



Mapping COVID-19's web of impact

Rising inequality, convergence on hold
and lessons to learn

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Cover photo: people leaving Antananarivo, Madagascar in 2020 due to lack of livelihood options following a prolonged COVID-19 lockdown. These were the last departures authorised by the Government. Credit: World Bank via Flickr, CC BY-NC-ND 2.0

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COVID-19 produced winners and losers: in vaccine access, care burdens, disease outcomes, income, education, healthcare, and many more. Since disadvantages intersect and compound, communities in poorer nations fared worst. In October 2022, nearly three years since coronavirus emerged, the World Health Organization estimated that approximately three times as many people in high-income countries have been vaccinated as in low-income countries. COVID-19 has also paused international ‘wealth convergence’ within and between nations. Other outcomes, including generation-wide lost schooling, will be longer term. Such injustices threaten the global ‘social contract’ needed to tackle issues such as climate change. The pandemic is a wake-up call: clearly, multilateral systems need transformational change. We discuss COVID-19 as a pandemic of amplified inequality and highlight its cross-cutting lessons: on social protection; inclusive responses; and better understanding of intersecting vulnerabilities.

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Summary

COVID-19 didn't just bring pandemic disease, it also triggered unprecedented government measures that had systemic and disruptive effects worldwide (see Section 1 of this paper).

Yet COVID-19 created winners and losers (see Section 2) — within and among nations across the world. The overall pattern is clear. Richer nations were more resilient, with better social protection schemes in place and more tech-savvy populations that were better able to adapt their lives and working practices to cope with lockdowns and 'social distancing'. At the individual level, a few already-wealthy people dramatically increased their wealth. For example, the ten richest people doubled their wealth over the pandemic. Meanwhile, across many nations, many got poorer. Without radical change, this pattern of inequitable impacts and response capacity will be repeated under the slow onset of climate- and weather-related hazards and disasters due to climate change. It is imperative that lessons are learnt and applied.

The pandemic has been particularly damaging for women, who picked up extra care burdens, were exposed to far more domestic violence, and were also more likely to suffer economically. We know COVID-19's gender impacts are stark, yet, as with other disparities, they remain poorly understood or responded to.

Indeed, inequality has stretched to data collection itself. For example, the COVID-19-induced bias towards phone surveys lessened data collection and analysis from women, the elderly, less educated and people in rural areas over the past few years (though it is important to highlight the efforts made, even if they fell short). In lower- and middle-income countries (LMICs), COVID-19 data has generally not been systematically collected — this includes infections, death rates and economic outcomes. However, despite Least Developed Countries (LDCs) not having the capacity, many middle-income countries collected data on COVID-19 infections and deaths. And for all their faults and critics, national accounts were collected to provide economic data in LMICs during the COVID-19 period.

Nonetheless, international-level indicators suggest COVID-19 has put global 'convergence' of per capita gross domestic product (GDP) between developed and developing nations 'on hold'. And for the first time in a generation, global income inequality has worsened.

Section 3 of this report focuses on how COVID-19 measures interacted with vulnerabilities, particularly (but not exclusively) for people in LMICs. It draws on stories of local impacts and lived realities to highlight COVID-19's disproportionate burden on poor and marginalised people. It makes the case that this complex web of interconnected vulnerabilities and inequalities have magnified disadvantage and subordination across LMICs.

Those who fared worst, both from the pandemic's health implications and government responses, were already substantially disadvantaged by intersecting inequalities. They were residents of poorer nations, people with insecure employment, those with little in the way of safety nets, or women or girls. They often belonged to ethnic minorities or marginalised communities, they were elderly, or they were young.

Clearly, many people fall into several of these categories, and some will fall into most of them. For these people, vulnerabilities compound and intersect. In Section 4 we propose that intersectional disadvantage should be seen as a multi-scalar, multi-level phenomenon that 'metastasises', and is underpinned by structures of power, wealth and privilege at all levels.

Indeed, COVID-19's amplifying effect on inequalities has stimulated corresponding comprehensive policy and advocacy agendas from organisations. The World Bank argues for comprehensive policy measures to stop the COVID-19 era's gross inequities becoming 'built-into' future development pathways. Meanwhile, Oxfam has put forward 'five steps towards a better world', in an overview of the pandemic's inequality impacts.

The stubborn problem of unequal vaccine availability and uptake may be the dominant 'direct' and immediate inequality of the COVID-19 era, while the unequal impact of school closures, poverty and death rates on disadvantaged groups will play out over the longer term. However, paused inter-country income convergence may be the top-level long-term inequality trend, with significant implications for multilateral collective action in the years and decades to come. Restarting income convergence will be crucial for maintaining the global 'social contract' and tackling worldwide challenges such as climate change. Clearly, multilateral systems are not performing equitably and transformational change is needed.

In Section 5, 'Looking forward', we discuss three 'cross-cutting lessons' for dealing with COVID-19's indirect impacts via recovery policy and operational responses. These should also be employed to minimise intersectional disadvantages arising from any future crisis:

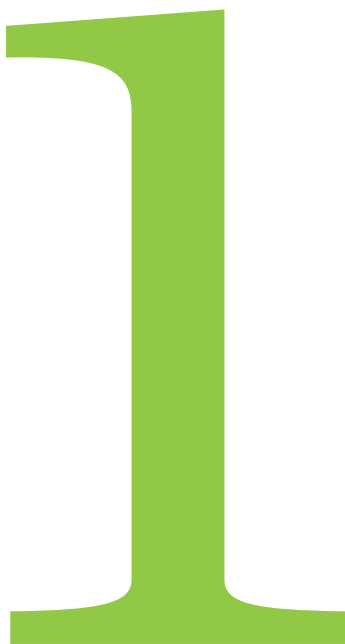
- **Social protection is a crucial area in policy responses.** Social protection worked well for some countries and communities, but let down others. Responses need to work quickly, equitably and effectively, and high pre-crisis levels of cover can help deliver that. Policymakers also need to learn what worked, and what failed, especially for disadvantaged groups during the pandemic. Lessons can be drawn from efforts to build climate resilience into social protection design and delivery.
- **Inclusive and comprehensive delivery must respond to power structures at all levels.** Delivery must actively strive to achieve inclusion and just outcomes. But programmes must also understand and respond to the political economy of intersectional disadvantage at all levels. This will need response strategies co-created with social movements and community-led organisations, giving voice and agency to those experiencing intersectional disadvantage.

- **Poverty and inequality monitoring and data systems need rebuilding.** Household surveys need adapting to enable timely monitoring of inequality trends so that they can be used to ensure robust delivery systems. Surveys will need to better-capture the dynamics of intersectional inequality.

The lessons of the pandemic — both in terms of need and in terms of emerging practice — must provide a new impetus for reform and innovation. The COVID-19 global shock has worsened inequality; it will be important to ensure that future pandemics or climate shocks do not have the same effect. Policymakers must find solutions that focus on the disadvantaged. These remedial measures must address COVID-19's adverse impacts, but must also shape more equitable responses to future shocks.

COVID 19: the 'great interruption'

COVID-19 triggered not only pandemic disease, but also unprecedented government action. Everyone was affected — but not to the same extent. COVID-19, and the policy responses, created 'winners and losers' — between countries, populations and individuals.



The World Health Organization declared the spread of coronavirus 2019 (from here on COVID-19) a pandemic on 11 March 2020. Illness and death swept around the world, and governments implemented an unprecedented raft of policy measures to contain or manage the disease. The ramifications have been truly systemic. Wolf (2020) coined the term ‘the great interruption’ and others refer to ‘the great disruption’ (Zambakari et al., 2020). Almost all human populations have been directly affected. People have been stopped from working, or ordered to work less or from home. Schools have been closed, and many other restrictions have been imposed, notably social and physical distancing measures, primarily through legally enforced restrictions on movement, stay-at-home orders, curfews and travel quarantines. The measures have also produced indirect but longer-lasting impacts, such as supply chain disruptions, commodity shocks, persistent inflation, significant contraction in tourism, and in some places an emerging culture of working from home.

Both the disease itself and government policies have had redistributive effects for individuals, households, communities and states. COVID-19 has created winners and losers within and among nations across the world. But the overall pattern is clear — higher-income households accumulated savings during the pandemic, while those on lower incomes spent savings and increased debt (Romei, 2022).

COVID-19 measures especially reduced the incomes of lower-skilled workers within the informal sector who could not ‘work from home’, with a disproportionate impact on LMICs (Gupta et al., 2021). Taken in aggregate, the drop in output of LMIC economies caused by COVID-19 is projected to be relatively slower to close in poorer countries over the medium- to long-term, as high-income countries are better-able to stimulate economies and maintain demand (Yeyati and Filippini, 2021).

