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A global development paradigm for a world in crisis

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Rachael Calleja, Beata Cichocka, Mikaela Gavas and Samuel Pleeck

Abstract

This paper explores how and whether responses to COVID-19 have deepened the transition from an "international" to "global" development paradigm and considers implications for the future of development cooperation. In this paper, we explore whether responses to COVID-19, particularly from non-DAC actors, have deepened the transition to a global development paradigm, and consider the implications of this change for the future of development cooperation. To do so, we map international responses to COVID-19 – financial and beyond - to understand the changing nature of development challenges and cooperation in as well as the growing role of non-DAC actors as part of this shift. Our analysis shows that while a diversity of actors contributed to international COVID-19 responses, the transition towards a global development paradigm has yet to materialize. Instead, responses to COVID-19 demonstrated clear tensions between the imperative for collaboration and the national interest, with the latter trumping the former.

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Executive Summary

The COVID-19 crisis has highlighted a critical need for all global actors to cooperate to tackle the complex, transnational challenges which define today's development landscape. Calls for more global cooperation are occurring in the context of an increasingly multi-polar world, where economic convergence between the global "North" and "South" have driven development engagements from a broader and more diverse range of actors, including from countries beyond the OECD's Development Assistance Committee (DAC). Against the backdrop of the universal commitments made by all countries to achieve the Sustainable Development Goals, some have argued that the "traditional" model of cooperation – based on a vision of development as the transfer of resources from a "rich North" towards a "poor South" – is not only insufficient for meeting Agenda 2030, but also fails to reflect current realities. In this context, COVID-19 presents a key juncture to accelerate the realisation of the "global" development paradigm, where all countries have a role to play in supporting global development outcomes.

Our paper tests whether international responses to COVID-19 – from both DAC and non-DAC members – have accelerated the shift towards a more "global" development paradigm in practice. Given that COVID-19 presented an acute and global challenge, we consider it a litmus test for the viability of a global development paradigm and the impetus for cooperation during times of shared crisis. To do so, we map the scale and scope of such responses across a range of modalities, including development finance, in-kind transfers including knowledge-sharing, and broader policy responses to identify key trends in how DAC and non-DAC countries cooperated in response to COVID-19.

Our analysis shows that while a diversity of actors contributed to international COVID-19 responses, the transition towards a global development paradigm has yet to materialize On one hand, our review showed that a diverse range of actors contributed resources, demonstrating the "global" nature of the COVID-19 response. Our review further highlighted evidence of "multi-directional" transfers that flowed from the global South to the North, showing the reality that the "North-South" development model is no longer sufficient. Additionally, responses from non-DAC actors – including in assuming leadership for spearheading new multilateral initiatives designed to increase access to COVID-19 tools, and investing in local vaccine production capacities within lower- and middle-income countries– signal their willingness and ability to participate in, and indeed shape, the global development paradigm. On the other hand, collaboration *between* DAC and non-DAC actors has been relatively thin. Indeed, beyond joint support for some multilateral appeals – to which non-DAC contributions were relatively limited – and the G20 DSSI, cooperation between DAC and non-DAC actors as part of the COVID-19 response appeared limited, with both groups prioritising bilateral approaches. At the same time, we also find that Northern countries mostly failed to participate in key Southern-led multilateral initiatives, raising questions as to the ability of current global institutions to accommodate the diverging interests of all global actors.

At the mid-way point to the SDGs, and in an era defined by global challenges and the need for a collective response, there remain questions as to whether, and how, the transition towards a global cooperation paradigm can be deepened. We describe three possible paths forward. The first path involves a continuation of current "international" cooperation trajectory. Under this path, countries prioritize bilateral action, including when faced with global crises that could benefit from coordinated engagement where bilateral approaches and national interest remain dominant. The second path involves a strengthened cooperation platform between Southern actors as a challenge to the failure of richer countries to do more to overcome inequalities and support global development outcomes. The third path involves a re-think and internalization of the narratives of self-interest from the perspective of a global development paradigm, which understands that cooperation on global development challenges is in the interests of all countries. Under this path, the imperative for cooperation would require the creation of new coalition of countries, spaces for collaboration, and ways to pool and allocate resources in response to future crises. While the path forward has not yet been chosen, there remain significant questions and barriers to deeper cooperation that must be overcome to support collaborative, joint-up approaches, in which all actors can find equitable and efficient ways to pool and allocate resources for both current and future crises. This paper provides a starting point for further research, which will explore such barriers to cooperation in more detail.

1. Introduction

The current development era is increasingly defined by global development challenges – such as climate change, conflicts, and pandemics – which require global efforts and collective action to address. Marked by universal commitments to achieve the Sustainable Development Goals (SDGs), some have argued that this new context is giving way to a paradigm of "global" cooperation for development.[1] At the core of this paradigm is the understanding that the traditional model of development as resources flowing from "North" to "South" is not only insufficient for meeting the challenges ahead, but also fails to reflect the reality of a multipolar development landscape. Rather, the global development paradigm is one where all countries play a role as knowledge providers and active partners for achieving global development outcomes.[2]

The current global system is under strain from opposing forces: on the one hand, the strengthening of interdependence and the need for international agreements and collective action, and on the other, a world which is more multipolar and less secure with conflict spreading, and global governance being challenged. Today's world faces a public health crisis which to date, on average, occurs only once every 100 years; a major geopolitical crisis which has not happened in a generation; and a global climate crisis which has no precedent in human history at all. The key test and opportunity for all development actors is finding agreeable and equitable terms and approaches to engage on the global, regional and bilateral fronts cooperatively, and in a way that balances mutual interests to address these challenges. The current concatenation of global challenges means that global cooperation has never been more urgent.

The call for such cooperation is occurring within a development landscape that is becoming increasingly multi-polar and has seen growing engagement from a broader range of actors, including countries beyond traditional members of the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC) (hereafter called "non-DAC actors": see below for a discussion of this terminology). While countries beyond the DAC have long provided development cooperation - China, Russia, and South Africa, for instance, have engaged in cooperation since at least the 1950s[3] - the number of non-DAC actors engaging in cooperation has grown in past decades alongside global shifts in wealth and influence.[4] With each of these actors bringing unique incentives, priorities and practices to the development space, there are important questions about whether and how cooperation envisioned under a global development paradigm could materialize.

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[1] Annalisa Prizzon, 'COVID-19 and the Future of International Co-Operation: Consolidating a New Approach', Development Matters, 23 April 2020. https://oecd-development-matters.org/2020/04/23/covid-19-and-the-future-of-international-co-operation-consolidating-a-new-approach/; Johan A. Oldekop et al., 'COVID-19 and the Case for Global Development', *World Development* 134 (1 October 2020): 105044.
[2] Oldekop et al., 'COVID-19 and the Case for Global Development'; see also Jonathan Glennie, *The Future of Aid: Global Public Investment*. New York: Taylor and Francis, 2021.
[3] Andreas Fuchs and Angelika Müller, 'Democracy and Aid Donorship', KIEL Working Paper No. 2113, September 2018, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3260859
[4] Andrew Rogerson, "Key Busan challenges and contributions to the emerging development effectiveness agenda," ODI Background Note. London: ODI, 2011.

