



포스트 코로나 시대의 보건개발협력

한국개발정책학회
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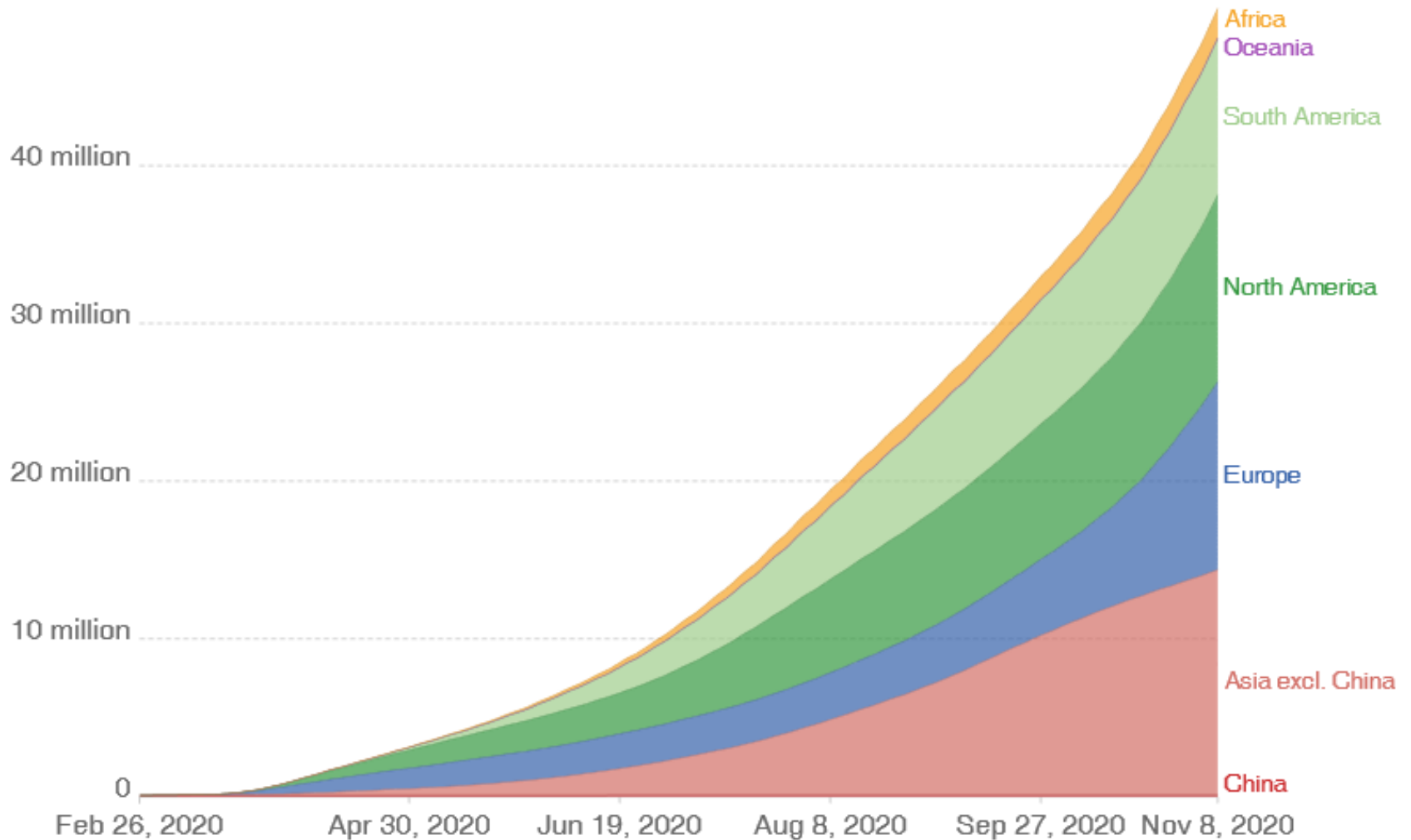
Professor/Former Dean
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Former Chief of Health Sector Group, ADB