Importantly, COVID-19 has tended to inflict greater damage on socially excluded groups. Whether for lack of wealth, power or social recognition, they are less able to deploy defensive strategies in rapidly changing contexts. Intersecting — and mutually reinforcing — inequalities create compound vulnerabilities. People suffering multiple forms of exclusion and disadvantage (whether based on race, ethnicity, gender, generation or other identities) have the most precarious situations, and the fewest resources to deploy in the face of shocks (Kabeer, 2010).

Due to their higher representation in the informal sector and onerous care and childcare duties, women were more likely to experience falling income than men, and further, were more likely to lose their job altogether (Dang and Nguyen, 2021). There has also been a racial disparity, even in wealthy nations. A disproportionate share of African American businesses closed permanently over the shutdowns in the USA, compared with the national failure rate (Fairlie, 2020). When race and gender disadvantage combined, the impact on poor individuals and families was magnified.

COVID-19’s impact on many LMICs is less well understood than it is for developed countries (see Section 2). Limited testing capacity means the true scale of the COVID-19 caseload and death rate was never established (Karlinsky and Kobak, 2021). Excess death rates in LMICs have been sporadically recorded in a few locations, but data has not been collected that would allow intra- and cross-country comparisons (Besson et al., 2021; Endris et al., 2021).

This uncertainty also applies to socioeconomic impacts for the poorest and most marginalised. While it is widely recognised that incomes fell disproportionately for uneducated and unskilled people in the lowest income categories, and who operate in the physical informal economy (Gupta et al., 2021; World Bank 2022a), there is often limited data to demonstrate this empirically. Social and physical distancing measures themselves inhibited data collection in 2020 and 2021, leaving unresolved questions about the impact of government response measures to minimise the spread of COVID-19 within the LMICs.

This report focuses on how COVID-19 measures interacted with the many social vulnerabilities people in LMICs experience. It draws on testimonies and secondary data sources to highlight COVID-19’s disproportionate burden on poor and marginalised people. It maps out COVID-19 impacts, as exacerbated by intersecting and mutually reinforcing inequalities. COVID-19 cannot be understood as a set of linear relationships between policy measures and detrimental outcomes for the poorest and marginalised. Rather, it has triggered a complex web of interconnected vulnerabilities and inequalities that have magnified disadvantage and subordination across LMICs.

The wider implications for future shocks and inequality trends are clear. In mid-2022, as the era of COVID-19 moved into its third year, the world has seen extraordinary climate-related shocks in multiple locations, including the devastating floods that left vast areas of Pakistan underwater (Mallapaty, 2022), and a heatwave in China that was unprecedented in terms of duration, area and intensity (Le Page, 2022). The inequitable nature of climate impacts is well rehearsed in the literature with losses and damages in human terms far greater in the poorest countries and communities (Oxfam, 2022b; More et al., 2019). The African Development Bank estimates that Africa is already losing 5–15% of GDP annually because of

climate change (Urama, 2022), a trend that will increase global inter-country inequality. Climate impacts outstrip historical expectations in the scientific literature at our current level of warming, and there is substantial evidence that — without action at a scale and speed that has not been forthcoming up to now — both warming and its impacts will accelerate further (WMO, 2022). The pandemic's origins can be linked to global ecological stress in profound ways (Lawler et al., 2021). In short, studying the 'inequality implications' of shocks and discontinuities such as the COVID-19 pandemic is important for understanding the coming stresses of "the era of loss and damage from climate change" (Huq, 2021).

COVID-19, the end of converging incomes and a new wave of inequality

COVID-19, and responses to it, have widened inequality, making most people poorer and a few much richer. It has paused 'convergence' between per capita GDP in wealthy and some developing nations. It has disproportionately affected disadvantaged groups, especially women, yet it is hard to say how much, as even data collection has become more inequitable.



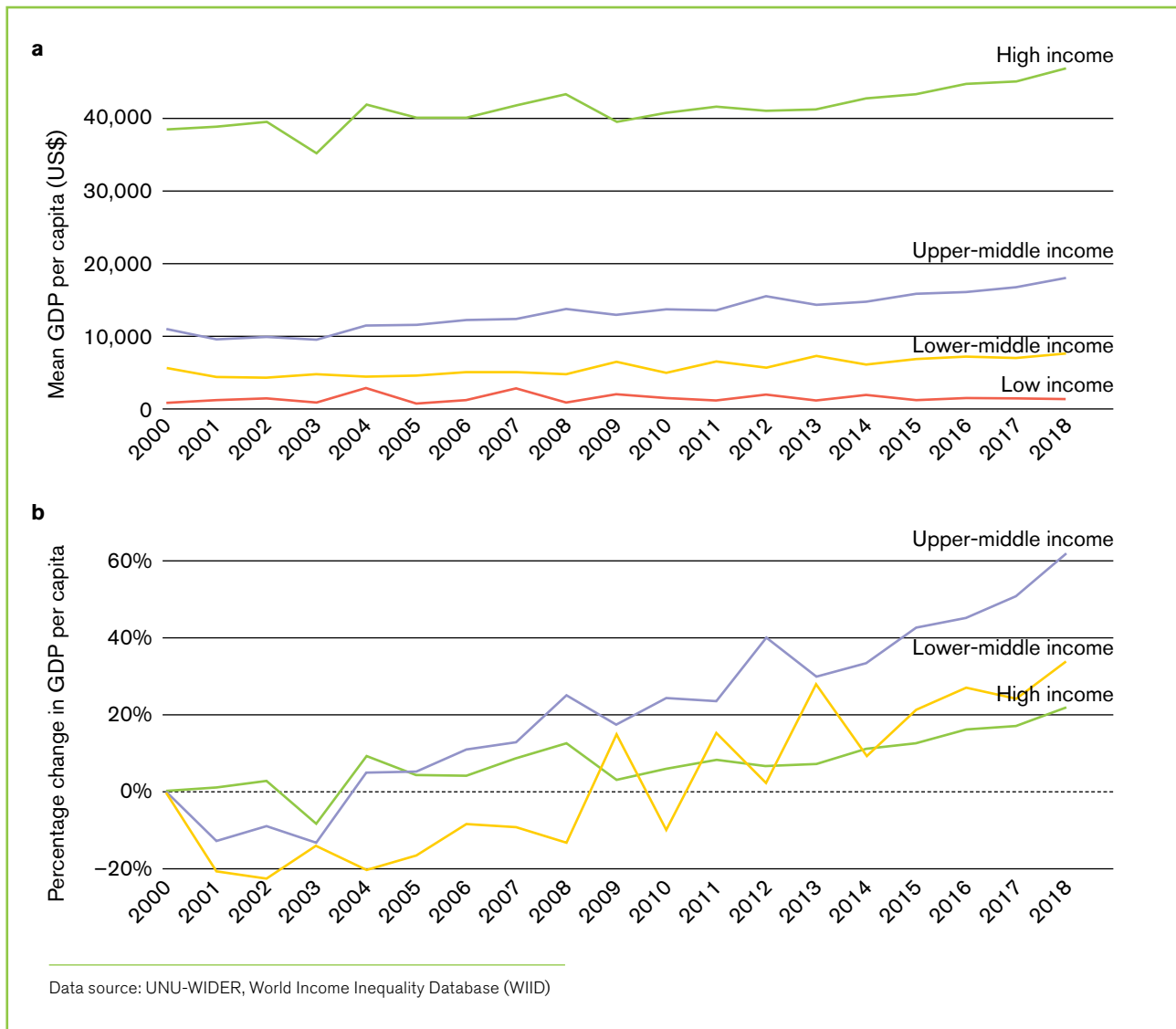
Over the past decade, academics, policymakers and the investment community have become increasingly aware of widening inequality (Piketty, 2014), caused in part by: disproportionate returns to capital compared to labour; ever lower interest rates; monetary easing; and the consequent rise in asset prices (Streeck, 2016). Other trends driving inequality include automation's growing displacement of service-based and manufacturing labour (Norton, 2017), shorter supply chains, and reshoring of assemblage and other functions (Barbieri et al., 2018). All these make it harder for lower-income countries to propel development via manufacturing growth (Drelich-Skulka et al., 2021). And all are hastened still further by the uncertainty created by the war in Ukraine (World Bank, 2022b).

Yet, over the same period, development economists have generated a broad positive narrative of income convergence between nations (Milanovic, 2016; 2022). This is inseparable from the economic rise of China

and India and their comparative advantages in terms of labour costs and, more recently, energy production (Darvas, 2019).

Convergence has remained difficult to observe between the lowest- and highest-income countries (Johnson and Papageorgiou, 2020; World Bank, 2022a), and absolute income disparities remain significant (Horner and Hulme, 2019). Figure 1a compares mean GDP per capita (US\$) for 2000–2018 (pre-pandemic) between country income categories, using the World Income Inequality Database, and shows little change. However, Figure 1b shows the same figures as a percentage change from the year 2000. High-income countries have continued to grow in GDP per capita terms, but in the second half of the period covered, up until 2018, the upper-middle- and lower-middle-income countries had started to close the gap. There has been little to no increase in per capita incomes for the poorest countries.