The COVID-19 pandemic was a major test of the viability and realisation of a global development paradigm. As a crisis shared by all countries, which spread rapidly throughout an interconnected world, there was an urgent imperative for cooperation to support global public health and economic recovery; indeed, the acknowledgement that "no one is safe until everyone is safe"[5] best summarizes the simultaneous threats and opportunities arising from global interdependencies that are driving calls for a global development model. Yet despite a clear rationale for thinking and acting collectively, responses to COVID-19 were "inadequate and fractured".[6] While COVID-19 is distinctive in many ways, it a useful case for considering the emergence of a global development paradigm because it transcends borders, it impacts both rich and poor countries and populations (albeit unevenly), it threatens at a substantially different scale to previous 'development' problems, and it is deeply complex and inherently political.

In this paper, we explore whether responses to COVID-19, particularly from non-DAC actors, have deepened the transition to a global development paradigm, and consider the implications of this change for the future of development cooperation. To do so, we use data analysis and reviews of relevant literature to understand the changing nature of development challenges and cooperation in the wake of COVID-19, as well as the growing role of non-DAC actors as part of this shift. Our analysis shows that while a diversity of actors contributed to international COVID-19 responses, the transition towards a global development paradigm has yet to materialize. Instead, responses to COVID-19 demonstrated clear tensions between the imperative for collaboration and the national interest, with the latter trumping the former.

This paper is the first in a series which aims to probe the role of non-DAC actors within a changing development landscape. Within this broader project, this paper serves as a framing piece that aims to consider the shifting realities of global development cooperation – which will require deeper collaboration across diverse actors to be successful – and the role of non-DAC actors within this shift. As such, this paper intends to provide the broader contextual background for forthcoming work, which will explore the typology of action by non-DAC providers, as well probe in greater depth, the barriers to cooperation for development between DAC and non-DAC actors.

A note on terminology

The definitional challenges when writing about different types of cooperation providers are well documented.[7] The term "emerging donor" for instance, both falsely implies that the cooperation from such actors is new, despite evidence that some actors, including China, have been engaging in cooperation since the 1950s – and applies the label of "donor", which many non-DAC actors reject due to its paternalistic and hierarchical implications.[8] More recently, the term "majority world" has been used to describe

[5] United Nations High Commission for Refugees, 'Statement: No-one is safe until everyone is safe – why we need a global response to COVID-19', UNHCR, 24 May 2021. https://www.unhcr.org/uk/news/press/2021/5/60a7fc9b4/statement-no-one-safe-safe-need-global-response-covid-19.html

[6] Tom Evans and Alex Scott, 'Global Cooperation During COVID-19', E3G Briefing, 15 July 2020. https://9tj4025ol53byww26jdkao0x-wpengine.netdna-ssl.com/wp-content/uploads/15_07_20_Briefing-Global-Cooperation-during-COVID-19-April-July-2020.pdf.

[7] Emma Mawdsley, *From Recipients to Donors: Emerging Powers and the Changing Development Landscape*. London: Zed Books, 2012: 4-6

[8] Ibid.

countries in Africa, Asia and Latin America that together account for the global majority of the population and landmass; by contrast, countries in Europe and North America are considered those in the "minority".[9] While this term is useful as it challenges language that tends to privilege "minority" populations in Europe and North America, the term has been criticised for "over-homogenising" large parts of the world – much the same as the terms global "North" and "South".[10] Moreover, for our purposes, it is unclear where the bounds of either the "global South" or "minority world" lie, and how they overlap with DAC membership – Estonia and Israel for instance, are non-DAC countries that presumably reside within the boundaries of the "minority world" due to their high-income status. Similarly, post-Soviet countries such as Albania, Romania, or Russia – while neither being part of the DAC nor the "minority world" – may not subscribe to being part of the global South.

For the purpose of this paper, we use the term "non-DAC" cooperation providers to refer to countries that engage in development cooperation but are not members of the OECD-DAC. While we understand that this term presents several challenges, not the least of which is that it defines such actors by what they are not (i.e. DAC members), this technical term better defines the group of actors that provide cooperation outside of DAC membership than alternative terms.[11] Similarly, we refer to "DAC members" when speaking about the 29 countries that are members of the OECD-DAC and, as such, subscribe to a range of common principles and monitoring or reporting standards. While there are inherent difficulties in comparing or combining development cooperation from a relatively cohesive DAC group with the contributions from a diverse group of non-DAC countries, we argue that understanding the breadth of cooperation in the current development landscape requires looking across both groups of actors.

Structure of the paper

This paper is organised in four sections. Section two briefly reviews the literature on the global development paradigm to decipher what it is, how it has emerged, and how it differs to the North-South development model. Section three maps development cooperation responses to COVID-19 with a particular emphasis on the changing role of non-DAC actors as cooperation providers over the past decade and explores potential implications of the shifting development paradigm for the future of development cooperation. The final section offers concluding thoughts.

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[9] Samantha Punch, 'Cross-World and Cross-Disciplinary Dialogue: A More Integrated, Global Approach to Childhood Studies', *Global Studies of Childhood* 6, no. 3 (1 September 2016): 352–64.
[10] Ibid.
[11] Further papers under this project will explore will look more closely at alternative ways to define and understand the differences within the group of "non-DAC" providers and think more deeply about the terminology.

2. What is the global development paradigm?

The "global development" paradigm broadly describes an approach to development theory and practice that reassesses what development means, where it is located, and who contributes, in light of recent changes in the global development landscape. The paradigm is positioned as a replacement for the North-South model of development, which was dominant throughout much of the 20th century, and put forward an understanding of "international" development as "actions designed for, and research relating to, poor countries".[12] Premised on geographic divisions between a "developed" North and "developing" South, the model functionally divided the world into two poles, where development was seen as a problem located exclusively in the South to which resources – primarily ODA - from the "North" were targeted.[13] By contrast, the emerging "global development" paradigm seeks to move beyond a binary understanding of development, to a model where differentiated challenges are understood to be faced and addressed by all parts of the world.[14] From a global development perspective, development challenges, which include global issues such as climate change and public health, cannot be addressed by individual countries working alone, and can only be achieved through collective action across a diverse range of global actors.

Recent calls for a global development paradigm to displace the binary model have typically stemmed from three main changes in the international system that are seen to blur traditional boundaries between North and South. First, some argue that the interconnectedness inherent in a globalized world "means that the causal processes shaping 'development' cut across national and macro boundaries of the North and South".[15] Consider global public goods, the under-provision of which are perhaps notable examples of challenges that transcend North-South geographies and instead are shaped by, and exist in, an interconnected global sphere.[16] Second, the universalization of the development agenda through the creation of the SDGs formalized the idea of interconnectedness by highlighting the importance of global challenges to the achievement of long-term sustainable development for all.[17] In doing so, the SDGs shifted the location of development from a Southern problem to one that affects all countries, and altered the focus from poverty reduction to the broader goal of sustainable development.[18] Third, shifting patterns of global inequality saw both an economic convergence between countries in the North and South driven by rapid growth

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[12] Rory Horner, 'Towards a New Paradigm of Global Development? Beyond the Limits of International Development', *Progress in Human Geography* 44, no. 3 (June 2020): 417.

[13] This "international" model not only failed to mobilize the resources intended – few countries ever reached the 0.7% of ODA/GNI spending target – but also played a role in shaping the "liberal internationalism" that has been seen as far from "liberal" for much of the global South (see Mishra, 2012).

[14] Perhaps a more radical vision of the "global" development paradigm might also do more to recognize the historic and contemporary responsibilities of former colonial and industrialised countries for ongoing inequalities and injustices. See also: Horner, 'Towards a New Paradigm of Global Development?'

