same time, the COVID-19 has underscored that large humanitarian actors mainly focus on large donors for funding and needs to give more attention to smaller, more nimble, innovative or local donors (IFRC, 2022a).

CERF introduced innovative allocation approaches during 2020 to channel funding to where it was needed most, to remain in step with the evolving nature of the pandemic. Early multi-country block grants to jump-start nine UN agency responses were followed by the first-ever direct CERF support for front-line CSOs in June 2020. These innovative allocations were made possible, in large part, by the exceptionally high level of CERF funding available in 2020 (OCHA, 2021; IAHE, 2023). The Country-Based Pooled Funds (CBPF) was an important source of funding to local and national CSOs and front-line actors that provided flexible measures to help frontline responders to adapt to new needs. The positive feedback from these experiences has led to CBPF incorporating several of these flexible measures beyond the pandemic (IAHE, 2023).

Faced with uncertainties and the need to plan with limited or yet-to-be-determined resources, COVAX partners built risk sharing and mitigation into the model, frequently innovating and adapting as needed. COVAX partners leveraged existing innovative financing mechanisms (such as matching grants and the loan buydown facility) and created new ones to de-risk investments or make contingent funding available for earlier investments. These early at-risk investments, combined



with high risk tolerance, risk sharing, and mitigation measures, flexibility and innovative financing allowed COVAX to start from nothing to successfully secure access to billions of doses, and deliver more than 1.7 billion doses around the world (Gavi, 2022b).

3.5. Localisation

The localisation agenda acknowledges that crisis-affected people are often crucial first responders and therefore a shift from a top-down approach (e.g., from national governments to sub-national authorities) have been promoted. The localisation agenda lacks a sector wide agreed definition but usually refers to the agenda aimed at increasing the level of authority, capacity, decision-making, funding, and accountability that is held by local actors in humanitarian responses and development processes. While building local capacity can be a part of localisation, it can also mean ensuring tapping into already existing capacities. Nevertheless, the localisation agenda requests for advocacy, inclusivity, support and promotion of national and locally based civil society such as CSOs, NGOs, community-based organisations (CBOs), networks, sub-national governmental organisations etc. by traditional humanitarian actors such as the institutional donors, UN agencies and INGOs. While the localisation agenda focus on sub-national levels, in this desk review we broaden the definition to also include local and national actors (LNA) which besides civil society also includes national governments, since these are mainly discussed jointly in the publications.

The need for a localisation agenda and bottom-up approach has been further stressed during the COVID-19 pandemic but direct funding to frontliners has since been reversed and it has been a missed opportunity to actually change power structures towards enhanced localisation. Multilateral organisations, bilateral partners and INGOs have depended on national, local and community-based organisations for continuous implementation of projects/programmes, thus the localisation process has occurred due to circumstances rather than explicit strategic choice and primarily in terms of implementation and service provisions. At the same time, the mode of urgency has left little time for capacity development and findings indicate that LNAs have been considered more as service providers than genuine partners.

Below are the key findings on localisation.

Finding 15. The COVID-19 pandemic re-affirmed the relevance of Grand Bargain and the global commitments toward localisation, reiterating the significant role of crisis-affected communities and LNAs as first responders and the importance of strengthening local capacities to respond to future crises. However, the pandemic has largely been a missed opportunity to advance the agenda.

While there are good examples of how LNAs have ensured continued implementation when international actors were unable to travel, a continuous concern about risk management and lack of trust have been identified as barriers that prevented increased direct funding to LNAs. Any increased funding to LNAs during the pandemic has since been reversed and the IAHE evaluation found that the pandemic has not shifted any power balance even if LNAs have been recognised as crucial for continued service delivery during the pandemic (IAHE, 2023). Donors were quick to agree to reprogramming of funding but the lengthy chain of partnership and sub-contracting from institutional donors to UN and INGOs to frontline responders remained in place despite strong requests for change (IAHE, 2023).

Nevertheless, evaluations and studies emphasise the relevance of funding, strengthening capacities, and promoting leadership of LNAs in COVID-19 response, noting that there are

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significant existing capacities and their role in every-day humanitarian work and as intermediaries of the humanitarian system (IDS, 2022a; War Child, 2020). Combatting misinformation related to COVID-19 and promoting awareness on public health measures (including vaccines) have been core issues in COVID-19 response, where community-based partners have been important to ensure the relevance of the message. UNICEF, for example, had success in partnering with community-based media outlets and the knowledge of community leaders and local influencers to tailor public health messages to the local context and locally appropriate language across different country contexts (UNICEF, 2021e). This notion that local communities are experts and therefore should be partners in their own recovery is reiterated across other studies as well, although without offering concrete examples of where interventions were strengthened as a result (War Child, 2020; Dany, 2021).


In Bolivia, the Swedish Embassy had made a specific effort to support national CSOs directly which proved important when the pandemic hit. In particular, a national CSO providing WASH services became instrumental in the Swedish response to the pandemic and a larger part of the agreement with the organisation was reallocated to allow for the organisation to secure WASH services in areas of high risk for spreading of the virus. While international CSOs were largely incapable of responding to the pandemic due to travel restrictions the national organisations were on the ground and able to respond (Sida, 2021).

Plan International's COVID-19 programme in Somaliland focusing on cash-transfers to internally displaced persons had a very high level of localisation with local CSOs implementing 75% of the programme. Plan International provided oversight, conducted monthly update meetings, trained local CSOs in accountability to the affected people and supported them with regular technical support from the distance but the partners led the proposal writing and the subsequent implementation themselves. The evaluation noted that Plan International will use these COVID-19 experiences moving forward (Plan, 2022).

Finding 16. The global pandemic challenged the traditional humanitarian aid structures and modes of delivery due to border closures, lockdowns and emergency measures; in order to navigate this new realities, international actors were forced to adapt and develop new strategies, relying more heavily on local and national actors but primarily in terms of implementation and not on a more strategic level.

A paradigm shift toward greater localisation of aid has been touted as a positive outcome of the global response to the pandemic, with humanitarian and development actors in the Global North so heavily reliant on the local presence and capacities of partners in-country (IFRC, 2022b). However, most of the examples of localised response to the pandemic “*due more to circumstance than explicit strategic choice*” (UNHCR, 2022) and localisation is mainly considered in relation to implementation and not at a more strategic level. For example, evaluation evidence points to greater reliance on local partners for supply and delivery, in localising procurement of Personal Protective Equipment (PPE) (such as masks, hand sanitiser, soap) as well as in vaccine production (UNCTAD, 2022; UNICEF, 2021b). Some UN country offices were also increasingly reliant on their local implementing partners' presence on the ground to reach affected communities in relation to needs assessments, monitoring, and delivery, although this was not without challenges (Sida, 2021; UNICEF, 2021b).

Results of implementation of global Rapid Learning Needs Assessment (RLNAs) as part of the COVID-19 response in the Save the Children Movement led to an increased driver for localisation within the Save the Children movement. This process led to a further realisation of the need of shifting some of the power to the Regional Centres (albeit not followed by budget allocation in terms of the COVID-19 response) and needs to continue supporting the centres to become more



autonomous in decision making (Children, 2021). While RLNAs proved an advantage in the case of Save the Children, the IAHE evaluation found that instead of strong data, humanitarian actors experimented with forecasting. Data relied on remote data collection and local organisations, and while it was a necessary approach, there are indications that it has compromised the quality, and inclusiveness of e.g. women since it relied on connectivity and access to mobile phones. Thus, the analysis and response planning have potentially had negative impact on vulnerable groups (IAHE, 2023).

Coordination among OCHA and large CSO/NGO networks due to time constraints and transaction costs contributed to tension when the first GHRP was launched. Nevertheless, the MOPAN review noticed the great role NGOs and CSOs played on the ground allowing for ensuring some level of reach to vulnerable groups and also played a crucial role in promoting the uptake of public health measures, including vaccination (MOPAN, 2022). Similarly, the response by UNICEF in Bolivia to protect Venezuelan migrants would not have been possible without CSOs on the ground. However, it was noticed that CSO partners were put additionally under pressure in terms of time, resources and health risks, and still they were considered more as service providers than partners (Sida, 2021).

The second iteration of the GHRP marked a shift towards country-level analysis and planning, and thus a greater potential to engage with local and national actors, particularly in contexts where humanitarian coordination structures and mechanisms already existed was the ambition. According to a GHRP learning paper, there were mixed opinion to what extent this was realised in practice (IAHE, 2022). There are indications from UNICEF that especially within social protection, pre-existing partnerships with governments of partner countries provided entry points for successfully scaling-up or establishing new government-led activity (UNICEF, 2021b). As an example, UNICEF and WFP in Uganda managed to agree with the government on a cash transfer programme for pregnant and lactating mothers in refugee areas. This was the first time ever the government of Uganda took part in a cash transfer programme so development partners in Uganda considered it to be a significant achievement that could allow for cash transfer programmes in the future (EBA, 2022).

According to UNICEF's global assessment of COVID-19 response, localisation of procurement was reported in all regions, partly driven by a lack of supply in traditional manufacturing countries, especially with regard to PPE (including masks, hand sanitisers and soaps, some of which were produced by local organisations such as women's cooperatives in West and Central Africa) (UNICEF, 2021b).

While UK has committed to the Grand Bargain, the pandemic did not prove to be an opportune time for driving forward these commitments. UK worked closely with national and local governments, but no clear strategy for supporting localisation was included in its humanitarian response to COVID-19 and only limited support was provided through local NGOs and CSOs. There was limited willingness to take on the additional risks associated with localisation and a lack of capacity to manage multiple small grants to local responders. Country teams also focused on adapting existing delivery mechanisms, rather than creating new ones (ICAI, 2022).

Finding 17. While the COVID-19 pandemic re-affirmed the relevance of localisation of aid, there is sparse evidence to support claims that LNAs systematically were involved in planning or received capacity strengthening and financial support.

The IAHE of the GHRP for COVID-19 found that the urgency and tight timeframe resulted in a UN-centric approach with limited engagement of LNAs to inform planning and prioritisation. Equally critical, LNAs received minimal direct funding under the GHRP, a mere 2% of total funding in 2020, despite the strong rhetoric on the importance of local front-line responders (IAHE, 2022). The GRHP

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fares better when compared to global funding flows, however, a study indicates that less than 0.1% of COVID-19 funding was channelled directly to LNAs (not including national governments) (UNHCR, 2022). One of the reasons cited for why so little funding was channelled directly to local and national responders was that the pandemic was an inopportune time to undertake the institutional reforms it would require to be able to do so from the perspective of bilateral donors. In particular, such structural changes relate to the risk of directly financing LNAs, as well as adequate internal capacity and staffing to manage multiple small grants, given the lower absorption capacities of LNAs (ICAI, 2022).

In addition to increasing direct funding to LNAs, localisation advocates for shifting responsibility and leadership to local and national actors alongside capacity strengthening activities. However, one evaluation indicates that while LNAs faced more responsibility during the pandemic, their capacity needs were left unaddressed, while their international counterparts were spared, they bore the brunt of the risks associated with transmission of COVID-19 (UNHCR, 2022). Similarly, the IAHE evaluation raises the challenge that capacity building support to LNAs has been provided for decades but funds are still not channelled directly to them. Thus, it is likely to be a trust issue rather than a capacity issue which urgently needs to be addressed in order to fully take on the localisation agenda (IAHE, 2023).

3.6. Humanitarian-development-peace nexus

The definition of the HDP nexus applied in the review is in line with OECD's definition of the nexus. Nexus refers to the interlinkages between humanitarian, development and peace actions. OECD explains that at the centre of strengthening the coherence between humanitarian, development and peace efforts, is the aim of effectively reducing people's needs, risks and vulnerabilities, supporting prevention efforts and thus, shifting from delivering humanitarian assistance to ending need.⁵ Thus, there is a clear focus on leaving no one behind, addressing root causes of vulnerabilities and conflict to sustain peace and provide the foundation for longer term development.