I. COVID-19: Global Picture

Total confirmed COVID-19 cases

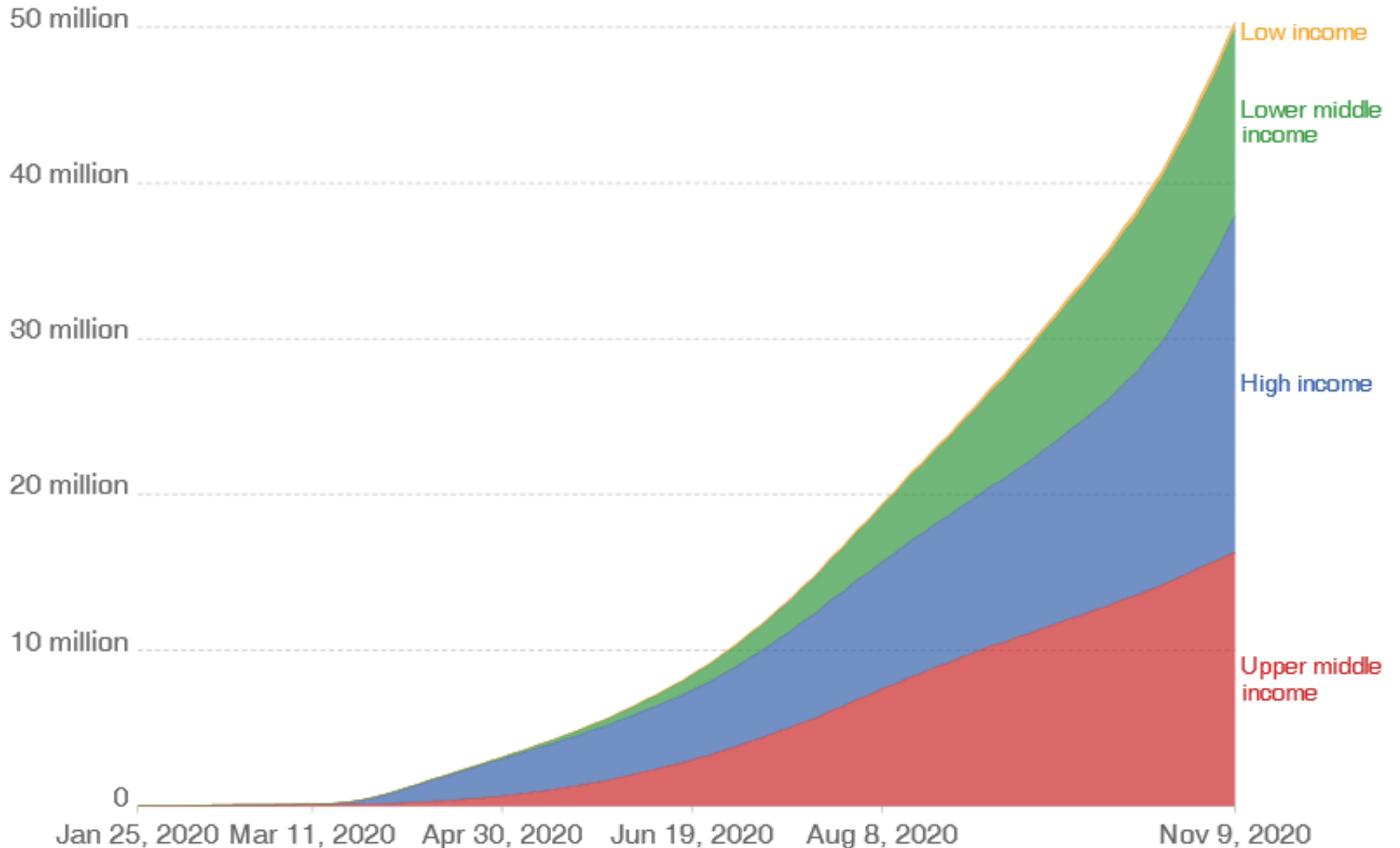
The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 9 November, 10:06 (London time)
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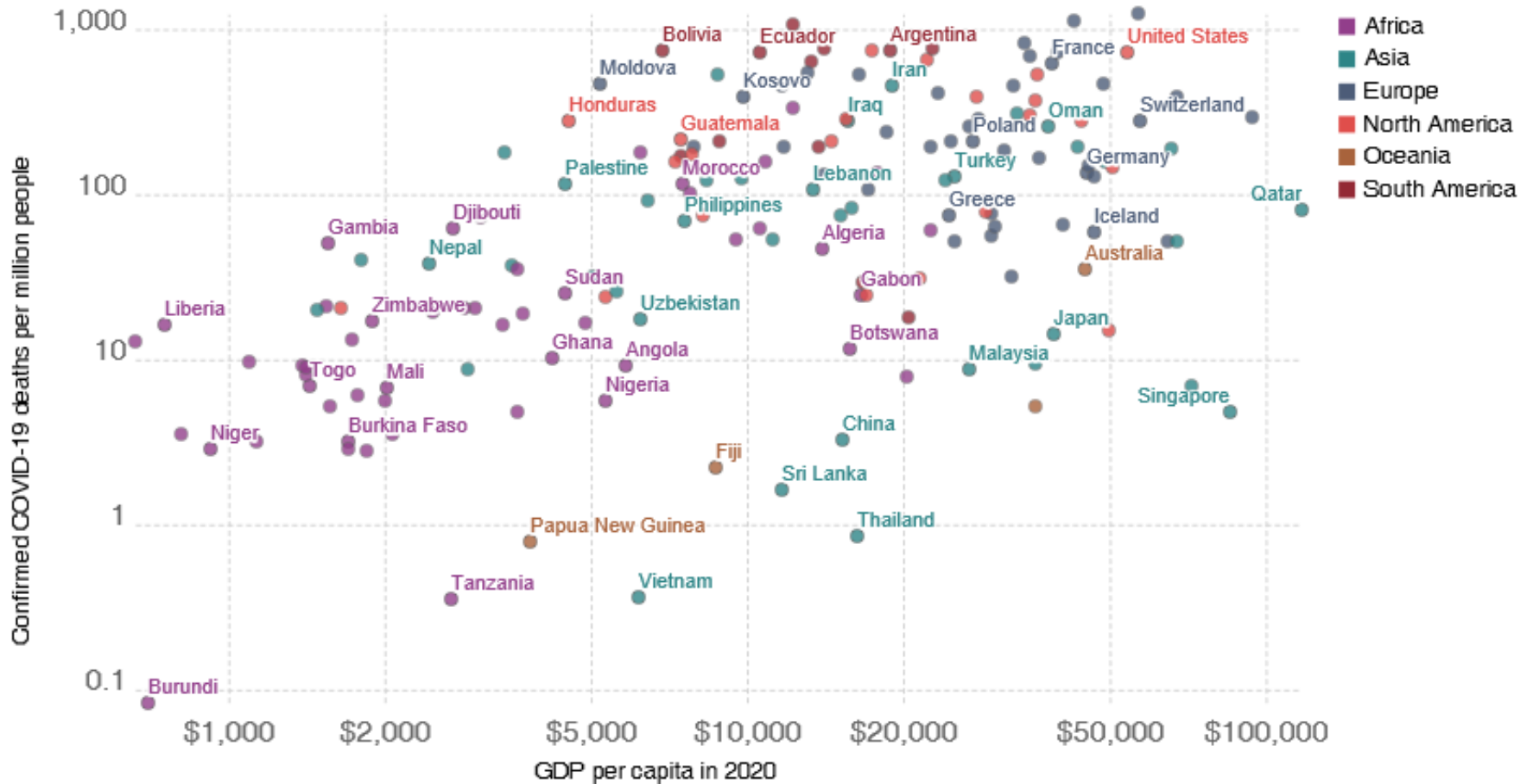


Source: European CDC – Situation Update Worldwide – Last updated 9 November, 10:06 (London time)
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Total confirmed COVID-19 deaths per million vs GDP per capita, Nov 9, 2020