[15] Oldekop et al., 'COVID-19 and the Case for Global Development', 1.

[16] Inge Kaul, 'Making the Case for a New Global Development Research Agenda', *Forum for Development Studies* 44, no. 1 (2 January 2017): 141–48

[17] Charles Gore, 'The Post-2015 Moment: Towards Sustainable Development Goals and a New Global Development Paradigm', *Journal of International Development* 27 (2015): 717-732.

[18] Horner, 'Towards a New Paradigm of Global Development?'; Gore, 'The Post-2015 Moment"; Inge Kaul, 'Making the Case for a New Global Development Research Agenda'.

in some Southern economies from the 1990s onwards (although, there has been a reversal in this trend in the aftermath of COVID-19),[19] as well as shared trends of growing within-country inequality as the economic benefits of globalization are unequally distributed.[20] Such patterns of "converging divergence" signal the reality that "places and people in both the Global North and South have been observed as facing many shared (sustainable), although clearly not homogenous, development challenges", highlighting the inadequacy of approaches that limit the geographic bounds of where development occurs, and the need to re-frame development discourses to match the complex dynamics of the 21st century.[21]

Importantly, the trends underlying calls for a global development paradigm are not only changing *where* development occurs and *what* constitutes a development challenge, but are also shifting understandings of *who* participates in development cooperation and *how* they engage (see Table 1 for a summary of key differences between the North-South and global development paradigms). The so-called economic "rise of the South", for instance, occurred in parallel to a substantive increase in the scale and scope of cooperation from non-DAC actors throughout the 2000s and 2010s, challenging long-held conceptions of the North as the provider of development knowledge and resources.[22] Such trends have been associated with an "unprecedented rupture in the North-South axis", driven not only by the shifting visibility and role of the South as a cooperation provider, but also by parallel normative shifts that saw DAC members mimic the language of "win-win" and "mutual interest" as motivations for cooperation, both of which are traditionally principles underlying South-South Cooperation (SSC).[23] The broadening scope of actors involved in development – which also includes the private sector, foundations and community actors[24] – is also changing the types of cooperation used to support development. While official development assistance (ODA) was traditionally viewed as the main form of development finance under the North-South binary, the global development paradigm seemingly relies on a broader range of cooperation modalities provided by a diverse group of actors – SSC from non-DAC countries, for instance, typically involves a range of activities including technical cooperation, scientific transfers, and policy-based cooperation. Notably, the role of diverse actors and funding sources for development was recognized and institutionalized within the 2011 High Level Forum on Aid Effectiveness held in Busan, which both invited a range of actors beyond the DAC to participate in development effectiveness dialogue, and shifted the language associated with effectiveness from a focus on "aid" to "development cooperation".[25] In doing so, the global development paradigm was – to a

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[19] Lant Pritchett, 'Divergence, Big Time', *Journal of Economic Perspectives,* 11, no. 3 (1997): 3-17; Rory Horner and David Hulme, 'From International to Global Development: New Geographies of 21st Century Development', *Development and Change,* 50, no. 2 (2019): 347-378.
[20] Some have also pointed to a shared trend of within-country "divergence" due to the unequal effects of globalization. See also: Horner and Hulme, 'Global Development, Converging Divergence and Development Studies"
[21] Horner, 'Towards a New Paradigm of Global Development?', 423.
[22] Emma Mawdsley, 'Development Geography 1: Cooperation, Competition and Convergence between 'North' and "South"', *Progress in Human Geography* 41, no. 1 (2017): 108–17.
[23] Ibid.
[24] World Bank, "A Changing Landscape: Trends in Official Financial Flows and the Aid Architecture." Washington D.C.: World Bank Group: 2021. https://thedocs.worldbank.org/en/doc/9eb18daf0e574a0f106a6c74d7a1439e-0060012021/original/A-Changing-Landscape-Trends-inOfficial-Financial-Flows-and-the-Aid-Architecture-November-2021.pdf
[25] Rachael Calleja and Beata Cichocka, 'Development Effectiveness in the "New Normal": What Do the Changing Roles and Purposes of ODA Mean for the Effectiveness Agenda?', CGD Policy Paper (London: Center for Global Development, 2022); Horner, 'Towards a New

degree – institutionalized in new shared development spaces (i.e. the GPEDC) that aimed towards an "equator-less landscape of multistakeholder global partnership" for development, recognizing the importance of such partnership for legitimate development governance.[26]

Figure 1: Summary table of attributes associated with dimensions of North-South and global development models

	'North-South' or 'International' Paradigm	'Global' Paradigm
Interpretive framework	Development as a "Southern" problem	Development as a "global" challenge
Policy goals	Poverty reduction	Sustainable development
Development actors	Dominated by Northern "donors" and Southern "recipients"	"Cooperation providers" from DAC and non-DAC countries, private sector, philanthropies, civil society; for some, includes an increased focus/role for multilaterals to provide global public goods
Development flows	Focused on ODA	Recognises the importance of a wider range of modalities (including SSC) and sources of finance (such as the private sector)
Governance	OECD-DAC as key actor in setting development rules/norms; spaces for development discourse seen as more exclusive	Growing diversity of institutions and actors (including, for instance, the creation of the GPEDC); aim to create more inclusive spaces for rule/norm setting across diverse actors

Taken together, the global challenges, processes, actors, and resources that inform and drive calls for a global development paradigm create an imperative for deeper and more inclusive cooperation for development. Yet understanding how such cooperation can be fostered remains an ongoing debate. Part of the challenge in operationalizing cooperation under the global development model is necessarily due to the absence of a clear

Paradigm of Global Development?'; Mawdsley, 'Development Geography 1'..

[26] Rosalind Eyben and Laura Savage, 'Emerging and Submerging Powers: Imagined Geographies in the New Development Partnership at the Busan Fourth High Level Forum', *The Journal of Development Studies* 49, no. 4 (1 April 2013): 457–69. ; Jack R. Taggart, 'Global Development Governance in the "Interregnum"', *Review of International Political Economy* 29, no. 3 (4 May 2022): 904–27.
It is, however, debatable whether the GPEDC has succeeded in creating a "legitimate" space for global cooperation (see Battachrya and Sabine Khan, 2020; Taggart, 2022).

understanding of how and where such cooperation should occur – some, for instance, argue that the global development model presents a vision of the world under a "global government" [27] , while others link its implementation to new forms of inclusive partnerships for development. [28] Others still have proposed new models for financing global challenges through mechanisms that pool and allocate global public resources to enhance the supply of global public goods. [29] At the same time, there is an inherent tension between the recognized need for cooperation to support global development outcomes – particularly in relation to global challenges and to implement the SDGs – and the acknowledgement that the continued prioritization of country interests makes meaningful cooperation difficult, especially on a global scale.[30] While such challenges will undoubtedly take time and negotiation to overcome, it is perhaps worth considering the forms of cooperation emerging in order to identify remaining gaps and potential paths forward.

3. Responses to the COVID-19 crisis: Is a global development paradigm emerging?

COVID-19 presented a unique test for the emergence of the global development paradigm. The pandemic not only presented an urgent transboundary challenge that simultaneously affected economies and health systems in all countries, but it quickly became an acute "development crisis" capable of undoing years of progress towards poverty eradication and human development.[31] By now, for instance, it is well-known that COVID-19 contributed to a sharp increase in global poverty, with 97 million more people expected to be living in extreme poverty as an immediate result of the pandemic.[32]

In this section, we map development cooperation responses to the COVID-19 crisis to consider how and whether such actions have accelerated transition towards the global development paradigm in practice. We pay particular attention to cooperation advanced by both DAC and non-DAC countries. If the global development paradigm is about moving beyond North and South, then understanding the scale and scope of engagement from non-DAC actors – in comparison to that from DAC members – can help demonstrate the shifting roles of actors and resources they offer for global development. To do so, we focus on three cooperation modalities used as part of the international COVID-19 responses: 1) development finance; 2) in-kind transfers (including technical assistance, knowledge resources, and donations of medical equipment or vaccines); and 3 broader policy-related responses.