The pandemic has further boosted the development agenda on vulnerability and social protection including a focus on most vulnerable people such as refugees, internally displaced people, migrants as well as women and children. The pandemic has in some cases allowed for a looser interpretation of boundaries for humanitarian and development work, thus enhancing the nexus. In other cases, the challenges with applying a nexus-approach have been further revealed in the urgency of the COVID-19 response and some evaluations argue that no significant changes in humanitarian, development and peace actors' collaboration have occurred. Additionally, the peace aspect of the nexus has largely been left out from both bilateral providers and multilateral organisations' COVID-19 response.

⁵ <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-5019#backgroundInformation>

Below are the key findings presented.

Finding 18. The compounded impact of the COVID-19 pandemic has bolstered pre-pandemic priorities such as inclusion and underscored the importance and value of a humanitarian-development-(peace) nexus approach to address both immediate humanitarian needs alongside longer-term, structural drivers of insecurity and vulnerability. While this is the case for humanitarian-development nexus the third leg of the nexus peace has largely been left out.

At the conceptual level, evaluations and assessments emphasised the importance of bridging humanitarian assistance to longer-term recovery, and social protection, as a way to strengthen coherence, sustainability, and ultimately the impact of interventions (FAO, 2022; Finland, 2022; EBA, 2022; WFP, 2021; UN Women, 2022; IDS, 2022a; IDS, 2021). In particular, the relevance of a nexus approach was stressed in relation to addressing the disproportionate impact of the COVID-19 pandemic on the most vulnerable and poor, and the risk of deepening inequalities, given the longer-term perspective that a nexus approach purports (IDS, 2022a; IDS, 2021; UNDS, 2022; UNHCR, 2022). Similar considerations were raised in relation to addressing gendered implications of the pandemic, hereunder addressing violence against women and girls, where a comprehensive response spanned across the humanitarian-development-(peace) nexus (UN Women, 2022). In GBV, health and child protection, national coordinating bodies and protection partners adapted a variety of global guidance to national contexts. Joint advocacy among international actors were key factors in reprioritisation and rescaling of GBV and child protection services as the pandemic hit. However, this priority did not lead to significant complementary increase in funding (UNHCR, 2022). A key criticism of the GHRP was that it did not include a standalone objective on protection of women and girls despite evidence of increases in GBV and other significant protections risks (IAHE, 2023). Nevertheless, there are good examples of how development partners engaged in social protection of in particular women, children, migrants etc. including the example mentioned above with the hotline established in Bolivia by UNICEF.

Studies have indicated a substantial increase in the focus of social protection and vulnerability during the pandemic. This is reflected by social security systems have undergone a massive expansion globally and more than 190 countries have expanded their social protection system to include more groups or increase the size of the benefits as a consequence of the pandemic (EBA, 2022). In Uganda, the joint WFP/UNICEF programme on “Child Sensitive Social Protection in Refugee-Hosting Districts of West Nile” was reprogrammed to include a cash transfer support to refugees and pregnant and lactating mothers, as also mentioned above (EBA, 2022). An UNHRC evaluation found evidence that highlights the influence of the recognition of refugees as a particular vulnerable group. Inter-agency coordination and advocacy in numerous countries leveraging greater inclusion of refugees in health systems, providing a clear framework for action and responsibility sharing (UNHCR, 2022). Also, in Jordan, the UNCT worked with the national government to ensure that refugees in camps and in the general community were included from the beginning in the national COVID-19 immunisation campaign (UNDS, 2022).

In opposition to these findings, the IAHE evaluation found no significant change in existing levels of collaboration and coordination between humanitarian, development and peace actors. Despite recognition of the need for a holistic response, there were few examples of operationalisation of the nexus in the eight case countries (IAHE, 2023). A similar finding was revealed in the fast-track assessment of the initial EU response. Only in a small number of case study countries and regions


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did the Commission try to use the COVID-19 response to help bridge the humanitarian-development gap. The few examples include Myanmar and Yemen. In Yemen, EU actors, non-EU international partners (international organisations and CSOs present in multi-country programmes), and national stakeholders undertook analyses and policy dialogue on more effective coordination between humanitarian and development actors and issues for the years 2020 and 2021 (European Commission, 2022). This led to articulating the response along a humanitarian-development continuum, using a combination of re-orientation of existing programmes, and of fund reallocations of assistance towards affected sectors and most vulnerable populations. In Myanmar, the Nexus Response Mechanism, a pilot programme operating similarly to a facility with high degree of flexibility, helped to facilitate a more efficient response to COVID-19 (European Commission, 2022).

While reference was made to the triple nexus across several studies, analysis focused on the double (humanitarian-development) nexus, with limited consideration for the third leg of the nexus (peace), and how fragility and conflict have been exacerbated by the global pandemic. For instance, the EU response found no attempts of integrating COVID-19 support into peace processes and it is unclear what factors prevented this from happening (European Commission, 2022). The appeal from the Secretary-General for a global ceasefire on 23 March 2020 did not result in any major changes in global levels of violence (IAHE, 2023). Also, while evidence was limited, the IAHE evaluation found that COVID-19 further reduced the ability of humanitarian actors to reach communities in violent conflicts (IAHE, 2023).

Finding 19. The COVID-19 pandemic spurred more flexible interpretation of the boundaries between humanitarian and development from bilateral providers and multilateral organisations.

In particular, this concerns enabling recipients of development funding to re-allocate or re-programme funds to respond to the pandemic, particularly in instances where the original plans no longer were relevant or feasible due to restrictions on movement etc. (FAO, DI and NRC, 2021). For example, although humanitarian support is not part of Sweden's strategic framework for Georgia, during the pandemic UNICEF was allowed to shift to humanitarian support, delivering food, hygiene and basic medicines to the most vulnerable families (EBA, 2022). In this case, the pandemic spurred 'a tendency to interpret the boundaries more flexibly', indicating that such flexibility and adaptiveness could be more formalised institutionally (EBA, 2022). The Swedish Embassy in Georgia also did a humanitarian project with Red Cross Georgia to provide humanitarian assistance to most affected people such as internally displaced groups (EBA, 2022). Similar experiences were highlighted in relation to the Finnish MFA's COVID-19 response, i.e. that 'nexus-funding' has enabled greater flexibility, efficiency and effectiveness, although noting that such flexibility at times was at odds with internal protocols on decision-making (Finland, 2022). Being 'fit for nexus', i.e., having an approach, operational set-up and financing mechanisms to navigate the short-term implications of the COVID-19 pandemic, can manifest itself in different ways. For example, in the Finnish case, a key lesson was to put in place a clear emergency contingency plan to enable financial flexibility (Finland, 2022). Another proposed enabler of flexible financing was to shift towards more decentralised management, where decision-making on programme adaptations is closer to the realities on the ground (FAO, DI and NRC, 2021). Where 'nexus funding' was not available, humanitarian funding filled a useful gap in terms of leveraging relatively quick and flexible funding compared to development funds (IAHE, 2022).



Finding 20. In countries prone to conflicts, with large number of refugees and internally displaced populations, nexus platforms were already working and could more easily be activated to respond to the COVID-19 pandemic. While this enabled a fast response to the pandemic the matter of urgency did not allow for addressing structural challenges around the nexus (ODI, 2021b; UNDS, 2022; UNHCR, 2022).

Since UNCT has experience in large-scale humanitarian operations in response to either pandemic (Sierra Leone), sudden natural disasters (Barbados and the Eastern Caribbean, Indonesia, Sierra Leone) or ongoing conflicts and large-scale migrant and refugee populations (Rwanda and Jordan), the UNCTs were able to very quickly conceptualise, assess and prepare a response to the socio-economic impacts of COVID-19 (UNDS, 2022). In Indonesia the UN drew heavily on the presence of OCHA and the humanitarian structures already in place to respond to the continuous natural disasters that the country faces to develop the crisis response to COVID-19. Coordination between development and humanitarian partners was conducted through cross membership in the UNCT and the Humanitarian Country Team. In addition, UNCTs based in Barbados and the Eastern Caribbean, Rwanda, Sierra Leone and Sri Lanka had considerable experience in planning together to address nexus issues (UNDS, 2022).

It was also the experience with EU that where coordination mechanisms for the nexus was established it was much easier to mobilise for COVID-19 response. For example, in Afghanistan the EU delegations and country offices of Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) had already established a good working relationship with the government and provincial authorities, and partners, especially within WASH and protection. They were also established as a key player in the Humanitarian Donor Group and thus had a good foundation for joining forces in the COVID-19. While the Team Europe approach ensured some level of coordination between the EU instruments, the humanitarian, development and foreign policy instruments largely operated separately, with limited coordination (European Commission, 2022). Thus, the COVID-19 response did not offer opportunities for fundamental structural reforms that would have strengthened the nexus approach above and beyond its pre-pandemic status. This related to the general dynamic of the roll-out of the response, characterised by a sense of urgency to make support available quickly; to rely in many cases on the adaptation of existing programmes; and to seek coordination and cooperation with other partners while relying predominantly on existing structures and coordination mechanisms (European Commission, 2022). The importance of institutionalising and working to operationalise a nexus approach and address coordination challenges and ensure collaboration among different humanitarian and development actors in advance of a crisis, has been the key learning from the pandemic (UNDS, 2022). Nevertheless, the IAHE evaluation found that lessons from previous pandemics have been poorly institutionalised and preparedness for COVID-19 was limited and overall weak (IAHE, 2023)

4. Vaccine equity

Vaccine equity is understood as a counterweight to vaccine nationalism where wealthier countries enter into bilateral agreements with manufacturers to secure vaccinations for their own populations at the expense of less wealthy countries.


The speed of production and roll out of the COVID-19 vaccine has accelerated and the gap between reaching high-income countries and middle- and low-income countries has been substantially reduced comparing to prior vaccination rollouts. Nevertheless, the distribution has been unequal with countries with humanitarian crises and vulnerable groups as refugees, migrants etc. lagging furthest behind. While bilateral providers have committed to equal distribution of vaccines, their own purchase of vaccines have reduced the bargaining power and supply for the COVAX facility. COVAX has managed to increase transparency in the procurement processes by standardising agreements across countries and reduce supply barriers, however the need for ultra-cold chain storage systems and bilateral providers' donations of vaccine doses with often short expiry date has challenged the distribution. There is little evidence that partner countries have taken the advantage to focus on a health system strengthening and at the same time indications that the strong focus on COVID-19 has distorted resources away from general immunisation programmes.

Equitable access to vaccines was a key priority from the international community and was articulated in international summits and strategies published by leading organisations from the outset of the pandemic. ACT-A brought together eight co-convening agencies alongside other partners to develop essential health products for the fight against COVID-19. Its main focus was on ensuring a 40% vaccination rate in low- and middle-income countries (MOPAN, 2022).

The ACT-A has three pillars (diagnostics, therapeutics and vaccines) where COVAX is an integral part of the vaccines pillar. Gavi coordinates the COVAX Facility which is a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines (Gavi, 2022a). Gavi also administers the COVAX AMC which is an innovative financing mechanism to frontload Official Development Assistance (ODA) and donations for vaccines among 92 middle- and lower-income countries that cannot fully afford to pay for COVID-19 vaccines themselves, and to ensure fair and equitable access (Gavi, 2022a).

Finding 21. While the explicit ambition was to ensure equitable distribution of vaccines, evaluations indicate that even if vaccines were rolled out in a much higher speed than ever before, the distribution has largely been unequal.

In October 2021, WHO released the Strategy to Achieve Global COVID-19 Vaccination by Mid-2022, setting a global target to vaccinate 70% of the world's population by mid-2022. While this target was achieved for high-income countries in early 2022 less than 10% of the population in Africa had received minimum one shot of vaccine by then. Thus, the ACT-A target of 40% in low- and middle-income countries was lacking considerably behind (IMF, 2022). While these targets have since improved (by the end of 2022 to 24% in low-income countries compared to 73% for high-income countries), the 40% target is still far from being reached. Overall, there is no doubt that the vaccine rollout has exceeded all prior experiences in terms of vaccine development, speed and distribution (IMF, 2022) and COVAX is acknowledged for its role in this process (ACT-A, 2022a). However, external stakeholders seem to agree that COVAX has faced shortfalls in the equitable delivery of vaccines (CEPI, 2022).