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

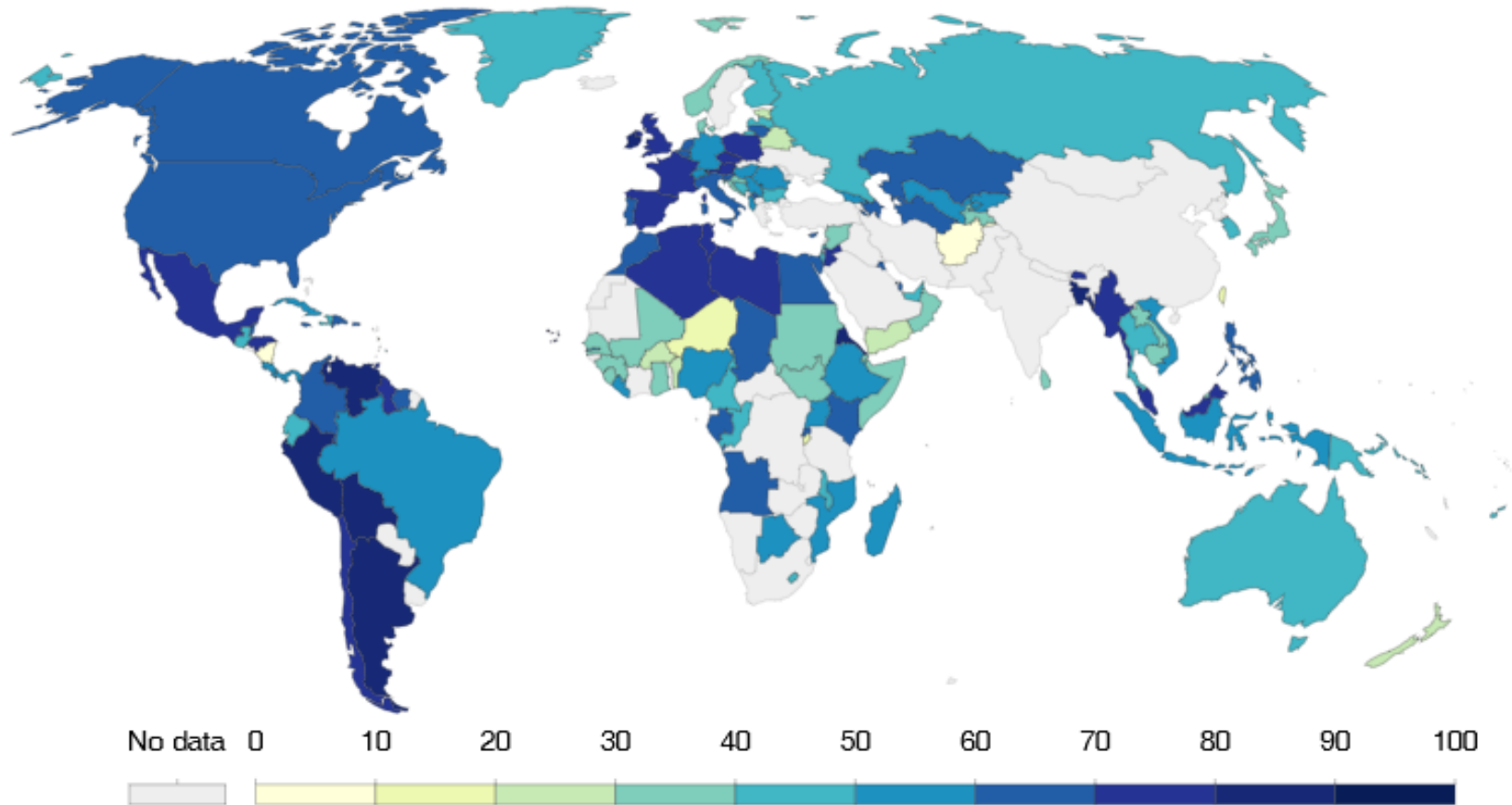
GDP per capita is adjusted for price differences between countries (it is expressed in international dollars).



Source: European CDC – Situation Update Worldwide – Last updated 9 November, 10:06 (London time), World Bank, Our World In Data
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COVID-19: Government Response Stringency Index, Nov 10, 2020

This is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.



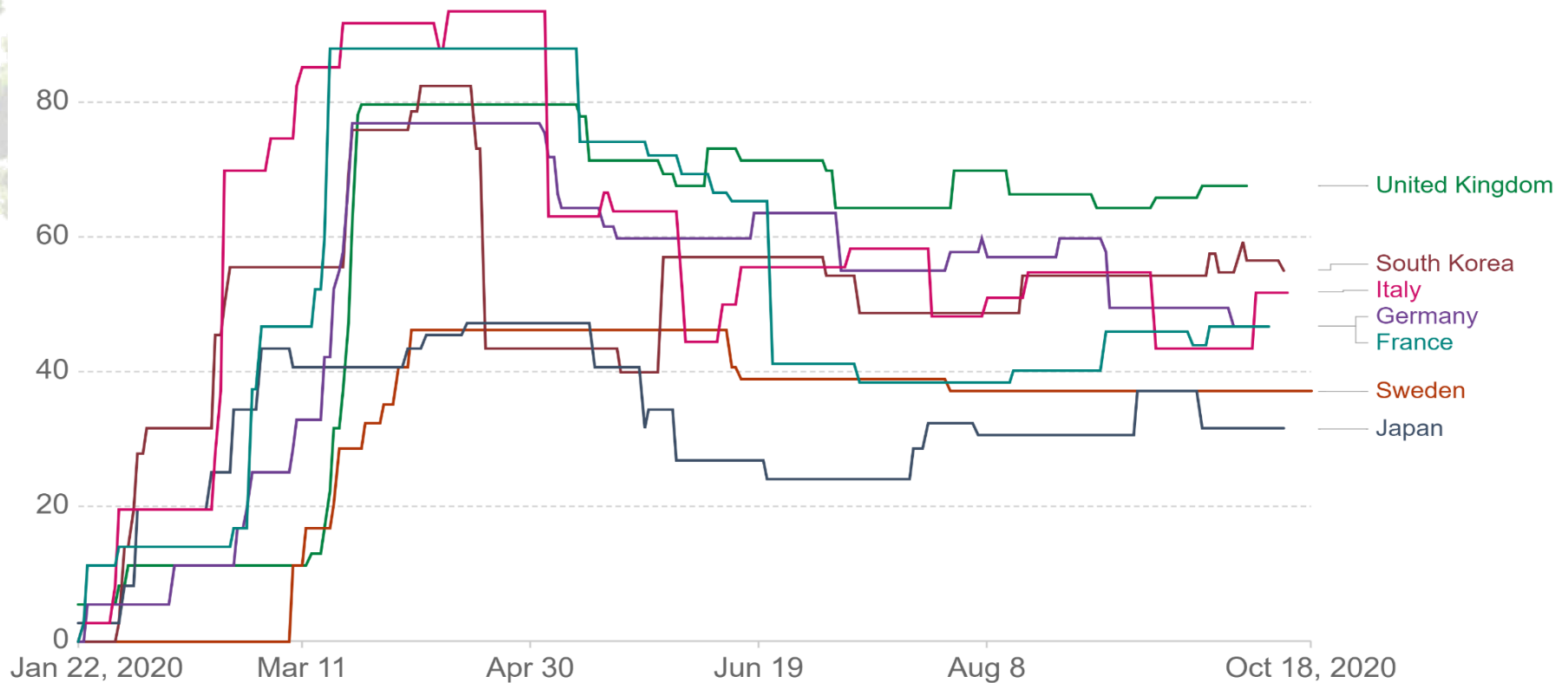
Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 10 November, 05:30 (London time)

Note: This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.