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[27] Yusuf Bangura, 'Convergence is Not Equity', *Development and Change,* 50, no. 2 (2017): 394-409.
[28] Taggart, 'Global Development Governance in the "Interregnum"'.
[29] 'Global Public Investment: Transformation in International Cooperation', 2022, https://globalpublicinvestment.org/
[30] Bangura, 'Convergence is Not Equity'.
[31] Stephen Brown, 'The Impact of COVID-19 on Development Assistance', *International Journal* 76, no. 1 (1 March 2021): 42–54
[32] Carolina Sánchez-Páramo et al., 'COVID-19 Leaves a Legacy of Rising Poverty and Widening Inequality', World Bank blog. Washingdon DC: World Bank, 2021 https://blogs.worldbank. org/developmenttalk/covid-19-leaves-legacy-rising-poverty-andwidening-inequality.

We selected these modalities based on both the ability to source comparable data and the imperative to include the range of resources offered across a wider range of global actors including by countries from beyond the DAC. Although data on financial transfers is perhaps the most easily comparable, in moving towards a "global development paradigm" contributions beyond ODA-like modalities, which are seen as a predominantly North-South flow, must also be assessed as part of the overall package of global resources available.

Perhaps importantly, as with any exercise that compares development financing across both DAC and non-DAC actors, there are several caveats that are important to note:

1. **The data presented is only a partial picture of COVID-19 response:** In the absence of a single database for mapping country-based development flows for COVID-19, we caution that the data presented are necessarily incomplete. Due partly to difficulties with defining SSC and the diversity of approaches included under its banner (see Box 1), it is difficult to accurately value the cooperation provided.[33] Moreover, there has often been political resistance to quantifying SSC due to concern that measurement reliant on DAC-defined ODA metrics would position non-DAC providers unfairly vis-a-via DAC members, and that such measurement would reveal "'too much' information to domestic constituents".[34] In the absence of a clear database for tracking SSC and in-kind contributions, in some areas of the analysis we instead rely on illustrative examples collated from a review of the available literature and news stories.

2. **Potential overlap of data between some countries' financial contributions and other modalities**: Due to inconsistent reporting by providers, we do not intend to claim that each type of contribution presented below is mutually exclusive" and caution that data on in-kind assistance or financial contributions may also be included in financial statistics presented elsewhere. For instance, while some providers have counted vaccine donations in their ODA statistics, others have not.[35] The same applies for debt relief under the Debt Service Suspension Initiative (DSSI) – where most providers would count it as ODA, China does not include debt relief – or indeed most concessional lending – in its official reporting of foreign aid by the Ministry of Finance.

3. **Sample of non-DAC actors varies by data source**: Most of the available data on financial contributions is self-reported by countries to different databases on a voluntary basis. This means that the samples of non-DAC actors included in the analysis will vary by data source and necessarily presents only a partial picture. In each case, we will include a short description of countries covered by the analysis

[33] Neissan A. Besharati and Steve MacFeely, 'Defining and Quantifying South-South Cooperation', UNCTAD Research Paper No. 30, Geneva: United Nations Conference on Trade and Development, 2019.
[34] Laura Trajber Waisbich, "'It Takes Two to Tango": South–South Cooperation Measurement Politics in a Multiplex World', *Global Policy* 13, no. 3 (2022): 338.
[35] The Netherlands and the US, for instance, do not consider donations of vaccines from their domestic supply as ODA. For more information, see OECD, "ODA Levels in 2021 - Preliminary Data".

alongside the data. However, readers should note that this caveat means that data from different sources may be difficult to compare directly.

Box 1: What is South-South Cooperation?

According to the United Nations Office for South-South Cooperation (UNOSSC), South-South Cooperation is understood as "a broad framework of collaboration among countries of the South in the political, economic, social, cultural, environmental and technical domains" (UNOSSC, 2021). While SSC lacks a common definition, it is often understood to consists of a range of activities, including technical cooperation, economic cooperation, and policy-based cooperation that aims to strengthen trade or investment to support economic growth.

At its core, SSC is guided by principles of solidarity and partnership amongst people and countries in the global South and aims to contribute to well-being and "self-reliance" of cooperation partners. As such, SSC is often understood as motivated by the pursuit of activities seen as in the "mutual interest" of involved partners (see South Centre, 2009).

3.1. Mapping development cooperation: financial, in-kind, technical and policy cooperation for COVID-19

This section proceeds in three main parts, reviewing financial cooperation, in-kind and transfer-based cooperation, and policy responses to COVID-19, in turn.

Financial contributions to development

The COVID-19 crisis left many low- and middle-income countries with reduced access to the financing needed to provide medical, social, and economic care for its citizens.[36] Amidst lower levels of economic activity and restrictions on cross-border travel, the declining availability of domestic resources, private investment, revenues from international trade, and remittances left developing countries facing a financing shortfall of $1.7 trillion to remain on track to meeting the SDGs.[37] Meanwhile, government spending intended to keep economies afloat triggered a massive increase in borrowing levels, placing high debt service burdens on already constrained fiscal and monetary spaces in many lower-income countries.[38] At a time when more funding was needed to counteract deep shocks and crises, fewer resources were seemingly available.

[36] Brown, 'The Impact of COVID-19 on Development Assistance'.
[37] OECD, *Global Outlook on Financing for Sustainable Development 2021: A New Way to Invest for People and Planet*. Paris: OECD, 2020
[38] Ulrich Volz, 'The Debt and Climate Crises Are Escalating—It Is Time to Tackle Both', Brookings Blog, 8 July 2022. https://www.brookings.edu/blog/future-development/2022/07/08/the-debt-and-climate-crises-are-escalating-it-is-time-to-tackle-both/.

Concessional development finance

In response to the COVID-19 crisis, many pointed to the importance of ODA as a "dependable" and counter-cyclical source of finance during periods of crisis.[39] Recent figures from the OECD show that total ODA allocations from DAC countries and other official providers increased each year since the pandemic took hold, growing from $171 billion in 2019 to $180 billion by 2021 (grant equivalents, constant 2020 prices).[40] However, this overall trend masks divergence in the ODA-giving trajectory between DAC and non-DAC countries that report to the DAC.