Yet, COVAX has still been the most important delivery vehicle of COVID-19 vaccines in Sub-Saharan Africa (OECD, 2022b) and by December 2022 COVAX had delivered almost 75% of all doses used by low-income countries (ACT-A, 2022). The COVAX facility contributed to a much shorter time-lag between the time for start of vaccinations in high-income countries and in low- and middle-income countries compared to what has been seen in other crises situations. Instead of a time lag of normally several months or even years, with COVAX this was reduced to 39 days (ACT-A, 2021; IMF, 2022). This is a considerable achievement that should be acknowledged even if the target was not achieved.

Finding 22. Bilateral providers supported the COVAX facility and the equitable distribution of vaccines, but at the same time they also made bilateral vaccine purchase agreements with manufacturers which limited the vaccine supply and thereby also the facility's manoeuvre room and bargaining power.

While COVAX was designed to mitigate the complexity and improve the fairness in the acquisition and distribution of COVID-19 vaccines, countries have complementarily been pursuing additional mechanisms to ensure the immunisation of their population (ADB, 2021; ACF, 2021; Sharma, 2021). The competing incentives to protect one's own citizens while promoting an equitable response has limited the power of ACT-A. The vast majority of early vaccine production was secured by higher income countries through bilateral contracts, with insufficient supply left for COVAX (ACT-A, 2021). Compared to countries with resources readily at hand, COVAX came to the table several months later limiting the possibility of building a broad portfolio. Thus, COVAX was disproportionately impacted by manufacturers prioritising earlier bilateral customers for early supply (Gavi, 2022b). Nevertheless, COVAX was able to secure agreements for access to 11 vaccine candidates across four technology platforms, of which ten received regulatory approval, and more than 4 billion doses in total - the largest portfolio in the world (Gavi, 2022b).

A number of bilateral donors has emphasised the importance of ensuring equal global access to vaccines, while at the same time ensuring domestic access (EBA, 2022; Finland, 2022). Sweden for instance, took part in the EU vaccine strategy for the vaccination of its own population and in the COVAX facility. Sweden also showed political courage by being one of the first EU countries to offer vaccine donations, at a time when there still was not full political support for this. Thus, Sweden responded to the WHO and World Bank encouragement to re-allocate vaccine doses received through COVAX to countries with a greater need (EBA, 2022).

While other countries also shared vaccines with countries in more need, there were examples of donor countries sharing the vaccines shortly before expiration and earmarking vaccines for specific population groups reducing the potential for rapid distribution (IMF, 2022). Short expiry dates, uncertain timelines and deployment of multiple vaccines made roll out more difficult in most African countries which were strongly dependent on donations (UNICEF, 2021a) (ACT-A, 2022a). For instance, it hindered advance planning, brought urgent needs for expanded capacity, and added to requirements for operational preparations (e.g., training on different vaccine requirements). Thus, even if donations were crucial when COVAX was struggling for supplies in 2021, it became logistically more challenging to deliver them to low-income countries and ensure that they would be used (ACT-A, 2022a). In Uganda, the Swedish Embassy acted upon a concrete request from the Government to support distribution of vaccines that were in risk of expiring. The Ministry of Health and WHO called for a joint meeting with development partners to support the process and contributed, through UNICEF, with funds for the distribution of vaccines, the so-called "accelerated mass COVID-19 vaccination campaign". In total, more than three million doses were about to expire but the campaign limited the loss to 400.000. Thus, the loss was considerably reduced and Sweden's contribution to this achievement was acknowledged by other development partners (EBA, 2022).

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At the same time, these bilateral donations were far from meeting the demand. The UNICEF RTE from Southern and Eastern Africa showed that shortages of vaccine doses were emphasised by stakeholders in all countries, most consistently in Ethiopia and Rwanda, with some concerns in South Africa and South Sudan. Gaps in the supplies meant that the target population could not be covered (UNICEF, 2021a) (ACT-A, 2022a).

The COVID-19 narrative has been dominated by vaccines which is reflected in the funding allocated. While ACT-A is the only global initiative offering diagnostics, therapeutics, and vaccines, the fundraising differences between pillars show that donors have favoured the Vaccines Pillar whilst other pillars remain severely underfunded (ACT-A, 2021). The review found that the ease of reporting vaccine doses contributed to this. However, a few countries such as Germany, UK, France, Netherlands, Canada, Norway and Switzerland decided to fund all three pillars equally. Whether this was a coordinated effort is not discussed in the documents. It should be noticed that coordination within the vaccine pillar proved the most successful due to partners long-term engagement because of the longstanding relationships between Gavi, WHO, UNICEF, and more recently with CEPI as well as with others (ACT-A, 2022a) which is likely to have contributed to donors prioritising this pillar.

According to the OECD report on how ODA has changed in the aftermath of COVID-19 and the war in Ukraine, DAC countries provided 857 million doses of vaccines for developing countries, corresponding to USD 6.3 billion of ODA. Donations of excess supply accounted for USD 2.3 billions of these funds, whereas USD 3.5 billions went for donations of doses purchased for developing countries. USD 0.5 billion went for ancillary costs (OECD, 2022b).


Finding 23. Supply chains have challenged the distribution of vaccines including the need for cold storage, export barriers and territorial issues among UN agencies. COVAX managed to reduce some of these barriers.

Although the development of vaccines has been done in a remarkably speed and vaccine manufacturers have produced three times the annual global supply of vaccines in a typical year (IMF, 2022) the requirements of the two leading vaccines to be stored and transported at stringent temperatures have been a logistical challenge that has prevented effective distribution. Storing and distributing COVID-19 vaccines has required enormous effort to expand cold chain capacity. For many countries, it has been a challenge to introduce ultra-cold chain storage systems for the first time in order to be able to keep the vaccines at -70 °C. This challenge was faced by IFRC during transportation of vaccines from pharmaceutical companies to countries and then in supporting in-country distribution, advocacy and related actions (IFRC, 2022a).

Apart from the cold chain requirement, the leading vaccines require a booster shot. This puts strong requirements on administration procedures which has caused further challenges in many developing countries (WHO, 2022; Li, 2021). This was confirmed by the Mid-Term Review of ACT-A (2021) which also documented significant challenges in terms of delivery logistics, staffing, equipment, reaching vulnerable populations and countering misinformation (ACT-A, 2021).

Supply constraints meant that COVAX was not capable of meeting the 2021 targets. While COVAX got back on track in the fourth quarter of 2021, and global vaccination rates started to increase accordingly, this was mostly driven by high absorptive capacity among AMC countries (e.g., Indonesia, Pakistan, Bangladesh) (FCDO, 2021).

Vaccine manufacturers' high production of vaccines challenged the supply chain since raw materials were scarce and had to be shared among multiple vaccine candidates. To solve this problem the COVAX Manufacturing Task Force established the COVAX Marketplace where vaccine



manufactories were matched with raw material and consumables suppliers to mitigate the bottleneck and the scarcity of critical materials (ACT-A, 2022a).

Export restrictions placed by United States as part of the Defence Production Act to secure its own vaccine supply chain challenged the COVAX supply chain. Export data suggest that trade barriers and vaccine nationalism have been a serious constraint for equitable access to vaccines and medical tools during COVID-19. This also applies for non-tariff measures that were imposed by several vaccine-producing countries. For instance, India delayed its vaccine exports to prioritise vaccinations at home. Production and quality control also challenged the supply (IMF, 2022; UNCTAD, 2022).

Challenges in territorial issues have been reported among main UN development actors. While UNICEF indisputably holds the greatest UN expertise in vaccine supply chains, and in particularly cold chain systems, other agencies that offered their support were rejected by UNICEF (UNICEF, 2022). The global evaluation of UNICEF's support to COVID-19 argues that this rejection was primarily due to territorial issues coming into play. Other humanitarian agencies viewed the vaccine distribution as a pragmatic challenge that needed to be addressed, but UNICEF held on to its area of work as a systemic issue and were not interested in involving other actors in this field of expertise. The evaluation argues that this resistance came at a cost to delivery (UNICEF, 2022). UNICEF has also been criticised for focusing too much on the vaccines and being more "quiet" on other critical aspects concerning the pandemic (UNICEF, 2022). On the other hand, at country level, UNICEF's role was more positively assessed (UNICEF, 2022). UNICEF in Latin America has been praised for strong cooperation between UNICEF and the Pan American Health Organisation (PAHO) which proved effective in supporting preparatory work for COVID-19 vaccine-readiness in each country. Joint activities included guidance and training to support vaccination policies and appropriate handling, storage and distribution of the vaccines, as well as logistics and actions aimed at building trust and tackling misinformation about COVID-19 vaccines (UNICEF, 2021f). Examples from Uganda and Bolivia also illustrate that UNICEF played a key role in the response to imparticular the fight against GBV and social protection of vulnerable groups, as mentioned above (EBA, 2022; Sida, 2021).

Finding 24. Vulnerable people's access to COVID-19 vaccination is lacking considerably behind and this applies in particularly to refugees and in countries with ongoing humanitarian crises.

While studies conducted by UNHCR and WHO have showed that refugees have been explicitly included in around 50% of national COVID-19 vaccine plans, this has not equated to a high vaccine coverage rate (Coalition, 2022a). Refugees are often placed in countries where vaccination rates are low and they face additional barriers such as language and complex vaccine registration systems (Coalition, 2022a). This is confirmed by other studies which argue that there is a high risk that vulnerable people such as refugees, migrants, asylum seekers, stateless people etc. are overlooked in the COVID-19 vaccine roll-out. Data from UN OCHA shows only 3.4% of doses administered globally were administered in countries with ongoing humanitarian crises (IDS, 2022b). A study from the International Office of Migration (IOM) indicates that in particularly migrants in refugee settings are poorly included with only 46% being reached as opposed to 83% vaccination rate in regular settings (WHO, 2022).

A research study conducted by World Vision on forcible displaced persons (FDPs) indicated an even poorer coverage in Uganda. Out of 339 household interviews (representing 1,914 FDPs), only one refugee reported receiving a COVID-19 vaccine (IDS, 2022b). This was closely linked to lack of information on vaccination roll-out plans as 68% of the respondents indicated not having received any information on vaccination, while 47% was not aware of whether they would be eligible to receive a vaccine or thought they were ineligible (IDS, 2022b). Besides the lack of proper information, another barrier for accessing vaccines reflected by FDPs, has been the migration


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status. The potential need to disclose migration status prevented FDPs from accessing vaccines. Lastly, even if the vaccines were readily available more than 36% of survey respondents reported being hesitant to get the vaccine because they felt that the vaccine was not safe (IDS, 2022b) (WB, 2022a).

In order to ensure equity in distribution, the COVAX Humanitarian Buffer was approved by the Gavi board in December 2020 and earmarked up to 50 million doses (5% of 1 billion AMC doses) in 2021 (FCDO, 2021). However, this Buffer has not delivered as intended. According to the ACT-A external evaluation (ACT-A, 2022a) it was established too late and the targets of 50 million doses for the Buffer, and 50 million doses for contingency were not achieved. By the end of 2021 only 1.6 million vaccines had been delivered as part of the Buffer. Although this number had increased to 3.5 million by June 2022, the achievement was still considered disappointing (IAHE, 2023). One obstacle was that its indemnification and liability scheme did not work for non-governmental humanitarian agencies. Manufacturers require humanitarian agencies to sign the standard COVAX indemnity agreement, freeing manufacturers from any liability in case of any adverse side effects. While countries that have received doses via COVAX have signed this agreement, the situation is more difficult for civil society, and the risk at stake is high for CSOs. In May 2022, five manufacturers had agreed to waive general indemnity obligations for doses delivered through the Humanitarian Buffer, emphasising the attempts to make the Buffer more accessible (ACT-A, 2022a). Lack of funding for vaccine delivery to hard-to-reach communities and the difficulties associated with working outside of state-based architecture remain unresolved challenges (IAHE, 2023). Despite this, COVAX has still contributed to vaccine distribution in humanitarian settings but through other channels and COVAX has supplied majority of COVID-19 doses administered in the 28 countries with a humanitarian response plan. Unfortunately, the ACT-A evaluation does not provide further details on the channels this entails (ACT-A, 2022a)

In January 2022, the COVID-19 Vaccine Delivery Partnership (CoVDP) was launched in 34 countries with less than 10% vaccination coverage. The CoVDP focused on supporting countries to reach their national objectives by establishing processes that allowed for the alignment of urgent funding needs and enable the quick disbursement of funds mobilised by Gavi, WHO and UNICEF. This allowed for considerable progress in a short time period. For example, in Chad, CoVDP mobilised delivery funding of USD 4.9 million within five days for a vaccination campaign before Ramadan. As a result, Chad administered 1.6 million vaccine doses within ten days, equivalent to 52% of the national target, reaching health workers, refugees and nomads and increasing vaccination coverage from <1% to 13% (ACT-A, 2022a).

