COVID-19 PANDEMIC: 24-MONTH SCENARIO ANALYSIS AND IMPLICATIONS FOR ASIA
Introduction

In early April 2020, the Centre for Humanitarian Leadership worked in collaboration with an international NGO to prepare three different global scenarios for the future of the COVID-19 pandemic over a six-month period. For each of those scenarios, potential secondary impacts for children were identified, as well as implications for NGO actors. Further analysis then extended those six-month scenarios in two ways:

• extending the time horizon of the global scenarios to 24 months since the start of the COVID-19 outbreak (end of 2021), and
• considering the implications of the updated 24-month global scenarios across the Asia region.

These scenarios are not presented as forecasts; instead, they are imagined futures constructed to assist overall organisational thinking and discussions about how to plan future operations in light of COVID-19. The longer the time horizon, the more difficult it is to predict outcomes with any certainty, and the context is rapidly evolving. However, it is intended that these scenarios will be used to challenge thinking and prompt discussion about what the landscape might look like for humanitarian actors globally, and regionally in Asia, by the end of 2021.

Critical uncertainties

The scenarios were built by identifying a number of key uncertainties that are likely to impact how the COVID-19 pandemic might play out over time. Some of these variables reflect the wider context, others are more specific to the operating environment for NGOs.

A series of hypotheses were developed for each variable, and these were then combined to create the scenarios. The six-month scenarios considered the uncertainties of scale and severity of COVID-19, role of aid and development actors forced displacement, conflict and fragility, aid funding and supply chain. The longer-term scenarios added the variables of geopolitical dynamics, vaccination and immunity, economic impact, social dynamics, and poverty levels.
Global scenarios
The three global scenarios are summarised below, setting out the initial six-month view as well as the extended 24-month (end of 2021) perspective.

<table>
<thead>
<tr>
<th>6 months</th>
<th>24 months</th>
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<tbody>
<tr>
<td><strong>Scenario One</strong></td>
<td><strong>Missed opportunities</strong></td>
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<tr>
<td>The haves and the have nots</td>
<td>• Significant distinction along economic lines, wealthy countries able to respond more effectively</td>
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<td>• Worsening of fragile contexts</td>
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<td>• Traditional donors supporting remote management of aid and development programming</td>
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<td></td>
<td>• Vaccine is successfully developed, and despite attempts at equitable rollout, the most vulnerable miss out</td>
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<td>• Global economic recovery in 2021</td>
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<td>• Stabilising global dynamics, with little shift in power dynamics</td>
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| **Scenario Two** | **Inward focus** |
| The globe in flux | • Complex factors impact scale and severity – significant global variation with worsening fragile contexts |
| | • Opportunities for local leadership in aid and development programming |
| | • Non-traditional funding sources and actors comes to the fore |
| | • Vaccine is successfully developed, but wealthy countries dominate supplies |
| | • Modest economic recovery in 2021, highly varied from country to country |
| | • Increased isolationism and retreat from multilateralism, greater authoritarianism justified due to pandemic response |

| **Scenario Three** | **The “global health security” era** |
| The virus overralls | • Virus takes hold globally, even in the most well-resourced countries, with second waves of infection |
| | • Fragile contexts worsen and new conflicts develop |
| | • Access of aid and development sector is severely limited, as is availability of funding, and local actors are not effectively supported |
| | • No vaccine is developed and mutations impact natural immunity |
| | • Global economy remains stalled |
| | • The scale and extent of crisis finally forces a more unified, multilateral approach – a new era of “global health security” shapes public policy |

Implications for Asia
Asia is a diverse region, with a mix of high-, middle- and low-income countries. The response of governments in the region to COVID-19 has been varied, as has the scale and severity of the outbreak.

The global scenarios provide a backdrop for considering the implications of COVID-19 for the Asia region. The summary below highlights the issues that are likely to be most prominent in each of the global scenarios.

**Key features**

**Scenario One**

The haves and the have nots

Missed opportunities

• Asia region sees a return to “business as usual” as containment measures in most wealthier countries restrict spread of the virus, and support global economic recovery in late 2020 and into 2021. However, emerging countries and vulnerable states in Asia have been unable to provide the social safety net to support the informal workforce (which accounts for over 60% of the workforce), causing major setbacks in the attainment of development goals in the region.

• The most vulnerable and excluded in each country feel the impact most acutely – in Afghanistan, Myanmar, displaced populations such as the Rohingya in Bangladesh, and those in poor, high-density areas in India, Pakistan, Indonesia and the Philippines.