ODA grant-equivalent spending from DAC members increased from $156 billion in 2019 to $169 billion by 2021, with the OECD attributing much of this increase to COVID-19 related activities in both years. In 2020, ODA responses from DAC members were partly driven by a "reorientation" of funds from existing cooperation programmes to support COVID-19 related activities, with an estimated $16 billion (or 9.9% of overall ODA) spent on COVID-19 related activities, including interventions to support health systems, humanitarian spending, and food security.[41] In 2021, DAC members' COVID-19 related ODA increased to almost $19 billion (or 11.2% of overall ODA), approximately $6.3 billion of which was attributed to vaccine donations (and which constituted 3.7% of overall ODA spend).[42]

By contrast, ODA spending from non-DAC countries that report to the DAC saw a decline in volume from almost $16 billion in 2019 to $11 billion in 2021 – a reduction of over 45% in 2 years.[43] This was partly driven by declines in reported spending from Turkey and the United Arab Emirates - both countries, however, remain amongst the top three non-DAC providers reporting to the DAC in 2021, with Turkey providing the most at $6.2 billion, followed by Saudi Arabia ($2 billion) and the UAE ($1.4 billion). These figures are substantive even in comparison to DAC members, with Turkey ranking as the 8th largest bilateral cooperation provider in 2021 ahead of Italy (9th at $5.7 billion) and Canada (10th at $5.5 billion).[44] Of total spending provided by non-DAC countries, $350 million, or 2.3%, was reported in 2020 under the "COVID-19 control" purpose code, although this is likely an underestimate and might not capture other health, humanitarian, economic, and food security interventions enacted in response to the pandemic; data available is preliminary and not sufficiently detailed to show sectoral spend for the latest

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[39] Yasmin Ahmad et al., 'Six Decades of ODA: Insights and Outlook in the COVID-19 Crisis', in *Development Cooperation Profiles*. Paris: OECD, 2020

[40] Figures sourced from the OECD's Stat. Extract "DCR Profiles 2020-22" data sheet (2022 edition) and reports the sum of ODA provided by DAC members and non-DAC members that report to the DAC, measured in constant grant equivalent terms. As many non-DAC providers – including all of the BRICS countries – do not report to the DAC, a comprehensive account of the volume of international development finance from all countries beyond the DAC is difficult based on this source alone.

[41] OECD, 'ODA Levels in 2021 - Preliminary Data', Detailed Summary Note. Paris: OECD, 12 April 2022. https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/ODA-2021-summary.pdf.

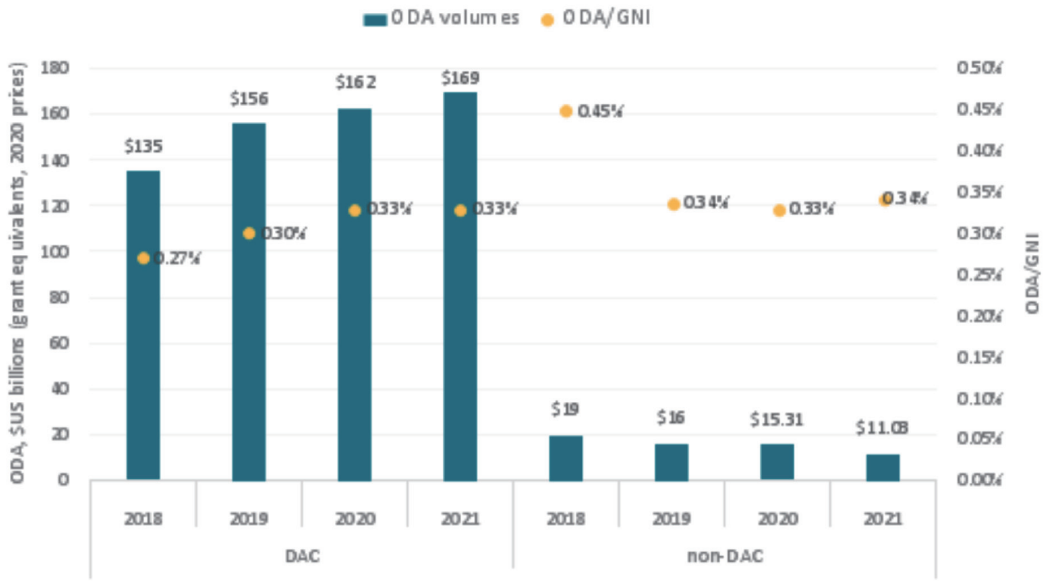
[42] OECD, 'ODA Levels in 2021 - Preliminary Data',

[43] Data sourced from the OECD's DAC1 table and report ODA grant equivalents in constant 2020 prices. Data was accessed on September 16, 2022.

[44] Non-DAC countries that reported spending to the DAC in either 2020 and/or 2021 include: Azerbaijan, Bulgaria, Croatia, Chinese Taipei, Cyprus, Estonia, Israel, Kazakhstan, Kuwait, Latvia, Liechtenstein, Lithuania, Malta, Romania, Saudi Arabia, Thailand, Turkey, United Arab Emirates. This means that large non-DAC providers, such as the BRICS countries, are not included in these figures. According to preliminary data for 2021 reported in the DAC1 table, Turkey reports the second highest ODA (grant equivalent) to GNI ratio of DAC and non-DAC countries which report to the DAC at 0.95%, behind only Luxembourg which has an ODA/GNI ratio of 0.99%.

year.[45] In 2021, non-DACs reporting to the DAC counted $180 million of their reported ODA, or 1.6% of the overall spend, as vaccine donations.[46] Despite declining cooperation from non-DAC providers reporting to the DAC, they remain slightly ahead of DAC members in terms of their overall ODA effort, measured as volumes of ODA flows divided by GNI (see Figure 1).

Figure 1: ODA volumes and ODA/GNI ratios for DAC and non-DAC countries, 2018-2021



Source: Authors' compilations based on data from OECD's DAC 1 Table
Note: ODA volumes are presented in grant equivalent terms, in constant 2020 prices. ODA/GNI values use grant equivalent ODA as the numerator. ODA/GNI values for DAC countries are sourced directly from OECD's DAC1 Table; data for non-DACs were sourced from the OECDs "DCR Profile" datasheet available on the OECD.Stat website.

The decline in financial cooperation outflows in the aftermath of COVID-19 by non-DAC providers that report to the OECD is mirrored by trends from BRICS countries, none of which report to the DAC, even though they are widely considered to be among the largest non-DAC providers of development finance in absolute terms.[47] Table 2 compiles data on concessional development spending from BRICS members based on their own reporting documents and secondary sources.[48] It shows that concessional

[45] Figure reports gross disbursements in constant terms for all non-DAC actors against "COVID-19 control" purpose code. Activities under this purpose code are primarily health interventions to control the virus including information, testing, vaccination, treatment, and prevention. As a result, they only capture a portion of the full spectrum of COVID-19 related interventions; of the $16 billion spent by DAC members on COVID-19 related responses, only $3.7 billion is reported under the COVID-19 control purpose code. For more on the purpose code, see OECD, 'Update of the CRS Purpose Codes Taxonomy to Enable the Tracking of COVID-19 Activities in the Health Sector', DAC Working Party on Development Finance Statistics, Paris: OECD, 8 October 2020.
https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC/STAT(2020)36&docLanguage=En.
[46] See Table 3a in: OECD, 'ODA Levels in 2021 - Preliminary Data', 12.
[47] See also Ian Mitchell, Euan Ritchie, and Andrew Rogerson, 'Finance for International Development (FID): A New Measure to Compare Traditional and Emerging Provider Countries' Official Development Finance Efforts, and Some Provisional Results', London: Center for Global Development, 2020, for instance, for an estimate of development flows for BRICS countries in relation to other G20 countries.
[48] Note, the figures reported in Table 1 are likely on a cash flow basis and do not represent grant equivalent figures. This means they cannot be directly compared to figures reported above.

development spending from the BRICS declined during the first year of the COVID-19 pandemic, falling from approximately $6.2 billion in 2019 to $5.0 billion in 2020.[49] While preliminary figures for 2021 for India and South Africa signal a partial rebound of financial volumes to pre-2020 levels, the fluctuation in annual concessional spending from non-DACs could suggest that such flows are more responsive to domestic shocks in the short-term than ODA flows from DAC members. Indeed, data from the GPEDC indicates that ODA from non-DAC providers tends to be less predictable, with non-DAC providers less frequently sharing annual forward-spending plans with their partners than DAC providers (Annex 1, Figure 1).