WHO has worked to promote an improved focus on the needs of vulnerable groups, using vulnerability assessments to specifically inform the rollout of vaccinations. A best practice example in ensuring due attention to vulnerability was WHO's vaccination campaign in Ukraine which was built and informed by vulnerability assessments. This resulted in increased vaccination coverage of vulnerable groups, although some continued to be left behind. WHO has also supported safeguarding equitable access to COVID-19 prevention and care, where coverage remains a challenge (WHO, 2022b). External inhibiting factors include recurrent changes in national counterpart agencies, disruptions caused by ongoing reforms, vaccine hesitancy and global shortages and challenges to supply chains (WHO, 2022b).



Finding 25. While targeted evidence-based communication has yielded promising results in terms of vaccination uptake, miscommunication is in particularly flourishing on social media and when no targeted governmental communication campaigns towards specific groups such as refugees, women etc. are conducted, these groups are likely not to become vaccinated.

Experiences from previous crises indicate that communication strategies, media involvement and strategic engagement of stakeholders for new vaccine introduction can play a positive role. The same applies to messaging from local leaders, celebrities and other credible individuals, who can contribute a great deal (WHO, 2022a; ADB, 2021). The IAHE evaluation also confirmed that engagement with faith-based leaders was critical in sharing of key messages and model health-seeking behavior (IAHE, 2023). Miscommunication and increasing mistrust towards vaccine approval processes in particular in higher income countries have had an impact on the uptake of vaccinations although they have been readily available (ACT-A, 2021). This increases the risk of expiration given the larger number of doses available in these countries.

Political leadership with clear governance and coordinating mechanisms are essential underlying factors for effective COVID-19 vaccine delivery (WHO, 2022). On the other hand, trust to governments has proven to be significantly correlated with the willingness to get vaccinated. In Pakistan and India, UNICEF found a strong positive association between trust in government's effectiveness in vaccine provision and respondents' willingness to get vaccinated. In both countries respondents who trusted the information from the government were more than three times as likely to become vaccinated than respondents who did not trust the information (UNICEF, 2021c).

In Eastern and Southern Africa, UNICEF has emphasised collaborating with local CSOs and influencers who are integrated into the local context. This mobilisation of local key players has been seen as a key to success and supported trust building. In all four countries (Rwanda, South Africa, Ethiopia and South Sudan), the targeted outreach approach has worked better than indirect mass communication strategies (UNICEF, 2021a).

The UNICEF study in South Asia found a gender gap in terms of women in India, Nepal and Pakistan being 25% less likely to indicate willingness to be vaccinated than men (UNICEF, 2021c). This emphasises the need to have pro-equity, gender sensitive, tailored strategies based on evidence to encourage vaccine uptake and maintaining public trust in vaccines. Not least in order to ensure proper information for pregnant and lactating mothers who are insecure as to whether there are risks related to getting vaccinated (WHO, 2022). This was also the case in South Sudan, where female vaccination coverage was significantly lower, and where focus group discussions with women to identify barriers to vaccination informed targeted efforts and evidence-based advocacy through female influencers. This increased vaccination from 25% to 43% in females (WHO, 2022). Thus, targeted communication strategies have proven most effective in increasing uptake of vaccines.

Countries that have achieved higher levels of vaccination coverage have used a variety of approaches to make it easier for people to find places to get vaccinated. This has included offering immunisation services on a continued basis, by appointment or walk-in, or mass campaigns that mobilise large numbers of health workers and community members in a specific time interval. The latter has historically proved to be a very successful way to immunize large numbers of individuals in a short period of time in lower income settings (WHO, 2022). A key learning is that engaging communities in co-designing and co-creating local solutions not only for vaccine uptake but also associated preventive behaviors such as testing, mask use, and hand washing has proved effective (WHO, 2022). Combating miscommunication is a key task especially on social media where rumors and undocumented statements are flourishing. The quickly changing official advice on who should get vaccinated and global news cycles about vaccines and their side effects proved a barrier for the vaccination uptake in the DRC (CARE, 2022). On the other hand, in the absence of adequate governmental communication strategies providing fact-based information about COVID-19

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vaccines, FDPs have had no choice but to resort to less reliable sources such as social media (IDS, 2022b).

While social media can be an unreliable information source, it can also be a key strategy for targeting specific groups. For instance, successful uptake includes innovative ways of collecting social data from the population in real-time and use it to both calibrate demand, and decide where, how, and with whom to target vaccination campaigns (WHO, 2022) and in different countries data have been collected on social media to allow for specific targeting of the outreach (WB, 2022a). Across countries, more than half of the population rely on radios to receive their most trusted information on COVID-19 vaccines (Burkina Faso: 67.0%; Nigeria: 58.8%; Malawi: 51.1%). This emphasises the role of radio broadcasting as an effective medium of information transmission that has wide dissemination across Sub-Saharan Africa and among different population groups.

Finding 26. Although COVAX did not fully succeed in ensuring equitable distributions of vaccines it contributed to standardised country agreements across vaccine manufacturers and increased transparency and accountability on vaccine distribution.


COVAX was able to achieve this and deliver at scale because it was built around a networked approach that could draw upon the pre-existing expertise, resources, stakeholder relationships and infrastructure of its core partners, who could leverage deep experience working together to deliver vaccines at scale. The network of the four partners of COVAX (Gavi, UNICEF, WHO, CEPI) as well as the World Bank and Bill and Melinda Gates Foundation through the Country Readiness and Delivery (CRD) workstream was critical to COVAX's success in rapidly setting up a response mechanism during the emergency itself, and its ability to evolve as needed. COVAX was able to benefit from long-term partnerships with national governments and multistakeholder partnerships and existing governance mechanisms such as Gavi board, CEPI board and input from WHO Member States and regional offices became crucial in the vaccination scale up (Gavi, 2022b) (WHO, 2022a). The COVAX Vaccine Manufacturing Task Force, with support from the Facilitation Council's Vaccine Manufacturing Working Group, has been an important forum to push for ownership of pharmaceutical development and manufacturing (ACT-A, 2021) and this work will be a useful guide for future efforts in this area (IMF, 2022).

One of the key contributions was the establishment of the public availability of data to track progress towards the targets for equitable access to vaccines, treatments, tests and personal protective equipment (MOPAN, 2022). This data increased accountability and transparency around the delivery of vaccines and other counter measures and was the result of a new partnership between the WHO, IMF, World Trade Organisation (WTO) and the World Bank who facilitated consolidation of data (MOPAN, 2022).

A key achievement of COVAX was the development of a standard indemnity and liability system for all vaccines procured by COVAX and AMC countries, which meant that countries did not have to negotiate separate agreements with vaccine manufacturers. This way COVAX ensured that manufacturers asked for a unified system which prevented different requirements from each manufacturer, and this eased the administrative burden for countries which allowed for more rapid negotiation (ACT-A, 2022a). It also ensured a highly needed transparency in the procurement of vaccines, which was not least important due to the high global demand (ADB, 2021).

Finding 27. While this literature review has found limited information on unintended effects on routine childhood vaccinations, there are indications that the global focus on COVID-19 vaccinations has diverted attention away from expanded programme on immunisation.

Previous studies have well documented the severe impact on children from the pandemic. The closing down of schools and isolation at home has severely increased teenage pregnancies and GBV



(UNHCR, 2022). There is, however, less information on how the COVID-19 vaccinations have impacted routine vaccinations. Nevertheless, indications are that the great focus on COVID-19 has diverted attention away from regular vaccinations. Due to COVID-19, CEPI's progress on vaccine development for its core portfolio (excluding COVID-19) was slower than anticipated during 2020 (CEPI, 2021). An IOM study also shows that countries with refugee settlements faced a wider range of urgent health and non-health priorities with regular health service disruptions and limited resources. This emphasises the need to integrate COVID-19 vaccines into regular primary care services which has been done in countries as Yemen, Afghanistan, Syria, Ethiopia, and Sudan with success (WHO, 2022). UNICEF evaluations also show that the strong focus on COVID-19 has taken governments' and international development partners' focus away from the expanded programme of immunisation. While investments for COVID-19 have the potential to benefit routine services, for example through stronger cold chain equipment and effective vaccine management, the strong focus on COVID-19 has in some cases led to reallocation of cold chain equipment from expanded programmes on immunisation to COVID-19 (South Africa) (UNICEF, 2021a), thus potentially negatively impacting on other childhood vaccinations.

In the DRC, the lessons from vaccine distribution provided by CARE International showed that health workers would often have to choose between vaccinating against Ebola, COVID-19 or other dangerous diseases that - coupled with potential violence and lack of payment - constituted severe challenges to the vaccine rollout. Also, during the pandemic there was a shortage of vaccines for HIV, malaria and Ebola which bred distrust in who is profiting from COVID-19 vaccines, and why it has taken such priority compared to diseases that are more common, more deadly, and with more history in their communities (CARE, 2022). In Afghanistan, 11% of the population has been fully vaccinated but recent performance has not maintained earlier pace due to adverse weather conditions, security challenges, shifting priorities to measles and other outbreaks and food shortages which are exacerbated by the economic situation and humanitarian challenges. The COVAX Humanitarian Buffer has also been deployed to provide 1.6 million doses of COVID-19 vaccines to Afghan refugees outside of Afghanistan (WHO, 2022).

Finding 28. While several evaluations and studies reflecting on learning from previous studies argue that the pandemic offered an opportunity to strengthen health systems, this has rarely been realised and speed has been prioritised over systems strengthening.

Few countries have been using the opportunity provided by the imminent deployment of COVID-19 vaccines to strengthen health systems and identify long-lasting solutions for similar future challenges (WB, 2021) (UNICEF, 2021a) (ACT-A, 2022a). Ethiopia, Ghana, and Uganda are good examples where countries have focused specific and targeted drives to increase coverage and well aligned with their national health systems. Nevertheless, instead of spending a bit more time on setting up a system that could benefit vaccination rollouts and a systems strengthening more generally, low- and middle-income countries have given primacy to speed and expediency. For instance, while all countries define frontline health workers as the priority population to be immunised, many countries lack a census of the health workforce, especially outside the public sector. It is recognised that COVID-19 provided a good opportunity to quickly conduct a census of the health workforce, built planning capacity that informs human resources for health strategies, and thus a health system strengthening. There are however indications that countries and development partners have opted to short-term solutions and thus missed out on a longer term health strengthening opportunity (ACT-A, 2022a) (WB, 2021). Nevertheless, COVID-19 vaccination rollout targeting adults has raised awareness, acceptance, and motivation for vaccination across the life-course. The development of these delivery platforms and strategies for vaccination of health workers, elderly, pregnant women etc. provide opportunities to integrate other vaccines and additional interventions more easily for these population groups (ACT-A, 2022a). In this sense a strengthening of the health system somewhat has occurred.