• Vaccine rollout for COVID enables a return to “normal”, but the most vulnerable are not able to access it, further heightening their exclusion.
Scenario Two
The globe in flux
Inward focus

- The impact of the virus varies widely – countries that were proactive early such as Vietnam prevent the spread of the virus whereas countries such as Indonesia, Malaysia and the Philippines are unable to undo the early damage of slow responses. Gaps widen within the region as some countries reopen borders and the economy, others must persist with stricter containment measures.
- Countries focus on domestic concerns and retreat from a sense of global solidarity. Social tension rises as minorities and foreigners are perceived as the source of the virus – in particular, Muslims in India, the Rohingya in Bangladesh, ethnic minorities in Myanmar and migrant workers are targeted.
- A lack of US or European leadership sees China's global role cemented. Regional coordination mechanisms such as ASEAN and SAARC are strengthened in the absence of global multilateralism. Large, regional NGOs with extensive local networks are able to provide services in countries with strong civil society such as Indonesia and the Philippines, but countries with less developed civil society experience less support.
- Authoritarianism is cemented as governments in countries such as the Philippines, Cambodia and Thailand justify increasingly restrictive measures in the name of pandemic response, and extend this as an opportunity to curtail dissent and political opposition.

Scenario Three
The virus overwhelms
The "global health security" era

- Second waves and mutations impact across the region (including China, Japan, Singapore, Hong Kong and South Korea), creating soaring infection rates and forcing further rounds of restrictive measures and prolonged economic shutdown. But the emergence of a new "global health security" era finally brings a renewed focus on equitable public health and social resilience, particularly among emerging nations.
- Conflict flares in Myanmar and Afghanistan as actors take advantage of a distracted international community. Political instability and social unrest create even greater uncertainty in Indonesia, the Philippines, Cambodia and Thailand as governments struggle for legitimacy.
- Movement for those affected by conflict or impacted by natural disaster is limited by strict and prolonged restrictions.
- Local aid actors are overwhelmed and disillusioned with risk transference by INGOs, affected communities use technology to raise awareness and funding.
- Climate change action is deprioritised, as attention and funding are diverted to COVID response efforts. Valuable time is lost in preventing and mitigating climate impacts, heightening pre-existing vulnerabilities particular across south Asia.
- Health security era provides opportunity for an increased focus on health system investment, addressing issues of regional concern including antimicrobial-resistant bacteria, emerging infectious diseases and climate-related health risks.

Operational considerations for NGOs
Scenario One: The haves and the have nots / Missed opportunities

Presence and access
- Access to most affected countries likely to be limited – limited capacity to maintain or scale up international staff, restrictions on movement for national staff.
- In-country staff not able to access office, challenges of communications where internet access is limited.
- Disparity in availability of adequate communications means communication with remote staff is limited.
- Communication with communities and physical presence in communities limited, creating challenges for continuity of existing services.

Ways of working
- Remote management practices become critical – requiring a consistent organisational approach, regard to the technological platforms required (appreciating challenges of low-resource settings), and large-scale rollout of remote management capacity building.
- Mitigation of risk to international and national staff will require careful planning and additional resourcing.
- Opportunities to prioritise and scale up cash programming, where appropriate.

NGO funding and portfolio
- Significant humanitarian funding available – organisations need to have clear operational and programmatic plans to be well positioned to receive funding.
- Risk associated with accepting large volume of funding if operational delivery platforms are not well established, particularly in light of remote management and challenges of ensuring accountability.
Additional considerations during a Category 1 response

- Limitations on international surge require consideration of other approaches, including localised or collaborative surge models. Locally led responses, however, may also be impeded in locked-down contexts.
- If international staff are able to move, likely to be delays in gaining necessary approvals, insurance, demonstrating criteria (possibly immunity to COVID-19?) have been met.
- Challenges to global coordination mechanism given movement restrictions mean technological platforms likely to be employed.

Scenario Two: The globe in flux / Inward focus

Presence and access

- Escalating humanitarian need demands scale up given new challenges of COVID-19 and exacerbations of existing fragile contexts – actors must consider how to scale up through the use of remote mentoring and support as opposed to surge capability.
- Tight international border restrictions means access will rely on local actors – INGOs must consider how to shift decision making to local staff and manage genuine partnerships with local external actors, while ensuring their own safety (potential for risk transference to local actors without resources to mitigate).
- Reduction in humanitarian funding requires workforce numbers to be reduced, despite escalating need.
- Potential for backlash against humanitarian workers (frustrations about scale of response, or being perceived as “foreign”, even as national staff but not from that area).