Table 2. Estimates of concessional development finance from BRICS countries

Donor	2019	2020	2021
Brazil	US$ 0.69 billion *$2,729.214 million Brazilian Real*[50]	US$ 0.32 billion *$1,624.092 million Brazilian Real*[51]	N/A
China	US$ 3.09 billion[52]	US$ 2.94 billion[53]	N/A
India	US$ 1.19 billion *Rs 8,415 crore*[54]	US$ 0.72 billion *Rs. 5,369 crore*[55]	US$ 0.97 billion *Rs. 7,148 crore*[56]
Russia	US$ 1.13 billion[57]	US$ 0.96 billion[58]	N/A
South Africa	US$ 0.074 billion *1,063,688,000 South African Rand*[59]	US$ 0.054 billion *888,081,000 South African Rand*[60]	US$ 0.064 billion *951,878,000 South African Rand*[61]
Total	$6.18 billion	$4.99 billion	N/A

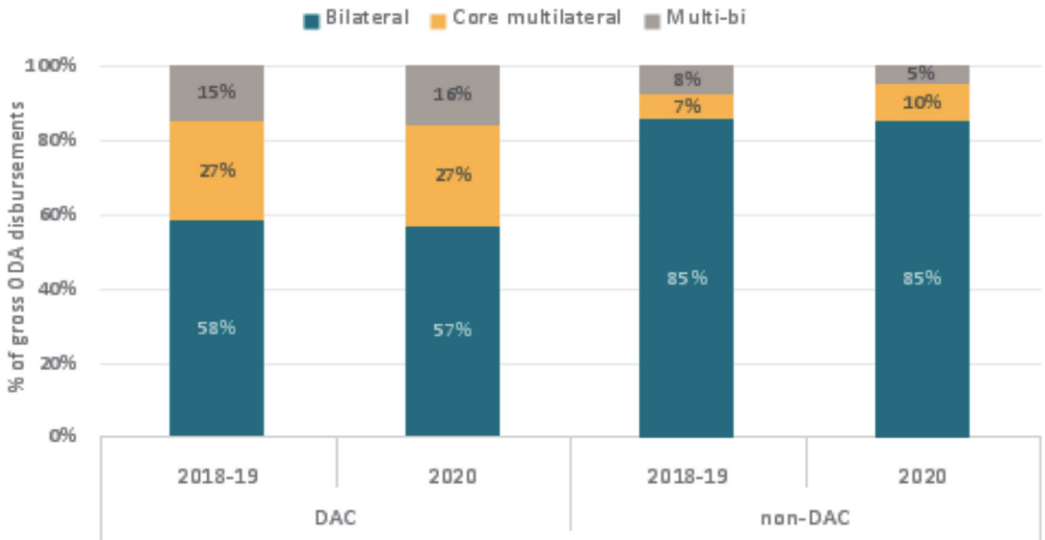
Source: Authors' compilation from countries' annual reporting data and secondary sources available in footnotes. Where documents cite local currency units, these have been converted to $US based on the annual average official exchange rates for that year, as given by the World Bank.[62]

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[49] This data is not available in more disaggregated forms, making it difficult to understand where declines occurred and whether non-DACs responded to COVID-19 with a "re-prioritization" of spending similar to that of the DACs.
[50] Renato Baumann et al., 'Cooperação Internacional Em Tempos De Pandemia: Relatório COBRADI 2019-2020'. Brasilia: Instituto de Pesquisa Econômica Aplicada, 2021.
[51] Ibid., 60
[52] SAIS CARI, based on data from China's Ministry of Finance, see also: SAIS CARI, 'Data: Chinese Global Foreign Aid', China Africa Research Initiative, Johns Hopkins School of Advanced International Studies, 2022. http://www.sais-cari.org/data-chinese-global-foreign-aid.
We caution, however, that estimates on Chinese cooperation vary between $2.9 billion to $5.4 billion in 2020. Mitchell et al. (2020) point out that estimates which rely on "foreign aid" figures from China's Ministry of Finance figures – including estimates from the OECD and SAIS CARI – are among some of the smallest, as they likely do not include China's concessional lending, "which is increasingly recognised as an important part of China's international engagement." See also: Mitchell et al. 'Finance for International Development"
[53] SAIS CARI, 'Data'.
[54] Ajai Shukla, 'Budget 2019: India Redirects Foreign Aid to Indian Ocean Countries', *Business Standard*, 8 July 2019, https://www.business-standard.com/budget/article/budget-2019-india-redirects-foreign-aid-to-indian-ocean-countries-119070800030_1.html.
[55] The New Indian Express, 'Budget 2021: India Sets aside over Rs 7,100 Crore as Development Assistance to Other Countries', *The New Indian Express*, 2 February 2021, https://www.newindianexpress.com/business/2021/feb/01/budget-2021-india-sets-aside-over-rs-7100-crore-as-development-assistance-to-other-countries-2258179.html.
[56] Ibid.
[57] Vladimir Gurevich, S. Drobyshevsky, Andrei Kolesnikov, V. Mau and S. Sinelnikov-Murylev. 'Monitoring of Russia's Economic Outlook: trends and challenges of socio-economic development.' No. 19(142). Gaidar Institute for Economic Policy, Russian Presidential Academy of National Economy and Public Administration, 2021, http://www.iep.ru/files/text/crisis_monitoring/2021_19-142_Nov_eng.pdf
[58] Ibid.
[59] Department of International Relations and Cooperation, 'Annual Report 2019/2020 Financial Year', 2020, http://www.dirco.gov.za/department/report_2019-2020/annual_report2019_2020.pdf
[60] Department of International Relations and Cooperation, 'Annual Report 2020/2021 Financial Year', 2021, http://www.dirco.gov.za/department/african_renaissance_2020_2021/african_renaissance_fund2020_2021.pdf
[61] Ibid.
[62] World Bank, "Official Exchange Rate (LCU per US$, period average), World Bank Data, 2022 https://data.worldbank.org/indicator/PA.NUS.FCRF

Beyond shifting volumes, there was little change in terms of the channels used to disburse ODA in 2020, suggesting that responses to COVID-19 followed pre-existing spending patterns. For instance, most spending allocated by both DAC and non-DAC countries continued to prioritise bilateral channels, albeit to differing degrees (57% for DACs, 85% for non-DACs), following spending patterns visible in prior years (see Figure 2, below). Indeed, the share of ODA allocated as core support to the multilateral system by DACs remained stable at 27% of gross ODA disbursements, while the share of spending allocated *through* the multilateral system (i.e. as earmarked multilateral funding) increased slightly from 15% in 2018-2019 to 16% in 2020. Most of the increase in DACs earmarked funding (valued at $3.7 billion over 2018-2019 levels) was attributed to increased spending via United Nations (UN) agencies (increased by $2.6 billion) – the largest share of which was allocated through the World Food Programme– and via regional development banks (increased by $1 billion over 2018-19). By contrast, the relative share of spending allocated as core multilateral contributions from non-DACs rose slightly from 7% of total ODA in 2018-19 to 10% in 2020 though this represents a small absolute increase - of $291 million over 2018-19 – likely due to declining total flows. At the same time, earmarked funding through the multilateral system from non-DACs that report to the OECD *declined* in 2020 from 8% of total ODA in 2018-19 to almost 5% in 2020, falling by $674 million over 2018-19 average, with spending via the World Food Programme (WFP) declining from $638 million in 2019 to almost $160 million in 2020. Indeed, it is perhaps notable that the share of funds spent via or allocated to multilateral institutions did not see substantive changes given the comparative advantages of multilateral agencies for pooling resources and risk, particularly in light of the coordinated, joint up response necessary for responding to global challenges like COVID-19.[63]

Figure 2. Share of gross ODA disbursed to or through multilaterals or other bilateral channels in 2020, as compared to 2018-2019 averages



Source: Figure is based on DAC Table 1, where "bilateral" ODA is "I.A" from DAC Table 1 minus "1904: I.A. Memo: ODA channelled through multilateral organisations", "multi-bi" spend equal to the volume reported under "1904: I.A. Memo: ODA channelled through multilateral organisations", and "core multilateral" ODA is "I.B".