Figure 1a and b: Progress on global income convergence 2000–2018



2.1 The poor got poorer

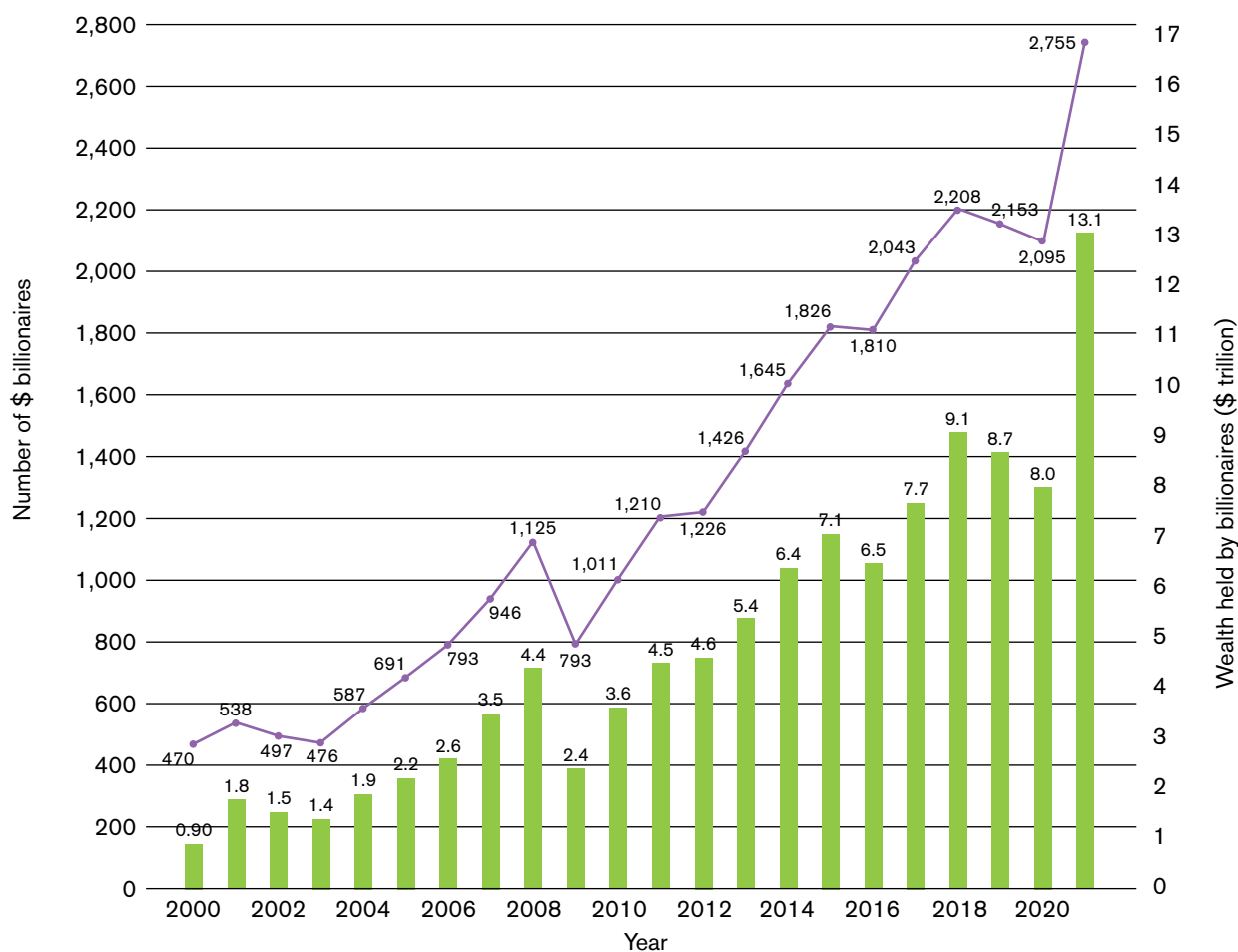
COVID-19 induced the first global rise in income inequality for a generation (Yonzan et al., 2021). On a population weighted basis, which gives more emphasis to highly populated countries, income inequality across both developed and developing countries has increased since COVID-19 (Deaton, 2021). Sixty per cent of all households across the world reported income losses during the first two years of the COVID-19 period, while for lower-income commodity-exporting countries, especially in sub-Saharan Africa, over 70% reported income losses (World Bank, 2022a). Throughout 2020, those households across the world in the lowest three deciles (ie 10th, 20th and 30th percentile) lost the most household income (-5% to -7%) compared with the highest three deciles (-5%) (Yonzan et al., 2021). In many senses, the underlying fragility of household productive systems has been placed under pressure, often compromising their ability to maintain basic food consumption while withstanding COVID-19 as a systemic shock (Nechifor et al., 2021).

2.2 But the rich got richer

But COVID-19 didn't just make the poor poorer. It also made a minority very much richer as government and central bank policy privileged those with a concentration of assets. Wealthy people were already getting richer. Figure 2 illustrates the rapid increase in dollar billionaires across the world, from 470 in 2000 to 2,755 in 2021, while the combined wealth of this cohort has risen from US\$0.9 trillion to US\$13.1 trillion over the same period. COVID-19 has hastened this trend of the rich getting richer to an unprecedented pace.

Within the broader population, many people in professional occupations found they could continue working from home. This meant that lockdowns did not hit the middle classes as hard as they hit others. By contrast, people in the informal sector, who had no opportunity to work and no income support to compensate for lost earnings, were particularly hard-hit. Given inequalities in digital access and unequal opportunities for telecommuting, this shift has probably led to increasing income inequality over both short- and longer-term time frames (World Bank, 2022a).

Figure 2: Number of dollar billionaires and wealth concentration (US\$ trillion)



Data Source: Statistics and Data, statisticsanddata.org

However, focus matters greatly when measuring inequality, and counter-examples of greater convergence exist since the onset of the COVID-19 era. Per capita incomes fell more in high-income countries when making aggregate comparisons at the country level, so when viewed from this perspective, income inequality decreased (Deaton, 2021). Other examples suggest that when looking within countries, income inequality fell overall, such as when assessing the population of India immediately after the COVID-19 lockdowns (Gupta et al., 2021). But such analyses tend to discount group-specific winners and losers, whereby inequality falls at the level of the country, but rises between the wealthy and vulnerable groups.

2.3 Gendered burdens

The gender implications of COVID-19 and its policy measures are stark. Studies have called attention to the disproportionate impact COVID-19 had on women and girls, the importance of examining gendered dimensions of the pandemic, and the lack of gender expertise and analysis in pandemic planning (Hankivsky and Kapilashrami, 2021). Women across the world took on greater domestic burdens, including childcare and wider care responsibilities. They were more likely to be employed in the informal sectors of the economy, often requiring face-to-face interactions, and so suffered more frequent stoppages (Nicolini, 2020; World Bank, 2022a). They were less likely to have labour protections in law and to benefit from social insurance (Hunt and Samman, 2019). These adverse consequences were well documented in developed countries. Some studies demonstrated how women were more likely to experience falling income than men, to become unemployed, deplete savings and to reduce basic consumption (Dang and Nguyen, 2021), but comparable levels of research were not conducted in LMICs (Alon et al., 2020; Kopel et al., 2020).

2.4 Unequal data collection, unequal voice

Indeed, inequality even stretched to data collection itself. Data collection initiatives across LMICs slowed markedly over the COVID-19 period. Some adapted out of necessity, switching to remote surveying initiatives, such as the high-frequency phone surveys designed to monitor COVID-19 impacts supported by the World Bank Living Standards Measurement Study (Gourlay et al., 2021). Often phone surveys are not as representative as ground-level population household surveys, especially when compared with transect techniques that can reach households in peripheral areas (Brubaker et al., 2021), despite notable reweighting methods that adjust for differential response

rates among subgroups of the population (World Bank, 2022a). Such methods cannot eliminate bias altogether. Owning and answering a mobile phone is associated with younger, wealthier, disproportionately urban and male respondents. Therefore, phone surveys have a tendency to systematically reduce representation of women, the elderly, less educated, and people in rural areas.

2.5 Intergenerational inequality

COVID-19 also exacerbated intergenerational inequality, the implications of which may reach far into the future. School closures were central to social and physical distancing measures and sometimes lasted more than a year (see Section 3). These closures had long-term impacts (see Box 1). Global reductions in the delivery of schooling throughout 2020 and 2021 have left the COVID-19 generation at a systemic disadvantage compared to adjacent cohorts. Essentially, their education has been a traded-off for lives saved in the near term. Yet education is a central pillar of adaptive capacity and the foundational means to deal with future shocks (Smit and Wandal, 2006). The World Bank (2022c) states that 70% of ten-year olds are unable to read and understand simple text (and this is connected to a lack of access to digital learning tools). Over the long term, those without education greatly reduce their choice of occupation, have limited ability to demand greater compensation, and are left with fewer options to generate income when shocks occur (Hill and Narayan, 2020).