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Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 19 October, 03:30 (London time)

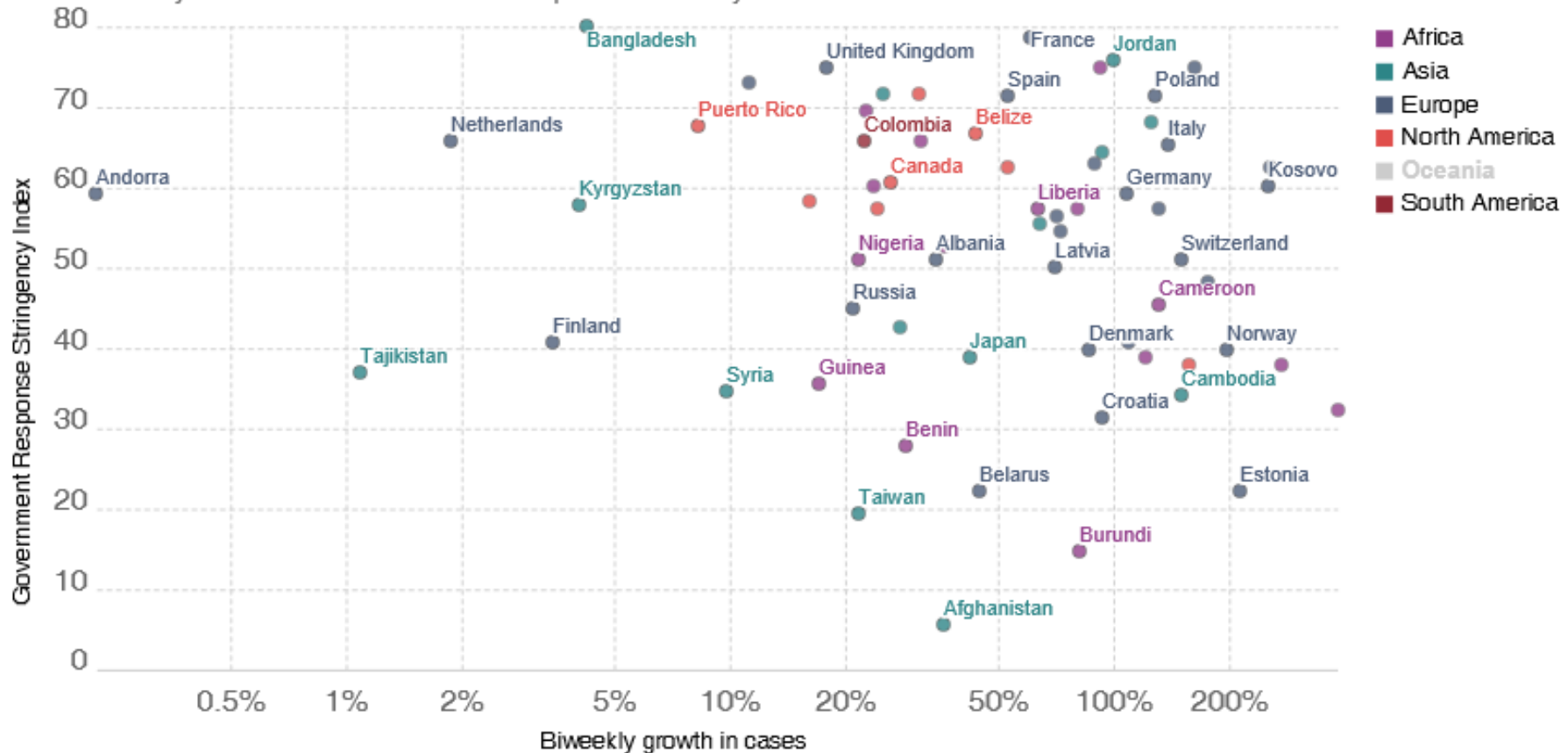
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C1. School closures: C2. Workplace closures: C3. Cancel public events: C4. Restrictions on gatherings: C5. Close public transport: C6. Stay at home: C7. Restrictions on internal movement: C8. International travel controls: H1. Public information campaigns: H2. Testing policy: H3. Contact tracing

Government Response Stringency Index vs. Biweekly change in confirmed COVID-19 cases, Nov 9, 2020

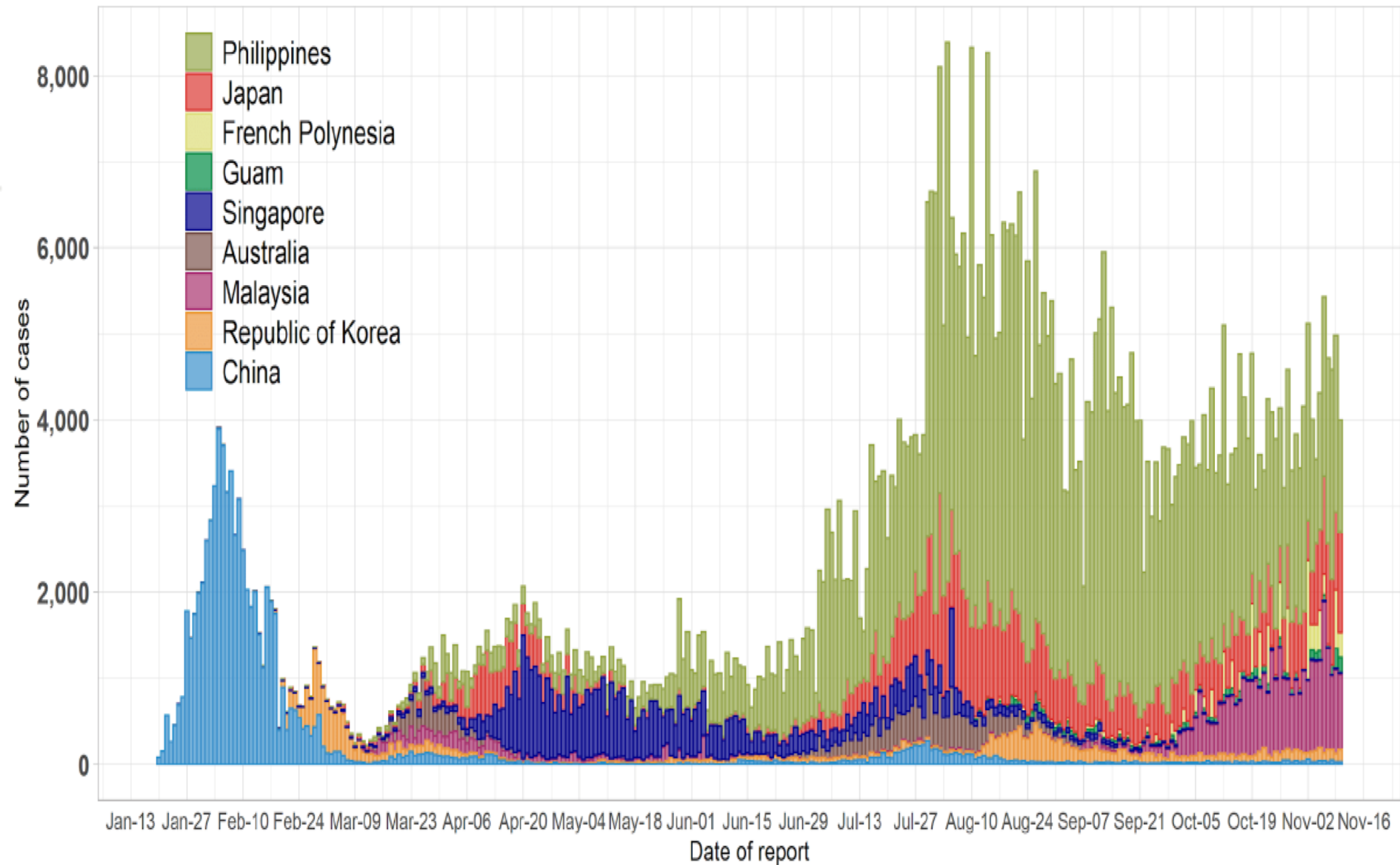
- The Government Response Stringency Index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest response).
- The biweekly growth rate on any given date measures the percentage change in the number of new confirmed cases over the last 14 days relative to the number in the previous 14 days.