[63] Nilima Gulrajani, 'Bilateral versus Multilateral Aid Channels Strategic Choices for Donors.' London: ODI, 2016.

Multilateral COVID-19 appeals

As the pandemic took hold in March 2020, several multilateral appeals were launched to cope with the humanitarian, health, and socio-economic emergency that was unfolding. Four key initiatives included:

1) **UN-coordinated Global Humanitarian Response Plan (GHRP)** - launched to ease the immediate impacts of the virus, the GHRP aimed to provide emergency relief to 63 highly vulnerable countries and was coordinated by UN OCHA, covering relevant funding for other UN agencies, including WFP, FAO, WHO, IOM, UNDO, UNFPA, UNHCR, and UNICEF as well as international organisations such as the Red Cross/Red Crescent.[64]

2) **UN WHO Strategic Preparedness and Response Plan (SPRP)** – intended to fund the WHO's "essential role in ending the acute phase of the pandemic", the SPRP also covers a portion of the WHO's contributions to the ACT-Accelerator.

3) **UN COVID-19 Response and Recovery Multi-Partner Trust Fund** – set up by the UN Secretary General as part of the socio-economic response in middle and lower-income countries.[65]

4) **ACT Accelerator** – a "global collective" launched by the WHO and partners which aims to accelerate the development, production and access of tests, treatments and vaccines for COVID-19. See Box 2 for more on the ACT Accelerator and its vaccine arm, COVAX.[66]

BOX 2: ACT Accelerator, COVAX, and "international" development finance

The ACT Accelerator (ACT-A) was launched in April 2020 by the WHO, European Commission, France and the Bill & Melinda Gates Foundation, in response to a call from G20 leaders for a global mechanism to develop and share COVID-19 responses. ACT-A is a framework for collaboration with work commencing under four pillars: Diagnostics, Therapeutics, Vaccines (also known as COVAX, which is co-led by Gavi, CEPI and the WHO), as well as the transversal Health Systems Connector.

While all contributions under the therapeutics, diagnostics, and health systems pillars can be deemed international developmental finance, some of the funding for COVAX has rather been aimed at national self-supply through a joint procurement mechanism based on tiered pricing for HICs, MICs and LICs. Within the vaccines pillar also sits a separate funding mechanism - the Gavi COVAX Advance Market Commitment (AMC) - which supports access to COVID-19 vaccines for lower-income economies. Combined, these mechanisms make possible the participation of all countries in COVAX regardless of their ability to pay – but only the latter can be counted as international development finance. Finally, also under the vaccines pillar, the Coalition for Epidemic Preparedness Innovations (CEPI) has been responsible for the research and development (R&D) and manufacturing of vaccine candidates. As funding for CEPI benefits the creation of a "global public good" from which all countries benefit, it has only partly been counted as ODA-eligible by the OECD DAC (OECD, 2022)

[64] UNOCHA, 'GHRP COVID-19 July Update'. Geneva: UN, July 2020. https://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf.
[65] UN, 'UN COVID-19 MPTF',UN MPTF Office, 2022. https://mptf.undp.org/fund/cov00.
[66] OECD, 'Frequently asked questions on the ODA eligibility of COVID-19 related activities'. Paris: OECD, February 2022. https://www.oecd.org/dac/financing-sustainable-development/FAQs-ODA-eligibility-of-COVID-19-related-activities-FEB-2022.pdf

Data on financial commitments to these four multilateral initiatives cover global cooperation from the broader group of all 193 UN member states as well as some multilateral and non-state actors, in contrast to ODA data reported to the OECD (which includes the joint contributions of 49 countries, including 29 DAC countries and 20 non-DAC members), making it a useful source of information. The total commitments reported to each of these appeals are presented in Table 3, along with the relative share of spending provided by actors beyond the DAC – including both non-DAC countries and other non-state providers. [67] Non-DAC actors – defined here as the 164 UN countries who are not part of the DAC - contributed to each of these appeals, but the volume of their contributions appears to be relatively small when compared with the DAC. Still, contributions to the various COVID-19 related appeals were provided from at least 42 non-DAC countries, spanning across all income groups. [68] Across the four funding appeals, some of the largest contributions from non-DAC countries included China and Kuwait's contributions to GAVI's Advance Market Commitments (worth $100 million and $50 million respectively) as well as humanitarian contributions from Saudi Arabia ($64 million) and the UAE ($54 million) under the GHRP.

Table 3: Funding to major COVID-19 related appeals by provider type

Appeal	Total $	DAC members (including EU)	non-DAC countries	Other (private, philanthropies, multilaterals)
GHRP (2020)[69]	$US 3.81 billion	69%	6%	25%
WHO SPRP (2020 and 2021)[70]	$US 2.91 billion	68%	7%	25%
UN COVID-19 MPTF (2020 and 2021)[71]	$US 0.86 billion	99%	1%	0%
ACT-Accelerator				
Vaccines: GAVI COVAX AMCs (2020-2021)[72]	*$US 10.26 billion*	*92%*	*3%*	*5%*
Vaccines: R&D funding for CEPI (2020-2022)[73]	*$US 1.86 billion*	*87%*	*9%*	*4%*
Therapeutics, Diagnostics, and Health Systems: all other ODA-eligible funding	*$US 5.36 billion*	*79%*	*0.4%*	*20%*

Source: Authors' own calculations based on funding data compiled from data sourced for each appeal. Data was sourced in late July, 2022.

[67] It should be noted that there are some overlaps between these 4 appeals, so each row is not intended to be mutually exclusive with others – and therefore we cannot sum amounts together. For example, some funding for the WHO under the SPRP was also covered by the GHRP appeal for the 63 countries covered by the humanitarian plan. Likewise, funding for the WHO under the ACT-Accelerator was also covered by the WHO's SPRP.

[68] Although, spending from low-income countries (3/42) all appears to be allocated to multilaterals that then spend the money in the allocating low-income country, perhaps suggesting a use of the multilateral system for support and capacity rather than a direct contribution.

[69] Data on GHRP contributions is sourced from the UN's Financial Tracking Service's data on the "Coronavirus disease outbreak – COVID-19" page and includes data for 2020, covering the duration of this appeal. Data is available at: FTS, "Coronavirus disease outbreak", 2022, https://fts.unocha.org/appeals/952/summary, accessed 29 July, 2022

[70] Data is sourced from the annexes in the WHO's annual reports for 2020 and 2021: WHO, 'Looking Back at a Year That Changed the World: WHO's Response to COVID-19, 22 January 2021' (Geneva: World Health Organization, 2021); WHO, 'WHO's Response to COVID-19 - 2021 Annual Report' (Geneva: World Health Organization, April 2022), https://www.who.int/publications/m/item/who-s-response-to-covid-19-2021-annual-report.