BOX 1: EXAMPLES OF IMPACTS FROM SCHOOL CLOSURES DURING COVID-19

- Lost education, especially for middle-lower socioeconomic groups, with long-term inter-generational consequences (Kuhfeld et al., 2020; Hammerstein et al., 2021)
- Worsened physical and mental health (Lee, 2020; Joseph et al., 2020; Spaul and Van der Berg, 2020)
- Higher drop-out rates, particularly for girls (Burzynska and Contreras, 2020)
- Food insecurity — because children missed school meals, which are particularly important in LMICs (Van Lancker and Parolin, 2020)
- Physical and mental child abuse (Baron et al., 2020)

COVID-19 responses fuelled intersecting inequalities

COVID-19 has had multi-faceted social and health-related impacts. Crucially, it has amplified overlapping and interacting disadvantages: for people with uncertain incomes and limited safety nets; for women and girls; for marginalised communities; for older people; but also for children and youth. This section discusses the broad picture of COVID-19 consequences, then draws together evidence on COVID-19's local impacts and lived realities.



3.1 COVID-19 consequences

COVID-19, and its associated policy measures, triggered multiple interconnected harms. Table 1 sets out COVID-19's multi-faceted impacts, gleaned from a review of social and medical science literature. Incomes have depreciated, between and within countries (World Bank, 2022a). In addition, macroeconomists have concluded that lower fiscal stimulus, a drastic cut in revenues from tourism, and disruption to education have disproportionate negative medium- to longer-term implications for developing countries' economic output (Yeyati and Filippini, 2021). Further, a reliance on commodity exports, a large informal sector and limited safety nets (Tröster, 2020; Dasgupta and Robinson, 2021) represent economic fragilities. Even premiums on credit, which became unprecedentedly cheap for developed countries during the COVID-19 era, remained high in LMICs (El-Khatib and Samet, 2020).

Other factors that have exacerbated inequality during COVID-19 include:

- a) The global digital divide, whereby people in LMICs often didn't have the option for remote working and online schooling (Turianskyi, 2020; Azubiike et al., 2021)
- b) Limited healthcare for dealing with COVID-19 outbreaks but also for tackling other prevalent diseases, such as HIV/AIDS, tuberculosis and malaria (Jewell et al., 2020; Inzaule et al., 2021)
- c) Stubbornly low vaccine access in some LMICs (Financial Times, 2022), and
- d) Ongoing extreme climatic and weather events that are causing substantial economic damage, but also compromising short- and long-term economic growth, with disproportional impacts on developing countries and LDCs (O'Neill et al., 2022).

Table 1: Drivers of inequality during COVID-19

FACTOR	GEOGRAPHY	DATA	EVIDENCE	SOURCE EXAMPLE	
Income	National	India	Centre for Monitoring Indian Economy	Incomes fell disproportionately for poorer manual workers.	Gupta et al. (2021)
Income	Global	World	Household income and consumption surveys	Incomes fell more for households in the bottom third of income distribution compared to top third. Income inequality has risen for first time in a generation.	Yonzan et al. (2021)
Income	Global	World	Miscellaneous	Output gap of poorer countries will be slower to close in the medium to long term.	Yeyati and Filippini (2021)
Income	International	Asia and Pacific LDCs	Miscellaneous	Lack of stimulus, commodity exports, informal sector, limited safety net.	Nuruzzaman and Tateno (2021)
Recovery	International	World	Miscellaneous	Poorer economies struggled to recover as quickly as advanced ones, lacking trust and market access to borrow freely to protect their populations.	Giles (2022)
Food security	National	Kenya	Macro-economic modelling	COVID-19 caused a 3.3% increase in households falling below the daily threshold of 2,250 kilocalories per capita	Nechifor (2021)
Gender	International	China, USA, UK, Italy, South Korea, Japan	Surveys of individuals	Women were 24% more likely to permanently lose their job than men during the pandemic. Women expected labour income to fall by 50% more than men.	Dang and Nguyen (2021)

FACTOR	GEOGRAPHY		DATA	EVIDENCE	SOURCE EXAMPLE
Gender	International	World	Miscellaneous	Women are disproportionately represented in informal sectors, which suffered more redundancies from COVID-19 measures.	World Bank (2022)
Digital	National	US	National survey data	People in higher socioeconomic groupings, with good internet skills and online experiences, were more likely to increase digital communication during COVID-19.	Nguyen et al. (2021)
Poverty	Global	World	World Bank MicroData	The poverty burden was harder on the poor due to compounded vulnerability	Nechifor et al. (2021)
Health	Regional	Africa	Miscellaneous	COVID-19 measures limited ability to deal with other diseases, such as HIV/AIDS, malaria and tuberculosis.	Inzaule et al. (2021)
Health	Regional	Africa	Prospective modelling	COVID-19 measures interrupted HIV treatment, which could result in 296,000 excess deaths.	Jewell et al. 2020
Health	Global	World	Descriptive analysis of mortality data	Unvaccinated population: low income 92%; lower-middle income 51%; high income 24%. Vaccination rates are tightly correlated to income.	Financial Times (2022)
Health Data	Global	World	Descriptive statistics	Higher excess deaths have been recorded in middle-income compared to developed economies.	Financial Times (2022)
Health Data	Global	World	Descriptive statistics	There is no systematic data on excess death rates within LDCs.	Karlinsky and Kobak (2021)
Health Data	National	Yemen	GIS analysis of grave sites — interpolation	Estimated ≈1,500 excess burials up to 6 July 2020, and 2,120 up to 19 September 2020, corresponding to a peak weekly increase of 230% compared to the baseline of expected deaths.	Besson et al. (2021)
Health Data	National	Ethiopia	Mortality data from cemeteries	30% excess deaths in Addis Ababa during the third quarter of 2020. This is high compared to the excess deaths suffered in developed states.	Endris et al. (2021)

These overlapping and interacting disadvantages require an intersectional approach to planning, response and post-pandemic recovery. They occur within connected systems and structures of power including laws, policies, government, and other structures (Hankivsky and Kapilashrami, 2021). Failure to take an intersectional approach creates interdependent and systemic exclusion for those affected, alongside privilege for a few (Hankivsky et al., 2014).

Intersectional disadvantage is built on the social construction of power hierarchies. Identities are not unilaterally constructed top-down, and can be channels for resistance as well as domination (Crenshaw, 1991). Evidence from COVID-19 shows that it is important to understand how disadvantage intensifies when categories that embody discrimination and disadvantage combine with differences of income, wealth and class.

The rest of this section draws together lived experience of interacting COVID-19-induced inequalities.

3.2 Facing COVID-19 with uncertain incomes and insufficient safety nets

In the developed world, people benefited from a range of economic advantages that supported income during shutdowns and other COVID-19 measures. A greater proportion of developed-world workers operate in the knowledge and information economy, and were better able to work from home, maintaining their incomes and avoiding redundancy (Bonacini et al., 2021). In the developing world, people are more likely to be employed within informal sectors, often working face-to-face, supplying services or manufacturing goods (World Bank, 2022a). They can't easily adapt to remote working, and faced a higher likelihood of partial or full lay-offs (Danquah et al., 2020).

When lay-offs or under-employment struck, workers in developed countries were more likely to access government-funded insurance schemes offering routine payments in line with prior income streams (Allas et al., 2020; Izquierdo et al., 2021). By contrast, most people in developing countries experienced significantly lower wages during and after lockdowns (Kesar et al., 2021).

When people lost their jobs, most developing countries did not have the social safety net schemes available in developed countries, nor automated systems that confirmed eligibility (Alfers et al., 2021; Gentilini et al., 2020). Even where social protection systems were present, they tended to lack depth and breadth, and the budgets needed to support so many suddenly jobless people (Gerard et al., 2020).

Local impacts and lived realities

During lockdown in the Philippines, most people could not earn, and many faced hunger and starvation. Government authorities lacked resources, and most communities had to find their own safety-net systems. People shared food, and some communities drew down savings to buy food, but this depleted household resources (Papeleras and Gaddi, 2021).

People living in cities and informal settlements faced specific challenges. In Pakistan, about 2.5 million of Karachi's 17.5 million inhabitants are political, economic or illegal migrants. Poor housing and overcrowding made social distancing difficult, compared to the middle-income and elite city areas. Lockdown triggered a mass exodus of male migrant informal workers back to rural areas. Government support programmes were minimal and generally benefited those who could apply online and/or undergo biometric identification (Hasan, 2020).