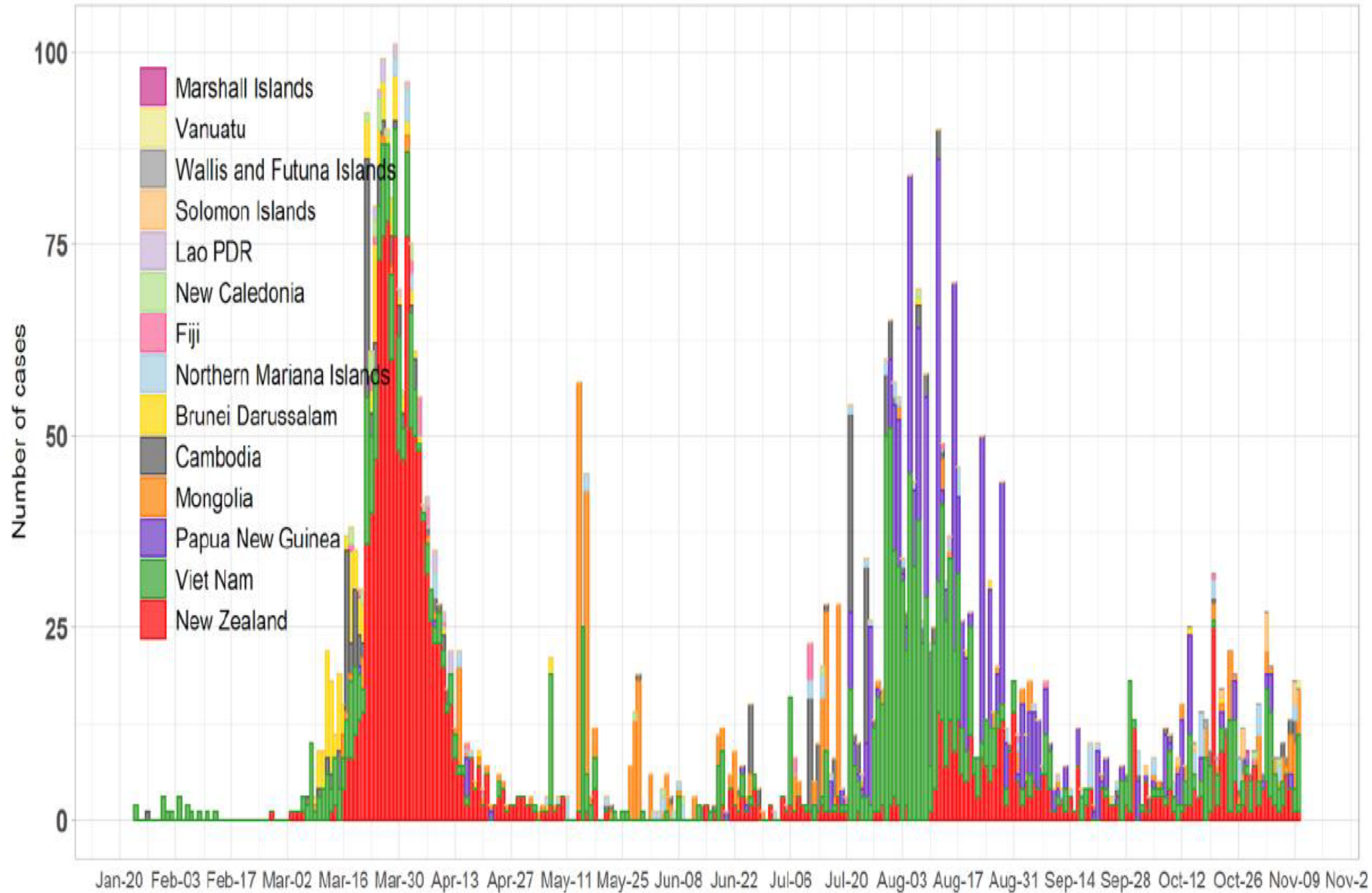
Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 10 November, 05:30 (London time), European CDC – Situation Update Worldwide – Last updated 9 November, 10:06 (London time), Our World In Data
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Epidemic curve of COVID-19 cases in 7 countries with large number of cases in WPR