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In humanitarian settings there is a need to integrate COVID-19 vaccines into the delivery of existing primary care services and humanitarian assistance where possible. Also, international partners can support countries maintaining focus on other preventable diseases by continuing to focus countries' attention on the implementation of long-term strategies and integrating COVID-19 vaccination into these strategies (WHO, 2022). Several key organisations as World Bank, Gavi, WHO have published strategies concerning the long-term focus. Also, specific COVID-19 Delivery Support funding window was readied for launch by early July 2022, making available an additional USD 600 million in funding for countries to use towards improving high-risk coverage, achieving national adult coverage targets, and activities to better integrate COVID-19 and routine immunisation. There is however limited knowledge to what extent this has been realised. While Sweden and UNICEF supported rolling out of COVID-19 vaccinations in Uganda, they insisted on focusing on the long-term health strengthening and played a key role in ensuring a continued focus on malnutrition in refugee settlements while all attention was allocated to COVID-19 (EBA, 2022).


While cold storage infrastructure created challenges for distributing vaccines, many countries have now successfully modernised their infrastructure with support from international partners (WHO, 2022). This will continue to benefit the health sector in the long run. However, it is also clear that in order to further strengthen health systems in Africa, it has become imperative for African countries to prioritise enhancing their own capacities for the local production of vaccines and other essential health commodities (ACT-A, 2022a).

Regional vaccine initiatives such as the African Vaccine Acquisition Trust (AVAT) has shown that it is possible for African countries to organise themselves, mobilise resources, and become competitive in the global market. AVAT was commended for its role and achievement in helping most countries getting vaccines that they would not have been able to obtain otherwise, given that each of the countries individually would not have been able to compete in the global market. This initiative could be expanded in scope to acquire other essential health commodities to combat diseases prevalent in Africa (ACT-A, 2022a).

5. Information gaps and opportunities to be further studied

There is a clear knowledge gap on non-DAC contributions to vaccines. Studies and evaluations on non-DAC members' response to COVID-19 and the vaccine rollout is very limited. Few academic studies were identified in this desk review and evaluations are almost completely absent. Even if webpages of non-DAC members have been thoroughly scrutinised no evaluations or studies are publicly available. This also relates to the coverage of contributions to vaccines. While there are statements of bilateral donations, there are no thorough studies verifying whether such pledges have been realised and even less any accounts of the impact such donations may have had. At the same time, while the development of COVID-19 vaccines has set new records and progress in terms of a much shorter time-lag between higher-income and low- and middle-income countries, the distribution of vaccines has largely been unequal. There are indications that opportunities to ensure a health strengthening while rolling out the vaccine has been missed but there are limited studies analysing this aspect, and thus this could be an area for further analysis.

While more evaluations have been published on international development and humanitarian partners' response to the COVID-19 pandemic there is still a need to further study the impact on development results. Most of the studies included in this review focus on adaptive, flexible, and innovative responses and reprogramming. However, there is still limited information on how this has impacted on actual development results. Although, this report has highlighted how development partners have coordinated their efforts, adapted their programmes to reflect



changing circumstances etc. and thus strived to be relevant and effective including by introducing new innovative approaches, the results achieved is often not analysed in the publications. In contrast, several publications explicitly mention that this is outside the scope of these works (WB, 2022c; EBA, 2022; Sida, 2021; Finland, 2022). The exception is here in relation to equal distribution of vaccines where early results have been documented in a number of evaluations. The IAHE evaluation covers effectiveness of humanitarian actors' response but also acknowledges that the lack of COVID-19 specific indicators and results means that it is not possible to provide a rigorous global analysis of effectiveness (IAHE, 2023).

Although no significant changes in humanitarian, development and peace actors' collaboration have occurred, there are still indications that the HDP nexus has been further strengthened during the COVID-19 period, as mentioned above. This however mainly confines to the humanitarian-development aspect and much less to the peace aspect which is largely left out of studies. While it is likely that an emergency like the pandemic has spurred more conflict, especially since conflict-affected places have been more difficult to reach, this is not well investigated in the evaluations published so far. People have been denied the possibility to earn a living, been restricted to their houses and communities and vulnerable people have been less likely to access digital means and vaccines and thus have potentially become further marginalised. Thus, there is a need to further understand the extent to which the pandemic has spurred additional conflicts and further analyse to what extent progress towards the SDGs have been affected by the pandemic.

This desk review has showed that local organisations such as CSOs and NGOs have been key to enable continued implementation. The pandemic has spurred an awareness of how important localisation is and revealed how much more capacity already exists and how little can be done without involving local actors. While this has long been acknowledged in particularly within humanitarian aid, the pandemic has pushed this agenda forward. Nevertheless, only few studies and evaluations have analysed localisation and there is limited knowledge of what would have happened without CSOs presence on the ground. While the recently published IAHE evaluation is an important contribution to understanding localisation within humanitarian aid (IAHE, 2023), there is limited knowledge on localisation in relation to development aid. Understanding localisation challenges is important not least considering that a higher percentage of ODA is being channelled through multilateral organisations and - as discussed in this review - CSOs are often reduced to service providers who are left with all the risk taking and security challenges and not considered equal partners.

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Annex 1: Publications reviewed

Document name	Type of org.	Year	Organisation
2021 'Learning from Working During the COVID-19 Pandemic' Review	Multilateral	2021	Organisation for Security and Cooperation in Europe (OSCE)
3rd Asia-Pacific Forum for South-South and Triangular Cooperation: The Role of South-South Cooperation in Building Back Better from COVID-19 Pandemic in Asia and the Pacific	Multilateral	01.11.2020	ESCAP
A Comprehensive Review of the Global Efforts on COVID-19 Vaccine Development	Research	2021	ACS Central Science
A global analysis of COVID-19 intra-action reviews. Reflecting on, adjusting and improving country emergency preparedness and response during a pandemic	Multilateral	2022	World Health Organisation
Accelerating COVID-19 Vaccine. Removing obstacles to increase coverage levels and protect those at high-risk Deployment	Multilateral	20.04.2022	World Health Organisation, world bank et al
ACT-A: Update on the rollout of COVID-19 tools. A report from the ACT-A Tracking & Monitoring Task Force	Multilateral	17.12.2022	ACT-A
ACT-Accelerator Strategic Review	Multilateral	2021	World Health Organization (WHO)
After Action Review (AAR) Thailand Country Office Response to COVID-19 Crisis	Multilateral	2020	United Nations Children's Fund (UNICEF)
Age International External evaluation of the DEC Cyclone Idai Appeal and COVID-19 Response, Inclusive Emergency Response for Older Men and Women affected by Cyclone IDAI.	NGO	2021	Age International, HelpAge International
Analysis of the institutional landscape and proliferation of proposals for global vaccine equity for COVID- 19: too many cooks or too many recipes?	Research	2021	Web of Science
Assessing Country Readiness for COVID-19 Vaccines	Multilateral	01.03.2021	World Bank
At the last mile: Lessons from Vaccine Distributions in DR Congo	NGO	2022	CARE International
Belgium: Enabel Real time Evaluation report	Bilateral	2021	Enabel
Best of UNICEF Research and Evaluation 2020	Multilateral	2020	United Nations Children's Fund (UNICEF)
Beyond the Crisis: Irish Aid's Approach to Nutrition in Tanzania during the COVID-19 Pandemic	Bilateral	30.03.2021	Institute of Development Studies

Document name	Type of org.	Year	Organisation
Brazil-Japan cooperation: from complementarity to shared value	Bilateral	2023	Springer
Building a Better World: The Crisis and Opportunity of COVID-19	Research	2022	Institute of Development Studies
CARE Endline Evaluation Report: Restoration of water infrastructure and prevention against COVID19	NGO	2021	CARE International
CEPI mid-term review and COVID-19 response review: combined report Lessons learned and next steps	NGO	2020	Coalition for Epidemic Preparedness Innovations (CEPI)
Charity or empowerment? The role of COVAX for low and middle-income countries	Multilateral	04.05.2022	Web of Science
China and Humanitarian Aid Cooperation	Bilateral	01.10.2020	Institute of Development Studies
China and International Development: Knowledge, Governance, and Practice	Bilateral	01.11.2021	Institute of Development Studies
Communicating with the public about vaccines: Implementation considerations	Multilateral	2020	COVID-19 Global Evaluation Coalition
COVAX Advance Market Commitment Annual Review 2021	Multilateral	01.02.2021	FCDO
COVAX and equitable access to COVID-19 vaccines	Multilateral	01.05.2022	
COVAX Facility and COVAX AMC Evaluability, Evaluation Design and Baseline Study	Multilateral	2021	GAVI
COVAX: Key Learnings for Future Pandemic Preparedness and Response	Multilateral	01.09.2022	Gavi for COVAX
COVID-19 and crises of capitalism: intensifying inequalities and global responses	Research	2021	Routledge
COVID-19 and Global Poverty: Are LDCs Being Left Behind?	Research	2020	
COVID-19 and the Early Years: A Cross-Country Overview of Impact and Response in Early Childhood Development	Multilateral	2021	
COVID-19 and the Emergency Social Safety Net (ESSN) and Conditional Cash Transfers for Education (CCTE) Programmes	Bilateral	2021	CALP Network, SPACE
COVID-19 Capacity Strengthening Response Review 2020-21	NGO	2021	Save the Children International
COVID-19 Evaluative Evidence Brief #2	Multilateral	2021	United Nations High Commissioner for Refugees (UNHCR)
COVID-19 Global Humanitarian Response Plan: An optimal distribution model for high-priority countries	Research	2021	

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Document name	Type of org.	Year	Organisation
COVID-19 Global Humanitarian Response Plan: Learning Paper	NGO	15.04.2022	ITAD and KonTerra Group on behalf of the Inter-Agency Standing Committee
COVID-19 Implications & Responses Digital Transformation & Industrial Recovery	Multilateral	01.06.2020	UNIDO
CEPR COVID-19 in Developing Economies	Research	2020	CEPR Press
IOM COVID-19 Preparedness and Response in Southern and Horn of Africa		2020	IOM
COVID-19 Response and Recovery Operations in Bangladesh: Evaluation of Activities Funded by the Disasters Emergency Committee	NGO	01.08.2022	British Red Cross
COVID-19 Response. Report of Activities	Multilateral	01.09.2020	UNHABITAT
COVID -19 Response: Lessons from UNHCR's Evaluation Evidence	Multilateral	2020	United Nations High Commissioner for Refugees (UNHCR)
COVID-19, poverty and inclusive development	Research	2021	World Development
DEC Coronavirus Appeal - Real Time Response Review - Bangladesh Country Report	Multilateral	2020	Groupe URD, Disasters Emergency Committee (DEC)
DEC Coronavirus Appeal - Real Time Response Review - South Sudan Country Report	Multilateral	2021	Groupe URD, Disasters Emergency Committee (DEC)
DEC COVID-19 Appeal Response Review: Global Synthesis	Multilateral	2021	Groupe URD
Development actors at the nexus Lessons from crises in Bangladesh, Cameroon and Somalia	Multilateral	01.04.2021	UN, DI &NRC
Development Banks' Response to COVID-19 and their Role in a Sustainable Recovery	Multilateral	03.12.2021	ECLAC
Development co-operation during the COVID-19 pandemic: An analysis of 2020 figures and 2021 trends to watch	Multilateral	2022	OECD
Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF	Multilateral	01.02.2022	UN
Editorial: COVID-19 Responses: Insights into Contemporary Humanitarianism	Research	2022	
Effects of digital interventions for promoting vaccination uptake	Multilateral	2020	COVID-19 Global Evaluation Coalition
End line review for HBCC Project: Inclusive communities: Changing behaviours to respond to COVID-19	NGO	2021	CARE International