In India, focus group discussions with rural women participating in the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) across three states reported reduced guaranteed days of wage employment for women. During the lockdowns, women and men left India's cities in droves (Pasricha, 2020) because they lost their jobs and faced hunger. Back in the villages, men dominated the worksites, reducing opportunities for women. One MGNREGS worker said men are preferred because they are 'faster and more efficient'. In some villages, returning women could not work under MGNREGS because cultural norms expected them to stay at home. This kept them financially dependent and unable to contribute to household earnings (Kajumba and Bharadwaj, 2021).

Multiple risks including climate change, natural disasters, food insecurity and conflict intersect with COVID-19 impacts, and are compounded by gender, poverty and exclusion. For example, Cyclone Idai wreaked havoc in central Mozambique in March 2019 (OCHA, 2021). Amélia, a farmer from the district of Sussundega in Mozambique, said pending harvests were destroyed, distorting the market for months afterwards. Exactly a year later, COVID-19 hit hard, further compromising supply chains. Transport costs went up and demand lullied. Amélia, still struggling with the after effects of Cyclone Idai, also cared for a sick husband. COVID-19 made it hard for her to aggregate production from remote areas and transport it to market since local leaders were reluctant to allow community members to leave their homes and interact. Her income was grossly affected (Tekedese, 2020).

3.3 Facing COVID-19 alongside marginalisation or discrimination

The international political economy of disadvantage and marginalisation has weighted adverse COVID-19 outcomes towards developing countries (Nguimkeu and Tadadjeu, 2021), and to marginalised people within those countries (Mallard et al., 2021). Marginalisation and disadvantage consistently overlap with ethnicity, as ethnic communities often live together in geographically peripheral areas with limited public services and little-to-no political representation in the central government administration (see examples in John et al., 2021; Balaton-Chrimes, 2016; Young, 2018; and Ayoyi, 2020).

Marginalisation has brought disproportionate physical exposure to COVID-19, and greater susceptibility to the adverse effects of policy measures (Russo Lopes and Bastos Lima, 2020; Haas et al., 2021). Movement restrictions left marginalised communities with constrained access to health and water services, including minimal access to vaccinations (Lucero-Prisno et al., 2021), which weakened their ability to physically contain and prevent the virus (Power et al., 2020).

The United Nation's Committee on the Elimination of Racial Discrimination (CERD) warned in an April 2022 statement (CERD, 2022) that "only 15.21% of the population of low-income countries has received even one vaccine dose, creating a pattern of unequal distribution within and between countries that replicates slavery and colonial-era racial hierarchies". When updated on 19 October 2022, that figure had risen only to 25.03% (<https://data.undp.org/vaccine-equity/>).

Marginalised countries and communities had the weakest capacity to test for COVID-19, and recording a COVID-19 related illness and death was rare compared with the developed world (Karlinsky and Kobak, 2021). In the LDCs, for example, there was no systematic method to record COVID-19-related deaths. However, excess death assessments in specific developing world locations make clear the links between underprivilege, disadvantage, marginalisation and increased mortality (Besson et al., 2021; Endris et al., 2021).

Similarly, studies from high-income countries have consistently demonstrated marginalised communities' vulnerability to COVID-19. Early in the pandemic disproportionate impacts on poor, highly marginalised African American communities emerged in Chicago (Kim and Bostwick, 2020). And as deaths from COVID-19 rose in the UK, it became clear that Black, Asian and minority ethnic social groups were being affected far beyond their share of the population. Death rates in people known to have COVID-19, after taking into account age, sex, deprivation and region,

were twice as high among people with a Bangladeshi background and 10–50% higher among other ethnic groups compared with White British people. A report into this disparity commissioned by Public Health England (Patel et al., 2020) was widely criticised for ignoring factors of power and discrimination, and failing to provide either a convincing analysis or adequate policy response.

In some instances, COVID-19-related social and physical distancing measures were used as a political weapon to silence opposition groups, curtail civil liberties and exacerbate marginalisation. For instance, the government of Kazakhstan took the opportunity to persecute civic activists and political opponents for criticising human rights violations. And in Cambodia, the government used COVID-19 restrictions to constrain the movements of political opponents (Repucci and Slipowitz, 2020).

Local impacts and lived realities

COVID-19 impacts overlapped pre-existing challenges and inequalities for migrants, refugees and asylum seekers. Amma, an asylum seeker in Newcastle-Gateshead, England, said "It was difficult before COVID. With COVID, it's like rubbing salt on the wound". Many people felt their lives were already severely restricted — in housing, education, finance, employment and so on. Joseph, from Central Africa, said "Yeah, but I can say that when you're living the life of an asylum seeker, it's a very limited life. We are limited. I can say, we are already in lockdown. ... When the lockdown came, it made things worse again, for us, as asylum seekers, it made things worse" (Finlay et al., 2021).

People living in refugee settlements were already overcrowded, with poor water and hygiene facilities, which may have hastened the virus's spread. In Ecuador, the COVID-19 situation was so dire that many migrants who initially arrived seeking safety and opportunity left. They couldn't work informally and lacked access to healthcare or other services due to their migratory status.

Indigenous Peoples have also had their traditional livelihoods severely curtailed. "...they cannot go out to continue the gathering of non-timber forest products, but also during the quarantine illegal loggers have been taking advantage of extracting the resources of Indigenous Peoples in their community", an anonymous respondent told a survey (Balvedi Pimentel et al., 2020).

Marginalised communities often bear the burden of geographical remoteness. In hard-to-reach Chiang Khong District of Chiang Rai Province, Thailand, most of the population are ethnic minorities and

migrants. In-thong Kammun, aged 31, originally from Lao PDR, became a head of household after her husband had an accident. She cleaned a temple, earning 200–300 baht per day but lost her job as there were “no tourists coming to the temple due to lockdown measures and border closures”. Without in-demand skills, education or Thai national status, In-thong is struggling. She works odd jobs and grows vegetables to support her family (Ketunuti and Chittangwong, 2020).

Soloy, Panama, is largely populated by Ngäbe and Buglé Indigenous communities. Poverty is high, the terrain is difficult, and COVID-19 further worsened transport. “The Indigenous population is very distant, days away from adequate care. There is no transportation,” said Ángel Rodríguez, a nurse at the Soloy Health Centre (see also following ‘Local impacts and lived realities’ box).

Once again, vulnerabilities and disadvantage intersect, with low vaccination rates for marginalised communities offering a clear example. Many see vaccine inequity as neither an unfortunate accident nor something inevitable. According to Ohene Ampofo-Anti, a programme associate at the Center for Economic and Social Rights, it is rooted in the global failure of States to address the persistent historical legacies of slavery, colonialism and apartheid.

3.4 Facing COVID-19 as a woman or girl, and with multiple additional burdens

COVID-19 exacerbated pre-existing gender inequalities and inequities in developing countries’ economic, social and political spaces. Women already had fewer productive assets than men, particularly land (Manda and Mwakubo, 2014). Women were already experiencing discrimination that restricted access to resources and limited community-level decision-making power (Azuh et al., 2017). And they were already finding it harder to access credit on favourable terms (Ongena and Popov, 2016).

Now, despite women’s and girls’ enormous contributions to mitigating the pandemic, COVID-19 is threatening to erase decades of fragile progress on their wellbeing. The UNDP COVID-19 gender response tracker measured a surge in violence against women and girls (see also Nabukeera, 2021), an unprecedented increase in unpaid care work (see also Abdalla et al., 2021), and women’s large-scale loss of jobs, income and livelihoods. Women in developing countries are even more likely to work in the informal sector than men, and so were more likely to lose their jobs (Nuruzzaman

and Tateno, 2021). Fewer women returned to paid employment after lockdowns (Abraham et al., 2021). When women kept their jobs, they were more likely than men to have their wages cut (O’Donnell et al., 2021).

COVID-19’s spread and impact has made inequalities between groups of women with varying race, disability, income and age starkly apparent (UN Women, 2021). Working mothers in particular have confronted increased demands around domestic work, childcare, and caring for extended family members (Ahinkorah et al., 2021). COVID-19 measures kept children out of school, often for many months (see also Section 2.5 on intergenerational inequity). Women generally met childcare duties, in accordance with gender stereotypes and roles (Uddin, 2021; Fisher and Ryan, 2021). This meant women carried the opportunity costs of wages foregone and career development lost (Akanji et al., 2022). And since the majority of the world’s children are in developing countries, women in low- and middle-income countries would have been disproportionately affected (Kenny and Yang, 2021).

While many governments have taken positive measures to support women and girls, the response remains insufficient and uneven. Only 226 out of 3,099 social protection and labour market measures taken in response to COVID-19 directly address unpaid care, representing only 7.3% of the total response (UNDP and UN Women, 2021).