Excluding clinically-diagnosed cases in China

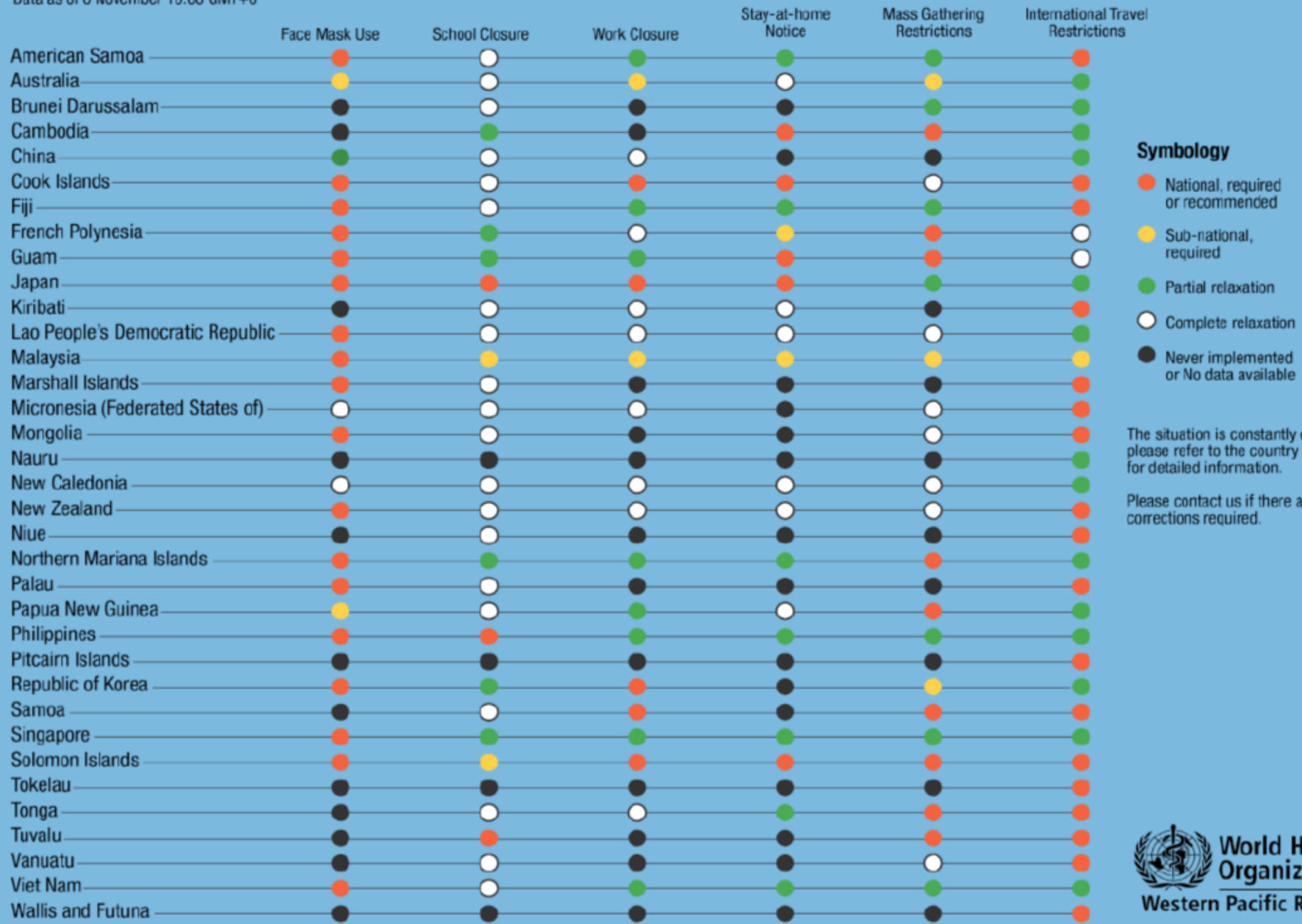


Epidemic curve of COVID-19 cases in 13 countries with small number of cases in WPR



Non-Pharmaceutical Interventions in the Western Pacific Region due to COVID-19

Data as of 6 November 10:00 GMT+8



Symbology

- National, required or recommended
- Sub-national, required
- Partial relaxation
- Complete relaxation
- Never implemented or No data available

The situation is constantly changing, please refer to the country websites for detailed information.

Please contact us if there are any corrections required.





II. Impact of COVID-19 on Health and Economy

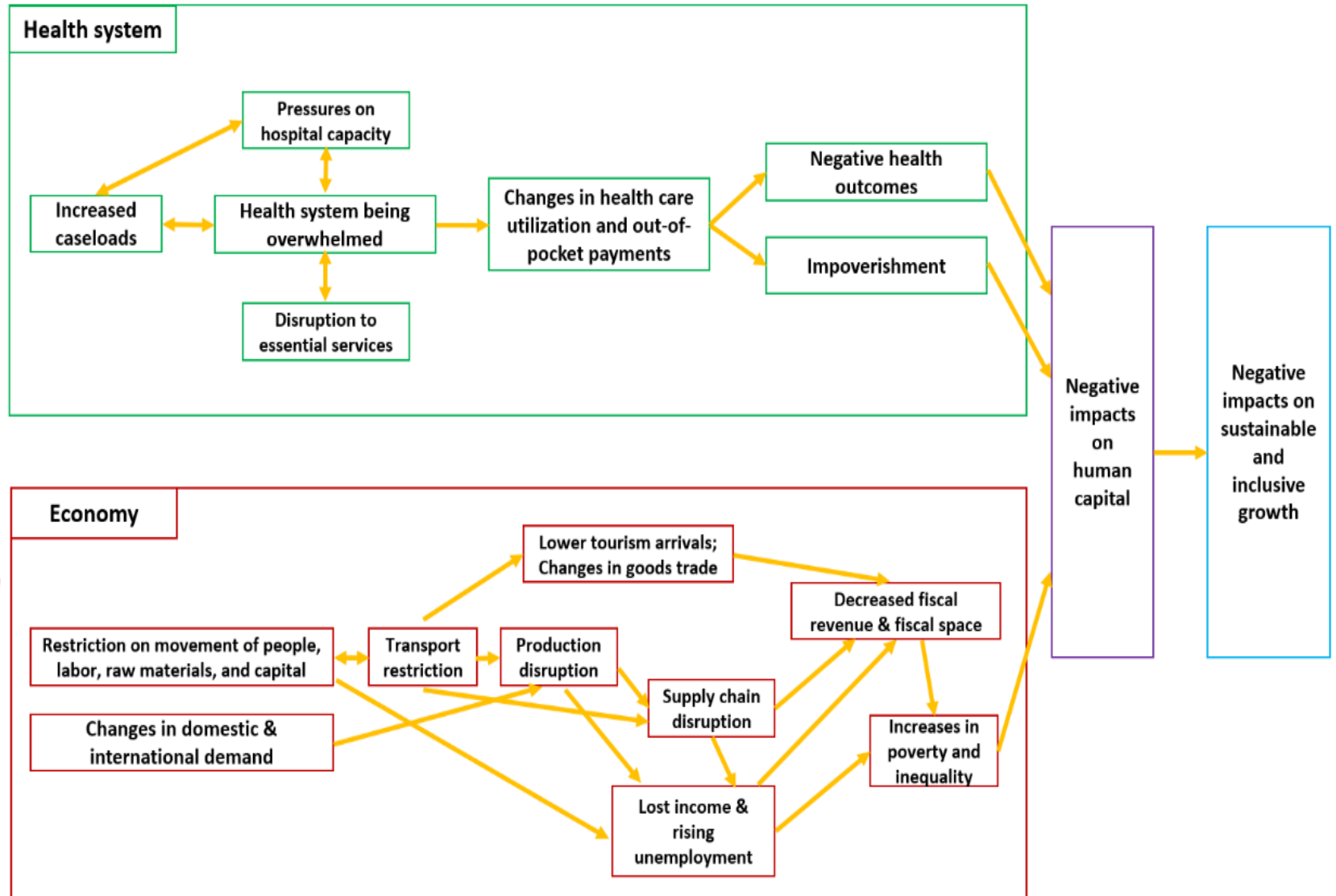
1. Impact of COVID-19

- Unemployment, poverty, decline in employment
- Inequality
- Harmful effects on human capital development: health, education, nutrition, and living conditions
- School closure (or internet based classes):
increasing gap in performance, care burden