Document name	Type of org.	Year	Organisation
Equitable Access Review of CEPI's COVID-19 Vaccine Development Agreements	Multilateral	2022	
Equitable access to COVID-19 vaccines makes a life-saving difference to all countries	Research	2022	Web of Science
Evaluating COVID-19 decision-making in a humanitarian setting: The case study of Somalia	Multilateral	16.03.2022	PLOS GLOBAL PUBLIC HEALTH
Evaluating the Coherence of the International Response to the COVID-19 Pandemic	Multilateral	2021	COVID 19 Global Evaluation Coalition
Evaluation of COVID-19 Digital Health Promotion	NGO	2021	Médecins Sans Frontières (MSF)
Evaluation of DEC-funded COVID-19 interventions in Bangladesh	NGO	2022	British Red Cross, Disasters Emergency Committee (DEC)
Evaluation of FCDO's COVID-19 Cash Transfer in Kenya	Bilateral	2021	UK Aid
Evaluation of the AfDB Group's crisis response support to Regional Member Countries in the face of COVID-19	Multilateral	2021	African Development Bank (Independent Development Evaluation)
Evaluation of the Effects of the COVID-19 Pandemic on GEF Activities	Multilateral	2022	
Evaluation of the World Bank Group's Early Response in Addressing the Economic Implications of COVID-19	Multilateral	2022	World Bank Group
Evaluation of UNICEF Level 3 Response to COVID-19		2022	UNICEF
Evaluation of WFP's Response to the COVID-19 Pandemic	Multilateral	2022	World Food Programme (WFP)
Evaluation Report: IFRC-wide response to the COVID-19 pandemic	NGO	2022	International Federation of Red Cross and Red Crescent Societies (IFRC)
Evidence Summary on COVID-19 and Food Security	Multilateral	2021	United Nations Evaluation Group (UNEG)
External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A)	Multilateral	11.10.2022	Open consultants on behalf of ACT-A
Fast-Track Assessment of the EU Initial Response to the COVID-19 Crisis in Partner Countries and Regions	Multilateral	2022	European Commission
Seven Finance and Trade Lessons from COVID-19 for Future Pandemics	Multilateral	01.05.2022	International Monetary fund (IMF)
Financing the Recovery: A Formative Evaluation of UNDP's Response to the COVID-19 Pandemic and SDG Financing	Multilateral	2022	United Nations Development Programme (UNDP)
First lessons from government evaluations of COVID-19 responses: A synthesis	Multilateral	2022	Organisation for Economic Cooperation and Development (OECD)

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Document name	Type of org.	Year	Organisation
Foreign aid during the COVID-19 pandemic: evidence from Turkey	Bilateral	15.04.2021	
Funding COVID-19 Response: Tracking Global Humanitarian and Development Funding to Meet Crisis Need	NGO	01.04.2021	Centre for Disaster Protection
Global Humanitarian Assistance Report 2021	Research	2021	Development Initiatives (Devinit)
OCHA Global humanitarian response plan: COVID-19 final progress report	Multilateral	2021	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
Global Synthesis Report: Real-Time Assessment (RTA) of the UNICEF response to COVID-19	Multilateral	2021	United Nations Children's Fund (UNICEF)
Government Responses to COVID-19: Lessons on gender equality for a world in turmoil	Multilateral	01.06.2022	UN Women
HLA COVID-19 Capacity Strengthening Response Review 2020-21	NGO	2021	Humanitarian Leadership Academy, Save the Children UK
How COVID-19 and Russia's war of aggression against Ukraine are reshaping official development assistance (ODA)	Multilateral	2022	OECD
Humanitarianism and COVID-19: Structural Dilemmas, Fault Lines, and New Perspectives	Research	2022	Institute of Development Studies
ILOs response to the impact of the COVID-19 pandemic on workers and enterprises: What evaluative lessons can be drawn from the ILO's past response to an economic and financial crisis?	Multilateral	2020	International Labour Organization (ILO)
Impact Evaluation of the Integrated Humanitarian Assistance Project that aiming to Reduce the Secondary Impacts of COVID-19 on the Most Vulnerable Populations in South and East Darfur	NGO	01.09.2022	Care International/USAID
Impact of Safety Nets on Household Coping Mechanisms for COVID-19 Pandemic in Malawi	Multilateral	2022	Front Public Health
Impact of the COVID-19 pandemic on trade and development, Lessons learned	Multilateral	2022	UNCTAD
In a life full of risks, COVID-19 makes little difference. Responses to COVID-19 among mobile migrants in gold mining areas in Suriname and French Guiana	NGO	2022	Social Science & Medicine
Independent Evaluation of the Relevance and Effectiveness of the Green Climate Fund's Investments and Approach in the Least Developed Countries - Approach Paper	Multilateral	01.01.2022	Green Climate Fund and Independent Evaluation Unit

Document name	Type of org.	Year	Organisation
Independent Evaluation Report: Coronavirus Programme in Somaliland	NGO	2022	Plan International UK, Disasters Emergency Committee (DEC)
Independent External Review of CEPI's COVID-19 Vaccine Development Agreements Published	NGO	2022	Coalition for Epidemic Preparedness Innovations (CEPI)
Independent High-Level Evaluation of ILO's COVID-19 response 2020-22	Multilateral	2022	ILO
Independent Outcome Evaluation of CEPI's first five-year business cycle	NGO	2022	Coalition for Epidemic Preparedness Innovations (CEPI)
Independent review of progress of water for women fund and Covid-19 response	Bilateral	2020	Australian Department of Foreign Affairs and Trade (DFAT)
Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response	Multilateral	2023	IAHE
International Finance Institutions' Support to the Deployment of COVID-19 Vaccines in Low- and Middle-Income Countries: 10 Lessons from Evaluation	Multilateral	2021	Asian Development Bank
Introduction to the Special Issue: Policies for Inclusive Development in Africa	Research	2022	
Islamic Relief's Global COVID-19 Response & Recovery Programme 2020/21	NGO	2021	Islamic Relief
Joint Evaluation of the Protection of Rights of Refugees during the COVID-19 pandemic	Multilateral	2022	COVID-19 Global Evaluation Coalition, United Nations High Commissioner for Refugees (UNHCR)
Learning as we go: how COVID-19 is changing evaluation strategy and planning	NGO	2021	
Left Behind: The Multiple Impacts of COVID-19 on Forcible Displaced People	Research	2022	Institute of Development Studies
Lessons from the Review of Health and Social Innovations in the Coronavirus (COVID-19) Pandemic Response	Multilateral	2022	World Bank Independent Evaluation Group
Lessons in Multilateral Effectiveness more than the Sum of its Parts?: The Multilateral Response to COVID-19	Multilateral	2022	Multilateral Organisation Performance Assessment Network (MOPAN)
Local COVID-19 Syndemics and the Need for an Integrated Response	Research	2021	
Lunettes féministes intersectionnelles pour envisager une localisation de l'aide inclusive et sensible au genre	Research	2022	

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Document name	Type of org.	Year	Organisation
Malawi COVID-19 Urban Cash Intervention Process Evaluation Report (anglais)	Multilateral	2021	World Bank Group
MENA Real Time Assessment COVID-19 Response	Multilateral	2021	United Nations Children's Fund (UNICEF)
Monitoring and evaluation framework: COVID-19 strategic preparedness and response	Multilateral	2020	World Health Organization
Multivalued ethical framework for fair global allocation of a COVID-19 vaccine	Research	2020	Web of Science
Official development assistance financing for social protection Lessons from the Covid-19 response	Research	2021	ODI
Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic	Multilateral		UNFPA
Thematic report Pandemic Preparedness and Response	Multilateral	2022	The Global Fund
Phase I of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: Kenya case study	Multilateral	2021	United Nations Children's Fund (UNICEF)
Phase I of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: Regional analysis	Multilateral	2021	United Nations Children's Fund (UNICEF)
Phase I of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: South Africa case study	Multilateral	2021	United Nations Children's Fund (UNICEF)
Phase II of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: COVID-19 vaccine demand promotion	Multilateral	2022	United Nations Children's Fund (UNICEF)
Phase II of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: COVID-19 vaccine supply and rollout	Multilateral	2022	United Nations Children's Fund (UNICEF)
Phase II of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: Safe school reopening	Multilateral	2022	United Nations Children's Fund (UNICEF)
Phase II of the RTA of UNICEF's Response to COVID-19 in Eastern and Southern Africa - Lessons from a regional real-time assessment	Multilateral	2021	United Nations Children's Fund (UNICEF)
Turning COVID-19 Vaccines into Vaccinations New Evidence from Sub-Saharan Africa	Multilateral	01.08.2022	World Bank (WB)
Process Evaluation of the Irish Aid COVID-19 Funded Response in Sierra Leone	Bilateral	11.08.2021	IfD
Process Evaluation on three Donor Agencies Response to the COVID-19 pandemic in Bolivia	Bilateral	2021	Sida
Prospects for Aid at Times of Crisis	Research	2021	ODI

Document name	Type of org.	Year	Organisation
Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic	Research	2020	BMJ Global Health
Qatar's Development Cooperation and Least Developed Countries (LDCs)	Bilateral	14.04.2022	SAGE Publications
Rapid Assessment of the Solidarity Package	Multilateral	2021	European Bank for Reconstruction and Development (EBRD)
Real Time Assessment of the COVID Response (Jordan)	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real Time Assessment of UNICEF response to COVID-19 at the country Level (Europe & Central Asia)	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real Time Evaluation (RTE) of COVID-19 Crisis Response in Malawi	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real time Evaluation of FAO's COVID-19 Response and Recovery Programme - Phase 1	Multilateral	2021	Food and Agriculture Organization of the United Nations' (FAO)
Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real Time Learning (RTL) COVID-19 global operation How are the IFRC secretariat and National Societies learning from the COVID 19 pandemic to prepare and address multiple hazards?	NGO	2022	International Federation of Red Cross and Red Crescent Societies (IFRC)
Real-Time Assessment (RTA) of UNICEF's response to COVID-19 in Latin America and the Caribbean (LAC)	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real-Time Assessment of the UNICEF South Asia Response to COVID-19	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real-time Assessment of UNICEF COVID-19 response at country level: Mongolia Country Report	Multilateral	2021	United Nations Children's Fund (UNICEF)
Real-time Assessment of UNICEF COVID-19 response in Malaysia	Multilateral	2020	United Nations Children's Fund (UNICEF)
Real-Time Evaluation Asia-Pacific Regional COVID-19 Task Force	NGO	2020	CARE International
Real-time evaluation of FAO's COVID-19 Response and Recovery Programme: Final report	Multilateral	2022	Food and Agriculture Organisation of the United Nations (FAO)
Reducing the impact of the coronavirus on disadvantaged migrants and ethnic minorities	Research	2021	European Public Health Association.
Re-Evaluating our Knowledge of Health System Resilience During COVID-19: Lessons from the First Two Years of the Pandemic	Research	2022	Kerman University of Medical Sciences
Relevance of the World Bank Group's Early Response to COVID-19 A Cross-Country Sector Analysis	Multilateral	01.02.2022	World Bank Group

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Document name	Type of org.	Year	Organisation
Remote Evaluation of Feedback and Decision-Making During Save the Children's Covid-19 Response in Bangladesh	NGO	2021	Save the Children International
Report of the Independent Evaluation of WHO's COVID-19 Response in Ukraine	Multilateral	2022	World Health Organization (WHO)
Report on the UN Women global response to COVID-19	Multilateral	01.02.2021	UN Women
Report to Parliament on the Government of Canada's International Assistance	Bilateral	2022	Government of Canada
Responding to the Covid-19 Pandemic - Early Norwegian Development Aid Support - 16 focus countries for Norwegian development aid were selected as case studies	Bilateral	2020	Chr. Michelson's Institute
Response of Finnish Development Policy and Cooperation to the COVID-19 Pandemic	Bilateral	2022	
Review of Mongolian Red Cross Society COVID-19 Response	NGO	03.09.2022	IFRC/Mongolian Red Cross
Rising to the Challenge Charitable Foundations' Responses to Coronavirus and their Forecast for the Future	NGO	01.04.2021	The Association of Charitable Foundations (ACF)
RTA - Real-time Assessment of UNICEF COVID-19 response in the East Asia and Pacific region	Multilateral	2021	United Nations Children's Fund (UNICEF)
RTA- Review of risk communication and community engagement initiative for COVID-19 prevention behaviours in Cambodia	Multilateral	2020	United Nations Children's Fund (UNICEF)
RTE - How Bangladesh Is Getting COVID-19 Vaccines to the Last Mile	NGO	2022	CARE International
Sanctioned countries in the global COVID-19 vaccination campaign: the forgotten 70%	Research	2021	BMC
Solidarity Through Localization? Humanitarian Responses to the COVID-19 Pandemic	Research	2021	
Summary Report on the Review of Scottish Government's International Development Programme in light of COVID-19	Bilateral	2021	Government of Scotland
Swedish Aid in the Time of the Pandemic	Bilateral	2022	Expert Group for Aid Studies (EBA)
System-wide Evaluation of the UNDS Response to COVID-19	Multilateral	2022	UNDS
Taking Stock of Humanitarian Access to Pandemic Vaccines	Multilateral	01.06.2022	Gavi