Local impacts and lived realities

In South Sudan, Margaret Raman, a single mother of five who sells beans and groundnuts at a local market, lost more than 50% of her income as customers stayed away. Women in informal employment, like Margaret, risked losing income or jobs altogether. Most already earned little, had poor working conditions and lacked social protection (pension, healthcare, unemployment insurance). In Timor-Leste, Ana Paula Soares, a 27-year-old who has been her family’s breadwinner since 2017, lost her income and had no way to support her family. She noted that office workers can work from home and earn regularly, but domestic workers cannot (UN Women, 2020).

And when resources are fewer, women’s share often falls disproportionately. Deepmala Mahla, CARE’s Regional Director for Asia, said, “The household burden is shared more by women and girls, so when people are not able to go out, the burden on the family to earn a livelihood is bigger. Who sacrifices the meal first? Women and girls” (Habib, 2020).

COVID-19 also undermined women’s pregnancy-related health and nutrition care, especially for marginalised or remote communities. Carmen was

two days into an excruciating and life-threatening labour in rural Ngäbe-Buglé Comarca, Panama, when community members carried her three hours in a hammock to Soloy Health Centre. For many, the only form of transportation is via adapted 4x4 trucks that climb along rural roads — and even these were limited by the pandemic (UN Population Fund, 2020).

The response to the COVID-19 pandemic saw schools close across the globe, but girls in developing countries were more affected. Kept at home, girls were often expected to take on childcare responsibilities and household chores. Taisha, from Garissa, Kenya, sometimes missed distance learning classes on television. “My chores have increased of course because schools have closed,” she said. Zawadi N, 16, in Nairobi, Kenya, said she spent almost five hours a day looking after her younger siblings during lockdown: “There’s much more to do with siblings because I am also acting as a teacher to the younger ones”.

Some gender inequalities affected developed and developing countries alike. In the UK, as in many nations, thousands of abused women were shut in with perpetrators, not safe in their own homes (DW News, 2020). Three women shared their stories with SafeLives, a UK charity fighting domestic violence (SafeLives, 2020): “His emotional and verbal abuse is escalating the longer we’re isolated, and I’m concerned that mentally I won’t survive this.” “I’m having to sit in my car to get away.” “We are trapped under lockdown, and he can turn up at any time.” In Zimbabwe, Ekenia Chifamba, founder of Shamwari Yemwana Sikana, said of lockdown, “For most of the young girls, they are spending most of their times confined in spaces with people close to them ... and perpetrators are usually those close to the victims. Most of these women and girls were not accessing counselling, mental health support or legal advice” (Mutongwiza, 2020).

Global crises impact girls disproportionately and can exacerbate the drivers of child marriage. In Uganda, parents will seek to marry off girls who become pregnant as a result of sexual abuse. According to a probation and social welfare official in Kyegegwa District, approximately 5,000 adolescent pregnancies were reported in 2019; of these, 1,500 girls were forced to marry. As COVID-19 continues to further destabilise already strained economies, strategies to prevent gender-based violence and centre the needs of girls and women must be prioritised, not only to address child marriage, but to build greater resilience and a sustainable and more equitable future for all (Girls Not Brides, 2020).

3.5 Facing COVID-19 in older age

For COVID-19, ‘life-course vulnerabilities’ vary. For example, the likelihood of serious illness or death from COVID-19 rises markedly with age. Developing countries typically have much higher rates of multi-generation households, and this has made it harder for older people to socially distance themselves from family members whose occupations and lifestyles make COVID-19 exposure more likely. Makinde et al. (2021) found elderly people’s ability to self-isolate from COVID-19 depended on the level of development, and that the poorest developing countries fared worst. Co-residency is likely to have raised death rates from intra-household transmission of COVID-19 (Esteve et al., 2020).

At the same time, vaccination rates have been tightly correlated with wealth and income (Basak et al., 2022), partly due to significant challenges in procuring, allocating and distributing vaccines in developing countries and LDCs (Sheikh et al., 2021). Consequently, elderly people in developing countries have the lowest vaccination coverage and some of the highest exposure rates of any population (Mathieu et al., 2021).

Vaccine inequality, exacerbated exposure and age-related vulnerability intersect with limited public service provision in developing countries. Inadequate or absent water and sanitation has meant a greater risk of spreading the disease (Schmidt, 2020).

But the extent and impact of these inequalities is unknown, due to insufficient or non-existent testing facilities and medical record keeping (Karlinsky and Kobak, 2021).

Local impacts and lived realities

Help Age International’s Bearing the Brunt (2021) report points out that, despite older people being one of the groups most at risk of severe illness and death from COVID-19, they remain “chronically invisible and woefully neglected in response and recovery efforts”, partly because of a continuing historical exclusion of older people from data systems.

The World Health Organization report (WHO, 2021) on COVID-19’s impacts on the elderly, noted that although populations in Africa are ageing rapidly, and the burdens of non-communicable diseases are growing, there has been little planning for this demographic and epidemiological transition. The region is lagging others globally in terms of systems

and structures to support healthy ageing. This will have worsened COVID-19's impact for this vulnerable group.

For many older people, poverty intersected with COVID-19 vulnerabilities. In countries where social protection coverage is weak, many older people keep working in the informal sector. But this sector generally involves more face-to-face contacts, raising infection risks, and has been notably more prone to income disruption.

Poverty leads to inability to access healthcare too. At one point, COVID-19 tests in Nairobi, Kenya cost the equivalent of US\$73 (Help Age International, 2021). Older people also told researchers they could not access hospital care because they could not afford to enrol in Kenya's national health insurance fund.

Even in well-funded and accessible health systems, the pressure on scarce critical care resources 'squeezed out' older people, who would normally be more likely to require such care. Similarly, people with long-term health needs went without routine primary care and specialist appointments, sometimes for months to years, either because clinics were cancelled, or because appointments were deferred due to elderly patients' extreme vulnerability, or simply because they were too scared to take up appointments. "How could they give someone who has suffered a stroke a check-up appointment after three months?" asked one woman from Jordan (Help Age International, 2021). Delays will have undermined management of chronic health conditions and incurred longer-term consequences for people's intrinsic capacity and functional ability as they age.

In some countries, many elderly and infirm people live alone, and so endured months of near total isolation during lockdowns, with knock-on mental health challenges. Overall, lower levels of education and competence with digital technology left older people lacking access to information about COVID-19, and missing out on services and social interactions that increasingly moved online during the pandemic.

In countries where co-residence is more common, elder abuse increased during the pandemic. According to the World Health Organization, societal ageism and abuse of older people rose in the African region over the COVID-19 pandemic (WHO, 2021). During India's lockdown, abuse rocketed 71% according to Help Age International (2021). All this will have longer-term implications for how older people are perceived and included in economic and social life. In Pakistan,

nearly a third of older people need to ask friends or relatives for food (Help Age International, 2021).

In many countries, older people have felt disregarded, or unfairly restricted. In the UK, the practice of discharging patients from hospitals into care homes at the start of COVID-19 without any isolation period, contributed to thousands of avoidable deaths (BMJ, 2022). Later in the pandemic, many care home residents in the UK and elsewhere felt they were almost imprisoned in residential settings. A care home resident in Moldova told Help Age International, "Before the pandemic, I used to go for walks in the town and go to shops. It was another life. I knew I was somewhere, and I saw something". Another said, "We may go out subject only to the consent of the director. The gate is closed and guarded."

3.6 Facing COVID-19 as a child or youth

Children and youth face quite different life-course vulnerabilities from COVID-19. Although COVID-19 posed less direct health risks to younger, compared with older, cohorts, the pandemic damaged young people's education (see Section 2.5), employment, mental health, and disposable income (OECD, 2020). Intersecting identity factors, such as sex, gender, race, ethnicity, intellectual or physical disability, and socioeconomic disadvantage continually exacerbate young people's vulnerability (Maestripieri, 2021).

Once again, disadvantages were not evenly spread. More children and youths living in developed countries were able to continue their studies online, compared with students in less-developed countries, many of whom took on household chores instead of schooling (Li and Lalani, 2020). Most students in less-developed countries are less computer-savvy, have limited internet access, and fewer devices such as computers, televisions and radios, all of which put studying remotely or online out of reach (Tadesse and Muluye, 2021; United Nations News, 2020).

However, the impacts on education varied by region, countries and within countries. Schools in middle-income Latin America and South Asia were fully or partially closed the longest — for 75 weeks or more. In 2022, students in Latin America and South Asia were, on average, 12 months behind expected educational attainment (McKinsey and Company, 2022).

Schools in high-income Europe and Central Asia were fully or partially closed for less time (30 weeks on average), as were those in low-income sub-Saharan Africa (34 weeks on average). Uganda had the longest school closure in sub-Saharan Africa during the pandemic. Schools were fully closed for 60 weeks between 20 March 2020 and 14 October 2021 (Mwesigwa, 2022).