Immediate effect on health

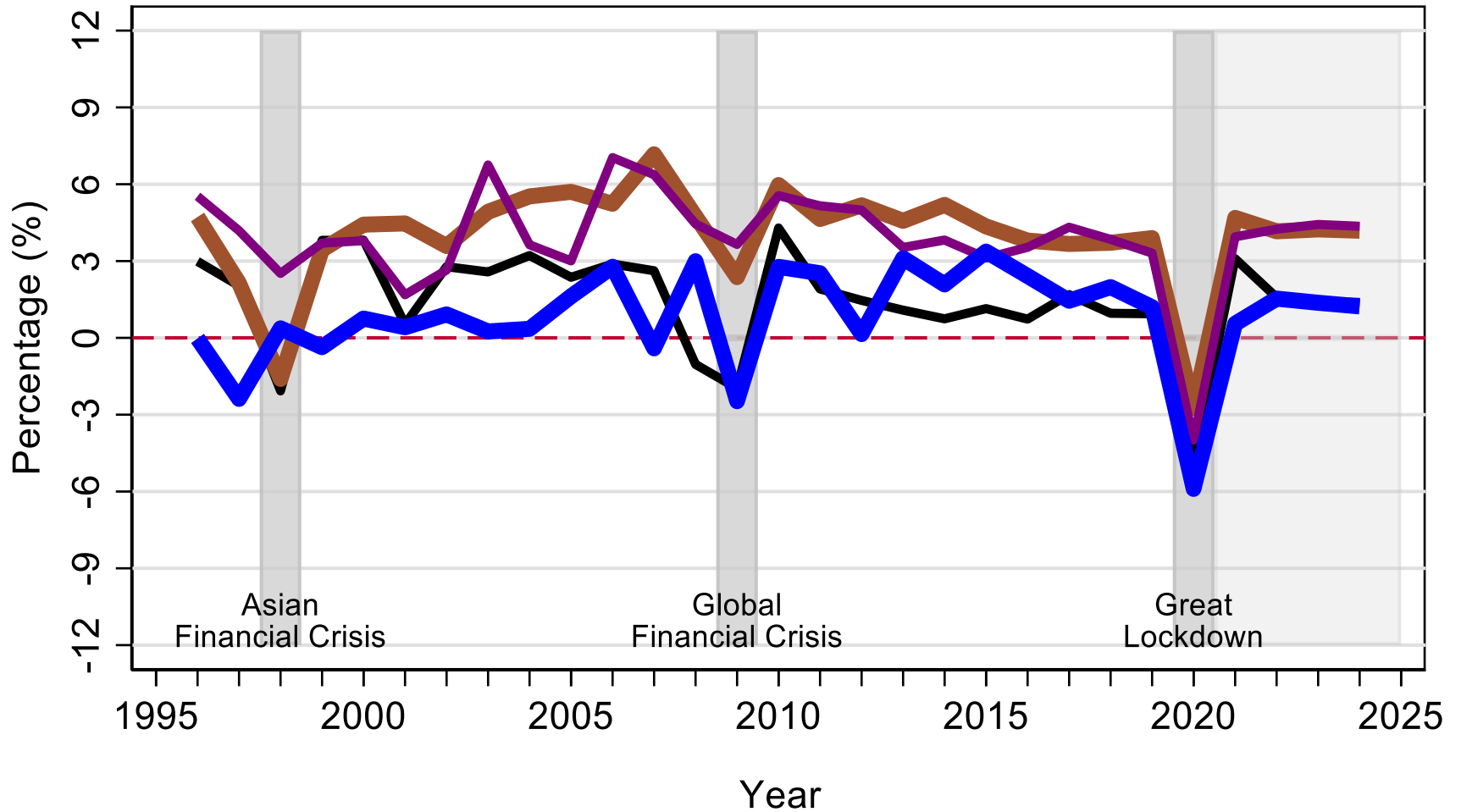
- Disruptions in essential services, e.g., immunization, maternal and child health, and non-communicable diseases (NCDs)

Impacts of COVID-19 on Health and Development



Source: S. Kwon and E. Kim (2020), UHC and COVID-19 Preparedness and Response in Asia and the Pacific, ADB and WHO (WPRO)

Per capita GDP growth, 1996-2024



— High income East Asia — Middle income East Asia — South Asia — Pacific

Source: IMF/WB

Source: A Tandon, et al (2020)

2. Challenges for Public Financing

- Decrease in government revenue
- Increased need: health care, economic rescue funding, social safety
- Increase in debt financing: long-term negative effect
- Non-increase or decrease in external funding: donor support
- Different degrees of vulnerability: dependence on tourism, external funding, open economy

KEY TASKS

- Swift and flexibility: re-prioritization
- Maximize efficiency in spending: to improve fiscal space



III. Challenges for LMICs



1. Indirect Impacts of COVID-19 and Non-COVID-19 excess mortality

Disrupted essential services

- Impact of lockdowns
- Allocate scarce health resources to COVID-19

e.g., Malaria, TB, HIV in LMICs

e.g., 73,000-219,000 non-COVID-19 deaths vs. 83,000-190,000 COVID-19 deaths (WHO AFRO)

-> Need a broader Health System (holistic) perspective

2. UHC in LMICs

Decline in fiscal capacity of government and public insurance: weakness of insurance-based approach (due to huge unemployment and reduction in contribution)

- Increase in health expenditure for COVID-19 patients
- Health expenditure may not increase much in the short run if people face barrier to care during COVID-19 crisis

Should expand financial protection measures for the vulnerable and severely affected

3. PFM (Public Financial Management)

General revenue and government budget account for the majority of health financing in most LMICs

- Coordination between state budget and mandatory insurance contribution

PFM (Public Financial Management)

- Alignment of health budgets with health sector priority and policy objectives: Key to the response to COVID-19
- Flexibility in the structure and execution of health budgets
- Transfer funds to subnational levels and frontline providers
- PFM rules and regulations comply with strategic purchasing, e.g., fiscal autonomy of public providers, accelerated disbursements, advance payments to providers