Document name	Type of org.	Year	Organisation
The COVID-19 Crisis and Islamic Finance Response of the Islamic Development Bank Group	Multilateral		Islamic Development Bank Group
The COVID-19 Pandemic: How are Humanitarian and Development Co-Operation Actors doing so far? How could we do Better? Synthesis of early lessons and emerging evidence on the initial COVID-19 pandemic response and recovery efforts	Multilateral	01.06.2021	Organisation for Economic Cooperation and Development (OECD)
The Development Impacts of COVID-19 at Home and Abroad: Politics and Implications of Government Action	Bilateral	19.11.2020	
The experience of the Independent office of Evaluation of IFAD in Conducting Evaluations during COVID-19, Learning note	Multilateral	01.12.2020	IFAD
The Lancet Commission on lessons for the future from the COVID-19 pandemic	Research	2022	The Lancet
The Song Remains the Same: International Relations After COVID-19	Research	2020	International Organization
The UK humanitarian response to COVID-19	Bilateral	2021	Independent Commission for Aid Impact
The World Bank's Early Support to Addressing COVID-19 Health and Social Response (An Early-Stage Evaluation)	Multilateral	2022	World Bank
Tracking the Global Humanitarian Response to COVID-19	NGO	29.04.2021	International Rescue Committee (IRC)/development initiatives
Understanding Trends in Proliferation and Fragmentation for Aid Effectiveness During Crises	Multilateral	2022	World Bank Group
UNDP COVID-19 Adaptation and Response: What Worked and How?	Multilateral	2022	United Nations Development Programme (UNDP)
UNF-WHO COVID-19 Solidarity Response Fund Joint Evaluation	Multilateral	2021	World Health Organization (WHO), United Nations Foundation
UNHCR's response to the COVID-19 pandemic: Synthesis of evaluative evidence	Multilateral	2022	United Nations High Commissioner For Refugees (UNHCR)
UNICEF COVID-19 Learning Evaluation	Multilateral	2020	United Nations Children's Fund (UNICEF)
UNICEF'S response to COVID-19 in Eastern and Southern Africa, phase 1	Multilateral	2021	United Nations Children's Fund (UNICEF)
Use of COVID-19 evidence in humanitarian settings: the need for dynamic guidance adapted to changing humanitarian crisis contexts	Research	2021	BMC

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Document name	Type of org.	Year	Organisation
War Child Holland COVID-19 Response: Multi-Country Real Time Review	NGO	2020	War Child Holland
WFP Evidence Summary Cash-based transfers Lessons from evaluations	Multilateral	2021	World Food Programme (WFP)
Where you live should not determine whether you live. Global justice and the distribution of COVID-19 vaccines	Research		Web of Science
Who Called Team Europe? The European Union's Development Policy Response During the First Wave of COVID-19	Multilateral	12.07.2021	
WHO Health Evidence Network Synthesis Report. What are the historical roots of the COVID-19 infodemic? Lessons from the past	Multilateral	2022	World Health Organisation
WHO Sage Roadmap for Prioritising Uses of COVID-19 Vaccines in the Context of Limited Supply	Multilateral	16.06.2021	World Health Organisation
WHO's allocation framework for COVAX: is it fair?	Multilateral	09.04.2021	Web of Science
Will the Cure Bankrupt Us? Official Development Assistance and the COVID-19 Response in Southern African Countries	NGO	18.12.2020	Oxfam, AFRODAD

Annex 2: Country matrix

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
2021 'Learning from Working During the COVID-19 Pandemic' Review																	
3rd Asia-Pacific Forum for South-South and Triangular Cooperation: The Role of South-South Cooperation in Building Back Better from COVID-19 Pandemic in Asia and the Pacific		L													L	L	
A Comprehensive Review of the Global Efforts on COVID-19 Vaccine Development		L														L	
A global analysis of COVID-19 intra-action reviews. Reflecting on, adjusting and improving country emergency																	

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
preparedness and response during a pandemic																	
Accelerating COVID-19 Vaccine. Removing obstacles to increase coverage levels and protect those at high-risk Deployment		M					L		L				L	L			
ACT-A: Update on the rollout of COVID-19 tools. A report from the ACT-A Tracking & Monitoring Task Force		L															
ACT-Accelerator Strategic Review	L															M	
After Action Review (AAR) Thailand Country Office Response to COVID-19 Crisis																	
Age International External evaluation of the DEC Cyclone Idai Appeal and COVID-19 Response, Inclusive			L								H						

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Emergency Response for Older Men and Women affected by Cyclone Idai.																	
Analysis of the institutional landscape and proliferation of proposals for global vaccine equity for COVID-19: too many cooks or too many recipes?		L														L	
Assessing Country Readiness for COVID-19 Vaccines	L		L	L	L			L	L				L				
At the last mile: Lessons from Vaccine Distributions in DR Congo		L															
Belgium: Enabel Real time Evaluation report																	
Best of UNICEF Research and Evaluation 2020	L			L			L				H						
Beyond the Crisis: Irish Aid's Approach to Nutrition in Tanzania during																	

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
the Covid-19 Pandemic																	
Brazil-Japan cooperation: from complementarity to shared value			H	L				L	L		H		L			L	L
Building a Better World: The Crisis and Opportunity of COVID-19					L				L				L				
CARE Endline Evaluation Report: Restoration of water infrastructure and prevention against COVID-19																	
CEPI mid-term review and COVID-19 response review: combined report Lessons learned and next steps																	
CEPR COVID-19 in Developing Economies	H		L	M	H	M	L	M	M	M	M	M	M	M		H	H
Charity or empowerment? The role of COVAX for low																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
and middle-income countries																	
China and Humanitarian Aid Cooperation																	
China and International Development: Knowledge, Governance, and Practice	L			L							H					L	
Communicating with the public about vaccines: Implementation considerations																	
COVAX Advance Market Commitment Annual Review 2021													L				
COVAX and equitable access to COVID-19 vaccines																	
COVAX Facility and COVAX AMC Evaluability, Evaluation Design and Baseline Study		L															
COVAX: Key Learnings for Future Pandemic Preparedness and Response		L															

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
COVID-19 and crises of capitalism: Intensifying inequalities and global responses		L		L							L					L	
COVID-19 and Global Poverty: Are LDCs Being Left Behind?				L													
COVID-19 and the Early Years: A Cross-Country Overview of Impact and Response in Early Childhood Development																	
COVID-19 and the Emergency Social Safety Net (ESSN) and Conditional Cash Transfers for Education (CCTE) Programmes																	
COVID-19 Behavioural Drivers and Patterns: A longitudinal assessment from the South Asia Region													H				
COVID-19 Capacity Strengthening	L																

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Response Review 2020-21																	
COVID-19 Evaluative Evidence Brief #2	L	L			L				M								
COVID-19 Global Humanitarian Response Plan: An optimal distribution model for high-priority countries		M					L										
COVID-19 Global Humanitarian Response Plan: Learning Paper		L					L		L	L	L						
COVID-19 Implications & Responses Digital Transformation & Industrial Recovery																	
COVID-19 Response and Recovery Operations in Bangladesh: Evaluation of Activities Funded by the Disasters Emergency Committee	H																
COVID-19 Response.									H	M	L						

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Report of Activities																	
Covid-19 Response: Lessons from UNHCR's Evaluation Evidence					L					L							
COVID-19 strategic preparedness and response										L	L						
COVID-19, poverty and inclusive development		L															
DEC Coronavirus Appeal - Real Time Response Review - Bangladesh Country Report	H																
DEC Coronavirus Appeal - Real Time Response Review - South Sudan Country Report	L															L	
DEC COVID-19 Appeal Response Review: Global Synthesis	L																
Development actors at the nexus Lessons from crises in	H									L							

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Bangladesh, Cameroon and Somalia																	
Development Banks' Response to COVID-19 and their Role in a Sustainable Recovery							L	L				L					L
Development co-operation during the COVID-19 pandemic: An analysis of 2020 figures and 2021 trends to watch		L															
Early Lessons and Evaluability of the UN COVID-19 Response and Recovery MPTF				H											M		
Editorial: COVID-19 Responses: Insights into Contemporary Humanitarianism																	
Effects of digital interventions for promoting vaccination uptake																	
End line review for HBCC Project: Inclusive communities:																	

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Changing behaviours to respond to COVID-19																	
Equitable Access Review of CEPI's COVID-19 Vaccine Development Agreements		L															
Equitable access to COVID-19 vaccines makes a life-saving difference to all countries		L															
Evaluating COVID-19 decision-making in a humanitarian setting: The case study of Somalia									L								
Evaluating the Coherence of the International Response to the COVID-19 Pandemic	L			L	L		H						L				L
Evaluation of Covid-19 Digital Health Promotion							L									M	
Evaluation of DEC-funded COVID-19																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
interventions in Bangladesh																	
Evaluation of FCDO's COVID-19 Cash Transfer in Kenya						L			H								
Evaluation of the AfDB Group's crisis response support to Regional Member Countries in the face of COVID-19			L		L						L						
Evaluation of the Effects of the COVID-19 Pandemic on GEF Activities	L	L	L	L					L			L	L	L	L	L	
Evaluation of the World Bank Group's Early Response in Addressing the Economic Implications of COVID-19			L	L					L				L	L		L	
Evaluation of UNICEF Level 3 Response to COVID-19	L	L		M			M		L				H				
Evaluation of WFP's Response to the COVID-19 Pandemic	L	L		L	L			M	M	M	M	L	M			L	

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Evaluation Report: IFRC-wide response to the COVID-19 pandemic	L	L					L	L	L	L			L			L	
Evidence Summary on COVID-19 and Food Security				L	L				L	L			L				
External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A)			L											L		L	L
Fast-Track Assessment of the EU Initial Response to the COVID-19 Crisis in Partner Countries and Regions		L		L			L	H	H					H		H	L
Financing the Recovery: A Formative Evaluation of UNDP's Response to the COVID-19 Pandemic and SDG Financing	M		L						L				L			L	
First lessons from government evaluations of COVID-19																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
responses: A synthesis																	
Foreign aid during the COVID-19 pandemic: evidence from Turkey	L				L		L										
Funding COVID-19 Response: Tracking Global Humanitarian and Development Funding to Meet Crisis Need	L																
Global Humanitarian Assistance Report 2021	M	L	L	L	L		L		M	M	L		L			L	
Global Synthesis Report: Real-Time Assessment (RTA) of the UNICEF response to COVID-19	L			L	L	L			L	L			L			L	
Government Responses to COVID-19: Lessons on gender equality for a world in turmoil	L		H	L	H	L		L	M	L	L	L	L			H	L
HLA COVID-19 Capacity Strengthening																	