Ways of working

- Greater local control and ownership of programming requires transition by INGOs to remote mentorship, technical capacity building, and support for advocacy and fundraising, as requested by country offices.
- Increased use of international staff as remote mentors (as required), and increased use of online training, capacity development platforms and approaches across all levels of the organisations.
- Need to consider capacity-building approaches in low-resource environments, where internet access and equipment may not be available.
- Opportunities to prioritise and scale up cash programming, where appropriate.

NGO funding and portfolio

- Rise of non-traditional funding sources requires consideration of new donor countries such as China and Russia, partnerships with private sector.
- Rise of crowdfunding directly by communities requires consideration of what support humanitarian actors could offer to communities in such circumstances.
- Potential increased donor interest in disaster preparedness and planning, resilience.

Additional considerations during a Category 1 response

- In the absence of international staff, local leadership will take on senior roles in response – mentorship, support, tools may be required to support large-scale response.
- Damage to international markets and supply chains may lead to greater emphasis on cash programming, stimulating local markets, although local supply may be insufficient.
- Access constraints for international and local staff mean greater challenges in ensuring accountability to communities, combating fraud and misconduct.

Scenario Three: The virus overwhelms / The “global health security” era

Presence and access

- Domestic programming needs rise, as well as international needs.
- Lack of ability to effectively maintain programming or scale up to meet new challenges will cause damage to affected communities and diminish community acceptance of humanitarian actors, making rebuilding of programming and reputation more challenging as the crisis finally heads towards recovery.
- Significant reduction in international funding requires more radical reduction in workforce numbers, despite growing global needs.
- Withdrawal of troops from international peace-keeping missions results in greater access challenges in conflict areas.
Ways of working
• Lack of effective support for remote monitoring or mentoring leads to ineffective and potentially harmful programming, and diminishing community acceptance.
• Inability of INGOs to support local actors leads to breakdowns in relationships, international NGOs are increasingly excluded.

NGO funding and portfolio
• Economic pressures result in diversion of development funding opportunities to COVID-19 response efforts, exacerbating pre-existing need.
• Public sentiment turns against international aid organisations for diverting resources from domestic requirements, impacting fundraising efforts.
• Potential for harm in affected communities and where lack of proper remote support and/or facilitation of enhanced local decision-making leads to ineffective implementation.

Additional considerations during a Category 1 response
• Challenging to respond in areas without strong pre-existing presence and preparedness, and there may be access issues even for local staff and counterparts.
• INGOs attempt to build partnerships with local actors, but without proper consideration this results in risk transference and increased burden on local actors.
• Use of technology may become more central to overcome access challenges – but significant risks associated with fast rollout, without pre-existing ethical frameworks and testing, increases likelihood of losing community acceptance.

Key considerations for humanitarian leaders
While the COVID-19 pandemic undoubtedly poses significant challenges for humanitarian actors (not only in responding to the pandemic, but also in maintaining or adapting existing programming), the shifts that this new environment has brought also provide potential to reframe organisational thinking within aid and development actors.

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<th>Challenges</th>
<th>Reframing thinking</th>
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<td><strong>The “global health security” era</strong></td>
<td>• Potential for significant worsening of scale and severity of COVID-19,</td>
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<td>with increasingly harsh and long-lasting impacts on social, economic and political issues.</td>
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<td>• A new “global health security” era may provide opportunities for renewed focus on strengthening public health systems and health worker capacity, bolstering disease surveillance capacity and strengthening immunisation coverage.</td>
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<td><strong>The “bounce forward” mentality</strong></td>
<td>• COVID-19 exacerbates existing social inequalities and impacts the marginalised most severely.</td>
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<td>• Social protection systems are expanded in response to COVID-19, with potential to advocate for maintenance and expansion of such systems in the longer term.</td>
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<td><strong>Rethinking INGO modes of operating</strong></td>
<td>• Restrictions on staff movement (international and national) and access to communities severely limited.</td>
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<td>• Increased focus on capacity and resilience of affected communities to support response and recovery.</td>
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<td>Climate change and sustainability</td>
<td>• Potential for COVID-19 to divert attention from urgent requirements to deal with other global challenges, including climate change.</td>
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<td>Engagement with isolated actors</td>
<td>• Escalating needs in countries with severe underlying vulnerabilities.</td>
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<td>Conflict sensitivity</td>
<td>• Fractures in social dynamics and stigmatisation of minority groups create more discrimination and increased challenges in operational environment.</td>
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<td>Role of technology</td>
<td>• Ability to engage with and access vulnerable communities is limited by lack of physical access.</td>
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The COVID-19 pandemic has highlighted the deep extent of social inequality and has exacerbated many of the constraints already present in the humanitarian system. The challenge for humanitarian leaders will be in the extent to which they can respond and adapt to the new environment, and the degree to which there is openness to embrace different ways of working.