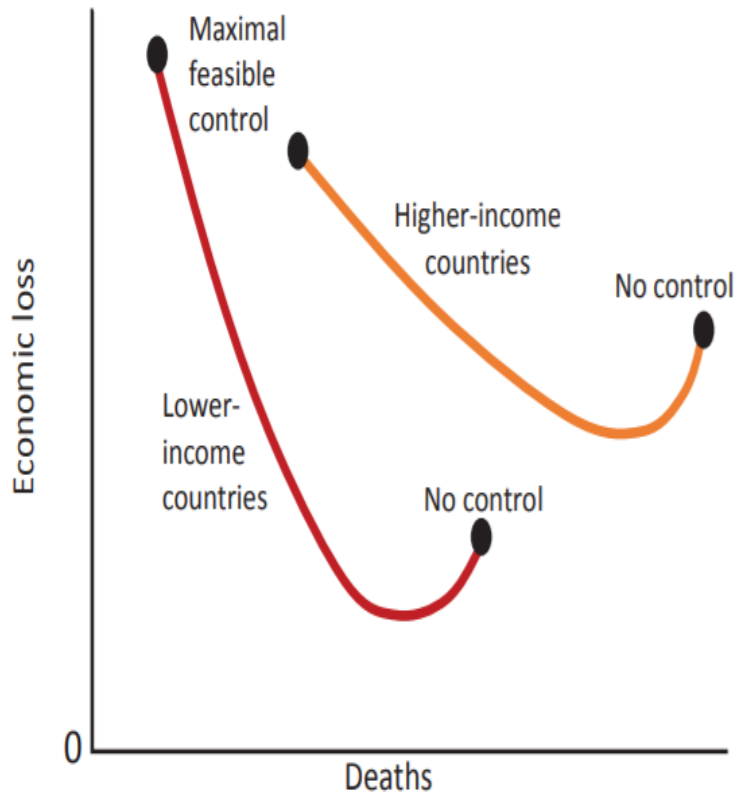
4. Saving Lives versus Saving Livelihood

Trade-Off between **Saving Lives** and **Saving Livelihoods** (Loayza, 2020)

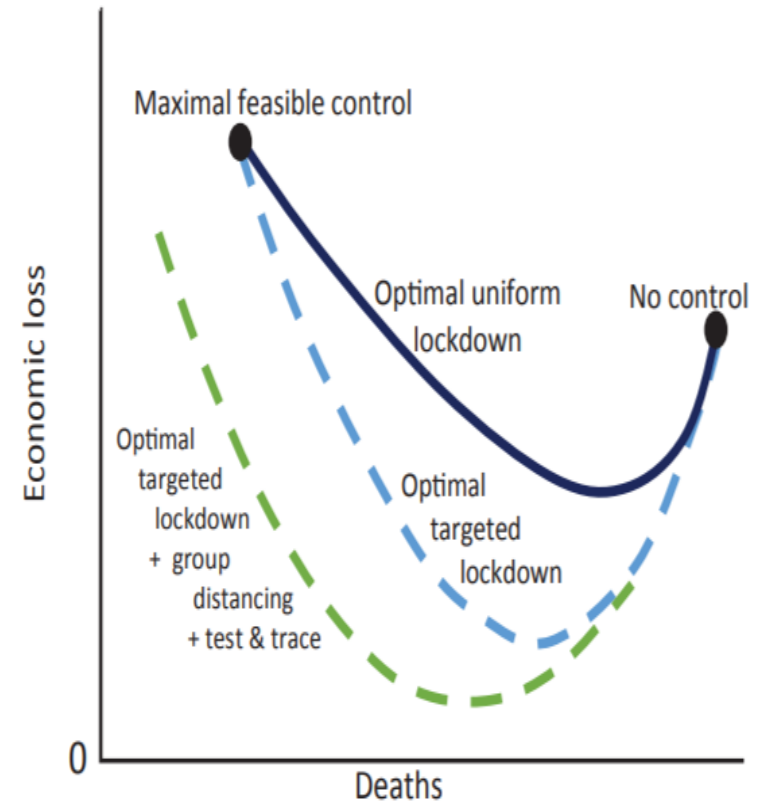
- Benefits from lockdowns (or suppression measures) are lower for LICs: lower mortality gains due to younger population
- Painful consequences of lockdowns in LICs: worsening poverty, lower access to health care for severely ill patients (other than COVID-19)
- Opportunity cost (e.g., no work and low nutrition) of more drastic measures is higher for poorer people (Barnett-Howell and Mobarak, 2020)

Figure 8. “Smart” Measures Can Ease the Trade-Off between Lives and Livelihoods

a. Different trade-offs for different countries



b. Easing the trade-off with “smart” measures



Source: Author's illustrations adapted from Acemoglu et al. 2020.

Note: The figures are presented for illustration purposes only. Economic losses are relative to income levels, with larger losses implying higher development setbacks. The downward sloping portion represents the trade-off between economic losses and fatalities; and the upward sloping portion represents the lose-lose situation of more fatalities and higher economic losses.

Different Tradeoff in LMICs (continued)

Different lives-versus-livelihoods trade-off in different countries with different levels of development and demographic profiles (Loayza, 2020)

- Countries with older populations and higher incomes need strong suppression measures
- Poorer countries with younger population need more moderate measures

Trade-offs can be eased by coordinated economic and public health policies



IV. Key Lessons

1. Health Sector

Investment into strengthening **health systems and UHC** is a fundamental solution for the preparedness and response to a pandemic

- UHC ensures access not only to individual services but also to **population and public health services**

Flexibility and accountability of government budget or PFM: re-prioritize financial resources to the health sector during a pandemic, strong M&E

Adaptability and **innovative service delivery**:
e.g., Digital health, non-health facilities for mild patients
- Re-confirm the importance of **primary care**

2. Resilience and Multi-sectoral Approach

Governance: **multisectoral cooperation** of public and private sectors, central and local Governments, and across different ministries and sectors

- Inter-connectedness of health and economy
- Role of **local** governments is crucial in disaster response and **resilience**

Effective targeting and protecting of the **vulnerable**: elderly, poor, migrant workers, residents in vulnerable environments (urban slums), refugee camps

3. ODA in the Era of Pandemic

Korean-style of contact tracing and PCR testing can not work in most LICs

Support to fulfill FUNDAMENTAL needs of LMICs:
Support to strengthen system and policy capacity and improve **resilience of socioeconomic systems** of LICs

- Health system strengthening
- Social safety nets, labor policy
- Governance, policy capacity for agility/flexibility
- Legal foundation and regulatory capacity, e.g., private sector

3. ODA in the Era of Pandemic (continued)

Strengthen **country office** in program development and implementation

- Implementation capacity of country offices

Increase the role of **budget support**

- Basic Income in global development?

Increase harmonization/collaboration among development partners



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