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Response Review 2020-21																	
How COVID-19 and Russia's war of aggression against Ukraine are reshaping official development assistance (ODA)		L		L													
Humanitarianism and COVID-19: Structural Dilemmas, Fault Lines, and New Perspectives		L															
ILOs response to the impact of the COVID-19 pandemic on workers and enterprises: What evaluative lessons can be drawn from the ILO's past response to an economic and financial crisis?																	
Impact Evaluation of the Integrated Humanitarian Assistance Project that aiming to Reduce the Secondary Impacts of																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
COVID-19 on the Most Vulnerable Populations in South and East Darfur																	
Impact of Safety Nets on Household Coping Mechanisms for COVID-19 Pandemic in Malawi																	
Impact of the COVID-19 pandemic on trade and development, Lessons learned		L		L										L	H	L	
In a life full of risks, COVID-19 makes little difference. Responses to COVID-19 among mobile migrants in gold mining areas in Suriname and French Guiana									L								
Independent Evaluation of the Relevance and Effectiveness of the Green Climate Fund's Investments and Approach in the Least Developed	M	L		H			H							L	H		

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Countries - Approach Paper																	
Independent Evaluation Report: Coronavirus Programme in Somaliland																	L
Independent External Review of CEPI's COVID-19 Vaccine Development Agreements Published																	
Independent High-Level Evaluation of ILO's COVID-19 response 2020-22	M		L	M	L	L			L	L	M		L	L		H	
Independent Outcome Evaluation of CEPI's first five-year business cycle	L								L	L							L
Independent review of progress of water for women fund and COVID-19 response				L									L				
Inter-Agency Humanitarian Evaluation of the COVID-19	H								H								

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Humanitarian Response																	
International Finance Institutions' Support to the Deployment of COVID-19 Vaccines in Low- and Middle- Income Countries: 10 Lessons from Evaluation																	
Introduction to the Special Issue: Policies for Inclusive Development in Africa									L								
IOM COVID-19 Preparedness and Response in Southern and Horn of Africa									H								
Islamic Relief's Global COVID-19 Response & Recovery Programme 2020/21					L					L			H				
Joint evaluation of the protection of the rights of refugees during the COVID-19 pandemic	M	L			L				M	H			L			L	

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Learning as we go: how COVID-19 is changing evaluation strategy and planning																	
Left Behind: The Multiple Impacts of COVID-19 on Forcible Displaced People	L									L							
Lessons from the Review of Health and Social Innovations in the Coronavirus (COVID-19) Pandemic Response		L		L			L	L	L	L				L			
Lessons in Multilateral Effectiveness more than the Sum of Its Parts?: The Multilateral Response to COVID-19		L															
Local COVID-19 Syndemics and the Need for an Integrated Response																	
Lunettes féministes intersectionnelles pour envisager																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
une localisation de l'aide inclusive et sensible au genre																	
Malawi COVID-19 Urban Cash Intervention Process Evaluation Report (anglais)									L							L	
MENA Real Time Assessment COVID-19 Response		L								M							
Monitoring and evaluation framework: COVID-19 strategic preparedness and response																	
Multivalue ethical framework for fair global allocation of a COVID-19 vaccine																	
OCHA Global humanitarian response plan: COVID-19 final progress report	L	M					L		L	L	L		L			L	
Official Development Assistance Financing for Social Protection Lesso	L						L			L			L				L

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
ns from the COVID-19 Response																	
Pandemic Pivot: Achieving Transformative Results in the COVID-19 Pandemic									M								
Phase I of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: Kenya case study									H								
Phase I of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: Regional analysis									L							M	
Phase I of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: South Africa case study																H	
Phase II of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa:									L							H	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
COVID-19 vaccine demand promotion																	
Phase II of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: COVID-19 vaccine supply and rollout									L							H	
Phase II of the RTA of UNICEF'S Response to COVID-19 in Eastern and Southern Africa: Safe school reopening									L							H	
Phase II of the RTA of UNICEF's Response to COVID-19 in Eastern and Southern Africa - Lessons from a regional real-time assessment																	
Process Evaluation of the Irish Aid COVID-19 Funded Response in Sierra Leone																	
Process evaluation on three donor		L															

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agencies response to the COVID-19 pandemic in Bolivia																	
Prospects for aid at times of crisis																	
Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic													L				
Qatar's Development Cooperation and Least Developed Countries (LDCs)	L	L								L					L		
Rapid Assessment of the Solidarity Package					L	L											
Real Time Assessment of the COVID response (Jordan)	L				H												
Real Time Assessment of UNICEF response to COVID-19 at the country Level				M		H											

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
(Europe & Central Asia)																	
Real Time Evaluation (RTE) of COVID-19 Crisis Response in Malawi																	
Real time Evaluation of FAO's COVID-19 Response and Recovery Programme - Phase 1			L														
Real Time Evaluation of UNICEF'S Response to the COVID-19 Outbreak Crisis in Malawi																L	
Real Time Learning (RTL) COVID-19 global operation How are the IFRC secretariat and National Societies learning from the COVID-19 pandemic to prepare and address multiple hazards?						L											
Real-Time Assessment (RTA) of UNICEF's		L					L	L									L

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
response to COVID-19 in Latin America and the Caribbean (LAC)																	
Real-Time Assessment of the UNICEF South Asia Response to COVID-19	H												H				
Real-time Assessment of UNICEF COVID-19 response at country level: Mongolia Country Report																	
Real-time Assessment of UNICEF COVID-19 response in Malaysia																	
Real-Time Evaluation Asia-Pacific Regional COVID-19 Task Force	L												L				
Real-time evaluation of FAO's COVID-19 Response and Recovery Programme: Final report	L			L	L			L	L								
Reducing the impact of the coronavirus on																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
disadvantaged migrants and ethnic minorities																	
Re-Evaluating our Knowledge of Health System Resilience During COVID-19: Lessons from the First Two Years of the Pandemic		L								L							L
Relevance of the World Bank Group's Early Response to COVID-19 A Cross-Country Sector Analysis	L		M			L				L			L	L			L
Remote Evaluation of Feedback and Decision-Making During Save the Children's Covid-19 Response in Bangladesh	H																
Report of the Independent Evaluation of WHO's COVID-19 Response in Ukraine																	
Report on the UN Women global response to COVID-19	M			L	L	L		L	L	M	L		L	L		L	

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Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Report to Parliament on the Government of Canada's International Assistance	H	L		L			M	L	L	L	L	L	L	L	L	L	L
Responding to the COVID-19 Pandemic - Early Norwegian Development Aid Support - 16 focus countries for Norwegian development aid were selected as case studies		L									L						
Response of Finnish Development Policy and Cooperation to the COVID-19 Pandemic		L					L										
Review of Mongolian Red Cross Society COVID-19 Response		L															
Rising to the Challenge Charitable Foundations' Responses to Coronavirus and their Forecast for the Future																	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
RTA - Real-time Assessment of UNICEF COVID-19 response in the East Asia and Pacific region																	
RTA- Review of risk communication and community engagement initiative for COVID-19 prevention behaviours in Cambodia				H													
RTE - How Bangladesh Is Getting COVID-19 Vaccines to the Last Mile	L	L															
Sanctioned countries in the global COVID-19 vaccination campaign: the forgotten 70%		L															
Seven Finance and Trade Lessons from COVID-19 for Future Pandemics		L														L	
Solidarity Through Localization? Humanitarian Responses to		L															

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the COVID-19 Pandemic																	
Summary Report on the Review of Scottish Government's International Development Programme in light of COVID-19																	
Swedish Aid in the Time of the Pandemic	L	L		L					L		L						
System-wide Evaluation of the UNDS Response to COVID-19															L		L
Taking Stock of Humanitarian Access to Pandemic Vaccines																	
The COVID-19 Crisis and Islamic Finance Response of the Islamic Development Bank Group	L	L			L								L	L			L
The COVID-19 Pandemic: How are Humanitarian and Development	L					L					L					L	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Co-Operation Actors doing so far? How Could We Do Better? Synthesis of early lessons and emerging evidence on the initial COVID-19 pandemic response and recovery efforts																	
The Development Impacts of COVID-19 at Home and Abroad: Politics and Implications of Government Action		L							L								
The experience of the Independent office of Evaluation of IFAD in Conducting Evaluations during COVID-19, Learning note	L																
The Lancet Commission on lessons for the future from the COVID-19 pandemic	L	L		L					L				L			L	
The Song Remains the							L										

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Same: International Relations After COVID-19																	
The UK's Humanitarian Response to COVID-19	H			L					H							L	L
The World Bank's Early Support to Addressing COVID-19 Health and Social Response (An Early-Stage Evaluation)	L	M				L	M	H		M	H	L	L	H		L	M
Thematic report Pandemic Preparedness and Response	L																
Tracking the global humanitarian response to COVID-19	L	L					L		L	L			L				
Turning COVID-19 Vaccines into Vaccinations New Evidence from Sub-Saharan Africa		H							H								
Understanding Trends in Proliferation and Fragmentation for Aid							L										

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
Effectiveness During Crises																	
UNDP COVID-19 Adaptation and Response: What Worked and How?	L		L	L				M	M				L				
UNF-WHO COVID-19 Solidarity Response Fund Joint Evaluation		L							L	L			L				
UNHCR's response to the COVID-19 pandemic: Synthesis of evaluative evidence	M	H			H				H	M	H		H			L	
UNICEF COVID-19 Learning Evaluation																	
UNICEF'S response to COVID-19 in Eastern and Southern Africa, phase 1		L									L						
Use of COVID-19 evidence in humanitarian settings: the need for dynamic guidance adapted to changing	L						L		L	L			L				

WHAT CAN EVALUATIONS TELL US ABOUT THE PANDEMIC RESPONSE?

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
humanitarian crisis contexts																	
War Child Holland COVID-19 Response: Multi-Country Real Time Review										M							
WFP Evidence Summary Cash-based transfers Lessons from evaluations									M	L							
Where you live should not determine whether you live'. Global justice and the distribution of COVID-19 vaccines		L														L	
Who Called Team Europe? The European Union's Development Policy Response During the First Wave of COVID-19		L															
WHO Health Evidence Network Synthesis Report. What are the historical roots of the COVID-19																M	

Publication	Bangladesh	Burkina Faso	Cabo Verde	Cambodia	Egypt	Georgia	Haiti	Honduras	Kenya	Lebanon	Mozambique	Nicaragua	Pakistan	Senegal	SIDs	South Africa	St. Lucia
infodemic? Lessons from the past																	
WHO SAGE Roadmap for Prioritising uses of COVID-19 Vaccines in the Context of Limited Supply		L															
WHO's allocation framework for COVAX: is it fair?		L							L								
Will the Cure Bankrupt Us? Official Development Assistance and the COVID-19 Response in Southern African Countries											M					M	

Scale
Low (L) = <10
Medium (M) = <10 <20
High (H) = 20

Annex 3: About the COVID-19 Global Evaluation Coalition

The COVID-19 Global Evaluation Coalition (the Coalition) is a network of the independent evaluation units of countries, UN organisations, international NGOs and multilateral institutions. The Coalition provides credible evidence to inform international co-operation responding to the COVID-19 pandemic, thus helping to ensure that lessons are learned, and that the global development community delivers on its promises. The Coalition has 64 participants (as of April 2023) and is led by a core group made up of the evaluation units of: the EBRD, Canada, Germany, Ireland, Switzerland, UNDP, UNICEF, the United States, and the WHO (observer). The OECD Development Cooperation Directorate (EvalNet Secretariat), GEI and the ALNAP Secretariat provide research, communication, and facilitation support to the Coalition.

The Coalition has taken a phased and modular approach to support both, individual and collaborative evaluations, and syntheses and to inform real-time COVID-19 response and recovery efforts. The first phase of work (2020-2021) focused on drawing evidence from past evaluations to inform the COVID-19 response and recovery efforts; the Coalition published five *Lessons from Evaluation* briefs. In early 2021, the work began to shift into a new phase focused on evaluating the current response and recovery efforts and supporting real-time learning. Coalition participants are planning more than 250 COVID-19-specific evaluations. As the pandemic's fourth year unfolds, the Coalition is focused on an overarching global evaluation of the collective international response to the pandemic, to consolidate lessons and inform future crisis responses.



This paper has been produced by the evaluators of the COVID-19 Global Evaluation Coalition.

Comments on this paper are welcome and may be sent to the Secretariat:

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