In Tanzania, while school buildings were closed, children in just 6% of households listened to radio lessons, 5% accessed television lessons, and fewer than 1% did online learning.

Education inequalities laid bare the digital divide between sub-Saharan African countries. Some countries have better information and communications technology infrastructure than others. Access to quality remote and hybrid schooling varied both between and within countries. Higher education institutions within the same country similarly varied, with some being far better equipped and experienced than others. Even students within the same institution faced unequal challenges. Richer students from urban areas were less disadvantaged than poorer rural students, who could barely afford access to the internet, when and if it is available (Aborode et al., 2020).

Furthermore, there is growing concern that social isolation resulting from school closures, combined with reduced access to mental health and support services within schools and community settings, and fewer opportunities to engage in protective activities such as physical activity, may have detrimental short- and long-term effects on youth mental health and substance use (Chadi et al, 2022).

Youth employment also suffered. In Southeast Asia, youth and women bore the brunt of COVID-19-induced job losses. Young workers were more likely to lose jobs mainly because they dominated hard-hit sectors such as hotels and restaurants, as well as the wholesale and retail trades. Youths already faced important labour market challenges in the region — as reflected in high youth unemployment and ‘youth not in employment, education, or training’ rates. Disruptions to education and skills development, and delays in school-to-work transitions compounded difficulties, and may have significant long-term implications for these young people’s career and earning prospects (Asian Development Bank, 2022). It is likely that the route to finding and maintaining quality jobs and income has become more volatile for a whole young generation (Cazes et al., 2015).

Local impacts and lived realities

School closures caused by the pandemic exacerbated pre-existing inequalities, especially for children who were already most likely to miss out on a quality education. “My child is no longer learning, she is only waiting for the reopening to continue with her studies,” a mother of a nine-year-old girl in eastern Congo told Human Rights Watch. A mother of two children in North Kivu, Congo, said, “It does not make me happy that my children are no longer going to school. Years don’t wait for them. They have already lost a lot... What will become of our uneducated children?” Lusenge K, 16, also from Congo, said she had no education after schools closed, and was concerned that she would not enter her final school year: “Lockdown is not good for me.” (Human Rights Watch, 2021).

In Burkina Faso, a teacher in Boucle du Mouhoun region told Human Rights Watch that many students he knew “don’t have electricity — not even a lamp to study.” A teacher from Centre-Nord region said of remote learning: “Many [students] don’t even have access to radios, let alone TVs. So, this is something that will not cover all the students. There will be discrimination”. Rural children were less likely to have resources to continue education during school closures. Even suggestions to shift school terms disadvantaged them if changes clashed with crop cultivation. “Some children will no longer return to school because they’ll prefer to ... help their parents cultivate so they can eat. So, many students won’t even come,” said the Burkina Faso teacher (Human Rights Watch, 2021).

In some countries, inter-generational inequalities also affected home learning. Caregivers with no-to-low levels of formal education had greater difficulty supporting children with home learning. Taisha S, 16, lives with her two grandmothers in Garissa, Kenya. She explained to Human Rights Watch: “I am the only person in this house that has attended school and therefore there is very little to no support”. This pattern was repeated even in wealthier countries, where better-off and better-educated families could do more to support home learning.

In LMICs, girls are often expected to care for children or do housework when not in school. But both boys and girls have had to earn to help their families through the pandemic. One woman from Akropong, Akuapem North District, Ghana said, “My children cannot even stay at home. They have to join me to hawk or else we shall all go hungry. I have told them not to look at their friends who are moving

around with phones and all types of gadgets. They should concentrate on what I have asked them to do, because their present survival depends on it.” (Labeodan et al., 2021).

In Uganda the impact on girls was high. “Actually, parents thought it would be a normal holiday and there seems not to be a ground plan at the family level for preparedness to manage the children”, a Kyegegwa District senior education officer told *Girls Not Brides* (2020). Some families sent their daughters to work, exposing them to greater risk of sexual violence (see also ‘Local impacts and lived realities’ in Section 3.4).

3.7 Facing COVID-19 alongside other no-less-important disadvantages

Identity-based disempowerment and disadvantage takes many forms beyond the dimensions explored above, and these forms are no-less-important. Some are more clearly context-dependent than others, such as caste discrimination. People in all contexts have distinctive lived experiences. For example, media reports suggest sex workers and HIV-positive people were extremely hard hit by the pandemic (but there is little systematic research on these issues).

Even categories that seem superficially universal, such as disability, are socially constructed in ways that vary profoundly over time and space. During the pandemic, people with disabilities suffered increased risk from the disease itself, as well as reduced access to care services, and the adverse social impacts of containment measures (Shakespeare et al., 2021). Where available, the data is stark. The risk of death from COVID-19 between 24 January and 30 November 2020, in England, UK, was 3.1 times greater for men with disabilities and 3.5 times greater for women with disabilities than for men and women without disabilities (Shakespeare et al., 2021).

The experiences of LGBTQ+ communities in the COVID-19 pandemic have many distinct elements that

would merit further analysis. LGBTQ+ communities are largely invisible in formal policy and demographic data, and this has restricted the types and scale of pandemic impact analysis. However, studies conducted largely by civil society organisations find clear and distinctive elements of the pandemic experience. COVID-19 stress has increased economic, health and social vulnerability for LGBTQ+ people in multiple arenas — including the healthcare system and exposure to police violence.

A cross-sectional global online survey of gay men and other men who have sex with men reported economic hardships and declines in mental health. Reported and expected adverse effects were exacerbated for racial minorities and HIV-positive people. Respondents also reported barriers to accessing HIV care and prevention as well as to accessing COVID-relief economic programmes (Santos et al., 2021). Another web-based survey concluded that the LGBTQ+ community exhibited high levels of depression and stress, and experienced discrimination during the coronavirus pandemic. High levels of poor mental health were partially explained by experiences of discrimination, which had a large, consistent and pernicious impact on mental health (Kneale and Becares 2021). Some of the higher quality data on socioeconomic effects on LGBT populations come out of the USA, underscoring the inequality in data collection at a global level. For example, Sears et al. (2021) worked with a nationally representative sample of 12,000 respondents and found that LGBT respondents were more likely to be laid off (12.4% versus 7.8%) or furloughed from their jobs (14.1% versus 9.7%) or to report problems affording basic household goods (23.5% versus 16.8%), and they were almost twice as likely to report having problems paying their rent or mortgage (19.9% versus 11.7%) when compared with their non-LGBT peers. This study also strikingly illustrated the compound nature of impacts resulting from intersections with race and ethnicity, concluding that across a number of indicators, LGBT people of colour were more likely to experience discrimination than LGBT white people. For example, one third (33.2%) of LGBT employees of color reported experiencing employment discrimination (being fired or not hired) because of their sexual orientation or gender identity, as compared with one quarter (26.3%) of white LGBT employees.

Policy wake-up call

COVID-19 has exacerbated and amplified intersecting inequalities, triggering calls for far-reaching policy changes. Overall, vaccine inequality and the pause in 'convergence' may be the starkest and most urgent inequities to address. Given that the long-term impacts will be significant — and that increasing ecological stress will bring more similar shocks — learning the lessons for resilience and response is crucial.



4.1 COVID-19 causes multi-scalar, multi-level, compounding inequalities

COVID-19's exacerbating impact on numerous micro to macro inequalities touches everything from health, employment, income and wealth to gender and race, and the perils of working in informal sectors and living in informal settlements. This issue paper highlights the many components of intersectional disadvantage, which should be seen as a multi-scalar, multi-level phenomenon that metastasises, underpinned by structures of power, wealth and privilege at all levels. The climate crisis and accelerating biodiversity loss will bring further shocks (including zoonotic diseases), in

all likelihood at increasing frequency. Understanding the ways in which intersectional disadvantage amplifies impacts for different groups, and how policy can respond, will help to build understanding of how to develop effective and equitable responses.

Figure 3 illustrates this point by contrasting the threats posed by COVID-19 and the resilience offered at multiple levels (national, group, community, household and individual). At each level or situation, existing disadvantage intersects with, and is compounded by, COVID-19 and government response measures. Poorer, more marginalised people, women, children, and those associated with informal housing and employment, are all in a worse situation. When the next shock occurs, such people are less able to resist and recover.

Figure 3: COVID-19 vulnerability (and resilience) is intersectional, and compounds disadvantage at all levels.

<p>High-income countries</p> <ul style="list-style-type: none"> ▪ Unprecedented fiscal stimulus for economic recovery ▪ Supported government services ▪ Limited vulnerability to climate hazards 	<p>Low-income countries</p> <ul style="list-style-type: none"> ▪ Weak fiscal stimulus for economic recovery ▪ Weak government services ▪ Greater vulnerability to climate hazards
<p>Dominant groups</p> <ul style="list-style-type: none"> ▪ Decision makers on resources, or with access to decision makers ▪ Favourable health, income, wealth outcomes 	<p>Marginalised groups</p> <ul style="list-style-type: none"> ▪ Limited voice and influence ▪ Multiple starting point disadvantages — health/income/wealth
<p>Formal settlement</p> <ul style="list-style-type: none"> ▪ Immediate and direct access to public and private services ▪ Spacious living conditions and remote working practices 	<p>Informal settlement</p> <ul style="list-style-type: none"> ▪ Low service access, especially health/sanitation/education ▪ Dense settlement facilitating COVID-19 transmission
<p>Formal sector</p> <ul style="list-style-type: none"> ▪ Decision makers on resources, or with access to decision makers 	<p>Informal sector</p> <ul style="list-style-type: none"> ▪ No or limited social safety net or social insurance ▪ Lockdown losses — no option to work from home, first to suffer redundancy
<p>Male</p> <ul style="list-style-type: none"> ▪ Often second-tier caring responsibilities ▪ Less susceptible to gender-based violence 	<p>Female</p> <ul style="list-style-type: none"> ▪ Caring responsibilities ▪ Community maintenance/mobilisation responsibilities ▪ Vulnerable to gender-based violence during lockdown
<p>Adult</p> <ul style="list-style-type: none"> ▪ Post-developmental phase in life ▪ Household decision maker ▪ Less vulnerable to abuse 	<p>Child</p> <ul style="list-style-type: none"> ▪ Missing school, damaged life chances ▪ Weak household-level power ▪ Vulnerable to abuse

4.2 COVID-19 triggered calls for comprehensive policy changes

The pandemic affected everyone, but the experiences and outcomes were far from universal. This has prompted calls to better understand its impacts and to attend to marginalised groups' special needs (Davies et al., 2020). COVID-19's amplifying effect on inequalities has stimulated correspondingly comprehensive policy and advocacy agendas from some organisations. For example, the World Bank argues in *Global Economic Prospects* (World Bank, 2022a) for a comprehensive set of policy measures to forestall the dystopian possibility that the COVID-19 era's gross inequities could become built into future development pathways. At the inter-country level, proposed measures include boosting vaccine access across the globe, support for debt relief within LMICs, and a range of measures aimed at boosting growth and restarting the process of wealth convergence. Within countries, the World Bank suggests a range of policy and fiscal measures to reduce unequal outcomes in the short term and provide longer-term opportunities. These include "government support targeted at early childhood development, universal access to quality education and health coverage, infrastructure improvements especially in rural areas, broader access to technology and finance, social transfers targeted at vulnerable groups, and effective labor market policies". The World Bank calls for redistributive fiscal policies to shift the tax burden for supporting these measures to wealthier groups (World Bank, 2022a, p180).

Oxfam (2022a), in an overview of the pandemic's inequality impacts, advocates "five steps towards a better world", namely: (1) a world that is profoundly more equal and measures what matters; (2) a world where human economies care for people; (3) a world without exploitation and with income security; (4) a world where the richest people pay their fair share of tax; and (5) a world of climate safety.

The intimidating scale of the COVID-19 inequality challenge makes the breadth and depth of the solutions put forward by both organisations (not detailed in full here) appropriate.

The pandemic has dramatically illustrated how standard economic policy approaches for dealing with shocks

fall short where much of the impact and response take place outside formal markets. As Heintz et al. (2021) points out, people's reproductive lives and natural environmental processes share several characteristics: they largely take place outside of markets, they produce public goods whose benefits extend beyond individuals and across generations, and they are essential for market economies to function sustainably.

The deficiencies of market-based aggregate performance measures such as GDP are well rehearsed at a theoretical level, and feminist and environmental economics have long called for a change to the fundamental approach.

4.3 Vaccine inequality and paused 'convergence' dominate inter-country inequities

Vaccine inequality remains perhaps the starkest illustration of the multilateral system's ongoing failure to respond directly to the pandemic with urgency and equity. World Health Organization data from 19 October 2022 show that 72.74% of people in high-income countries have had at least one vaccine dose — while the figure for low-income countries is just 25.03% (<https://data.undp.org/vaccine-equity/>). Yet we know vaccines make coronavirus substantially less severe, therefore lessening the need for the restrictions that have driven so many intersecting vulnerabilities described in this paper.

Meanwhile, the pause in income 'convergence' may be the multilateral system's biggest indirect failure. If the gap in national per capita income between poorer and richer countries cannot be narrowed, the multilateral system will be less able to address global problems such as climate change, which need all countries' cooperation. Just as the promise of a better life for each new generation underpins a 'social contract' within countries, so continued convergence in living standards and wealth between poorer and richer countries underpins a global 'social contract' to act on the big challenges. Multilateral systems are not performing equitably and transformational change is clearly needed. This dimension of inter-country inequality should be encompassed in an 'eco-social contract' for the 21st Century as proposed by UNRISD (2021).

Looking forward

This paper has focused on intersectional disadvantages driven by the COVID-19 pandemic. People's power and agency — whether in terms of cultural dominance, healthcare, wealth, personal autonomy, socially imposed life chances or general wellbeing — affected how they experienced the pandemic. This points to three important cross-cutting lessons for pandemic recovery policy and for operational responses.



5.1 Social protection is a crucial area in policy responses

Social protection worked well for some wealthier countries and communities, but let down others, especially in LMICs. Factors that helped deliver support quickly, equitably and effectively included: effective pre-crisis social protection with high levels of coverage and well-developed institutional arrangements; agility in introducing changes to delivery and implementation arrangements (eg eligibility criteria); and the ability to scale up finance quickly (Bastagli and Lowe, 2021). Across all countries and geographies the market and non-market systems that provide care came under extraordinary stress, with consequences that were profoundly inequitable for women. New approaches are needed, geared to supporting unpaid care givers through universal and gender-responsive social protection systems where entitlements do not depend on a history of participation in formal labour markets (Heintz et al., 2021). Policymakers need to learn what worked, and what failed, in terms of social protection for disadvantaged groups during the pandemic. They should draw experience from cutting-edge developments in building climate resilience into social protection design and delivery. For example, in India researchers developed a tool to help the Mahatma Gandhi National Rural Employment Guarantee Scheme, the world's largest public works-based social protection programme, use climate information services within programme planning and decision making (Bharadwaj et al., 2021).

5.2 Inclusive and comprehensive delivery must respond to power structures at all levels

Delivery — whether of vaccines or recovery stimulus, or even universal services — needs two strong strands: inclusion and just outcomes. To achieve this, programmes must understand and respond to the political economy of intersectional disadvantage at all levels. Importantly, they must give voice and agency to people experiencing intersectional disadvantage. This will mean confronting the power relations and interests that reinforce unjust practices and outcomes at different levels. The key role of community-led mobilisation in responding to the pandemic is well documented (Sverdlik, 2020). But beyond this there are governance lessons for effective action to mitigate risk and build resilience to other crises (explored in the urban context in Sverdlik and Walnycki, 2021).

5.3 Poverty and inequality monitoring and data systems need rebuilding

Household surveys (which largely ground to a halt in 2020) need adapting so they can quickly monitor inequality trends and guide robust delivery systems. Questionnaire-based surveys are slow, generally 'clunky' and lack granularity. Surveys will need to better capture the dynamics of intersectional inequality. For example, trends within households (such as gender or age composition) tend to remain largely inaccessible. Certain populations that face specific challenges, such as LGBTQ+ people, are simply invisible in formal data.

These cross-cutting lessons of the pandemic must provide a new impetus for reform and innovation. Once again, a global shock has worsened inequality. Policymakers must find solutions that focus on the disadvantaged. These remedial measures must address COVID-19's adverse impacts, but must also shape more equitable responses to future shocks.

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COVID-19 produced winners and losers: in vaccine access, care burdens, disease outcomes, income, education, healthcare, and many more. Since disadvantages intersect and compound, communities in poorer nations fared worst. In October 2022, nearly three years since coronavirus emerged, the World Health Organization estimated that approximately three times as many people in high-income countries have been vaccinated as in low-income countries. COVID-19 has also paused international 'wealth convergence' within and between nations. Other outcomes, including generation-wide lost schooling, will be longer term. Such injustices threaten the global 'social contract' needed to tackle issues such as climate change. The pandemic is a wake-up call: clearly, multilateral systems need transformational change. We discuss COVID-19' as a pandemic of amplified inequality and highlight its cross-cutting lessons: on social protection; inclusive responses; and better understanding of intersecting vulnerabilities.

IIED is a policy and action research organisation. We promote sustainable development to improve livelihoods and protect the environments on which these livelihoods are built. We specialise in linking local priorities to global challenges. IIED is based in London and works in Africa, Asia, Latin America, the Middle East and the Pacific, with some of the world's most vulnerable people. We work with them to strengthen their voice in the decision-making arenas that affect them — from village councils to international conventions.



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