[71] Data from: UN, 'UN COVID-19 MPTF'.

[72] Data is based on proceeds to GAVI made through 31 December, 2021, based on the 2016-2020 and 2021-2025 funding periods, and includes all COVAX AMC funding, downloaded 01.08.2022 from https://www.gavi.org/news-resources/document-library/annual-contributions-and-proceeds

[73] Data was downloaded from: https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker. It includes contributions for 2020-22 as of July 31, 2022.

It is important to note, however, that these four global appeals are not the only multilateral mechanisms through which countries responded to COVID-19, with some responses also taking place at the "mini-lateral" or regional levels. Non-DACs, for instance, also made use of existing mechanisms – such as SSC trust funds under the UN - to fast-track emergency funding during the first wave of the pandemic. By June 2020, for instance, the four South-South Trust Funds under the UN Office for South-South Cooperation (UNOSSC) had been used to fast-track almost $12 million to 30 countries in the global South.[74] Both DAC and non-DAC providers also mobilised mutual funds for emergency response though relevant regional bodies. Among the DAC group, the EU – which was already in the middle of negotiating a new seven-year budget when COVID-19 began – announced a new €750 billion ($US 732 billion) Recovery Fund to cover the period of 2021-2027, most of which would be dedicated to "cohesion" funding to support the hardest-hit EU member states, but also included €15.5 billion for international development and recovery beyond the EU's borders.[75] While mostly not matching the EU's financial scale, non-DAC countries also responded swiftly via regional mechanisms - by April 2020, for instance, African Union (AU) members jointly pledged an additional $61 million for the AU Covid-19 Response Fund and the African CDC,[76] while the eight countries in the South Asian Association for Regional Cooperation (SAARC) jointly raised nearly $22 million for emergency use in any partner country.[77] Also in early 2020, the five Latin American countries of the Southern Common Market (MERCOSUR) agreed on a structural convergence fund estimated at $16 million, which aimed to tackle COVID-19 by boosting research, education and biotechnology.[78] Additionally, increased funding from multilateral and regional development banks – in which DACs and non-DACs act as shareholders – was in some cases sizeable, with the World Bank mobilizing $204 billion to support crisis recovery between 2020-2021,[79] and the African Development Bank, Asian Development Bank, European Bank for Reconstruction and Development, Inter-American Development Bank mobilized roughly $50 billion in 2020 alone.[80]

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[74] UNOSSC, 'South-South Trust Funds Respond to COVID-19, Fast-tracking Medical Purchases, Enabling Peer Learning and Supporting Joint Research', November 6, 2020, https://www.unsouthsouth.org/2020/11/06/south-south-trust-funds-respond-to-covid-19-fast-tracking-medical-purchases-enabling-peer-learning-and-supporting-joint-research/

[75] Mikaela Gavas and Anita Käppeli , 'The EU's Recovery Budget: How Prominent is International Development?', CGD Blog, 02 June 2020, https://www.cgdev.org/blog/eus-recovery-budget-how-prominent-international-development

[76] African Union, 'Communique of the Bureau of the Assembly of the African Union (AU) Heads of State and Government Video Conference With African Business Leaders on COVID_19, Held on 22 April 2020', https://au.int/sites/default/files/pressreleases/38401-pr-sc26713_e_original_-_communique_of_the_bureau_of_the_assembly_held_on_22_april2020.pdf

[77] SAARC, 'COVID-19 Emergency Fund', 2022, http://covid19-sdmc.org/covid19-emergency-fund

[78] Anastasia Kalinina, 'What the world can learn from regional responses to COVID-19', World Economic Forum, 1 May, 2020 https://www.weforum.org/agenda/2020/05/covid-19-what-the-world-can-learn-from-regional-responses/

[79] World Bank, 'World Bank Group's Operational Response to COVID-19 (coronavirus) – Project list', Washington DC: World Bank, 2022. https://www.worldbank.org/en/about/what-we-do/brief/world-bank-group-operational-response-covid-19-coronavirus-projects-list

[80] Nicole Goldin, 'Regional development banks play a critical role in COVID-19 responses and recovery', *New Atlanticist*, 15 October 2020, https://www.atlanticcouncil.org/blogs/new-atlanticist/regional-development-banks-play-a-critical-role-in-covid-19-response-and-recovery/; for a review of MDB spending in response to Covid-19, see also: Lee, Nancy, and Rakan Aboneaaj. "MDB COVID-19 Crisis Response: Where Did the Money Go?", CGD Note. London: Center for Global Development, 30 November 2021. https://www.cgdev.org/publication/mdb-covid-19-crisis-response-where-did-money-go

Debt relief

In 2020, the pandemic precipitated the largest one-year increase in global debt since World War II.[81] The increase affected almost all countries, with government debt rising in "almost nine-tenths" of countries and one quarter of countries experiencing the fastest pace of debt accumulation in half a century.[82] Yet while high-income countries could respond to the crisis with relatively generous fiscal stimulus packages – worth roughly 20 percent of GDP in 2020 – emerging markets and low-income countries found themselves in a much more constrained position, not least due to the burdens of existing debts.[83] While some have argued that increase in debt was partly driven by accumulation in the decade prior to the pandemic,[84] the simultaneous collapse of economic output and need to increase government spending raises imminent concerns about debt distress in a growing number of emerging markets and developing economies (EMDEs).[85]

In response to mounting concerns over debt sustainability, the World Bank and IMF urged the G20 to establish the Debt Service Suspension Initiative (DSSI) to ease the international debt burden of the world's poorest countries. In April 2020, G20 finance ministers agreed to a "debt standstill" that would allow 73 eligible countries to pause debt payments and focus resources on safeguarding lives at home.[86] Alongside the 22 "Paris Club" creditors,[87] five non-DAC G20 members (China, India, Saudi Arabia, South Africa and Turkey) and two non-DAC and non-G20 countries (Kuwait and the UAE) implemented the DSSI, which is estimated to have delivered a total of $12.9 billion in debt-service suspension from May 2020 to December 2021.[88] According to analysis of the latest IMF data by the Jubilee Debt Campaign, which covers the $10.9 billion of suspended payments under the DSSI until mid-June 2021, China was the largest contributor to the DSSI, with $5.7 billion in suspended payments.[89] This constituted 45% of the total of China's due repayments from the 46 lower and middle income countries which had applied to the DSSI, a percentage close to the average across all bilateral creditors participating in the initiative; high volumes from China should be understood in the context of the high volumes of debt it holds, particularly following increased lending operations over recent decades, notably in Africa.[90] Notably, however, debt issued by the Chinese Development Bank – a "primary intermediary" involved in Chinese lending – did not participate in the DSSI initiative after the government argued that it was not an

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[81] Marcello Estevao and Sebastian Essl, 'When the Debt Crises Hit, Don't Simply Blame the Pandemic', World Bank Blog, 28 June 2022, https://blogs.worldbank.org/voices/when-debt-crises-hit-dont-simply-blame-pandemic.
[82] M. Ayhan Kose et al., 'Debt tsunami of the pandemic". Brookings blog, 17 December, 2021. https://www.brookings.edu/blog/future-development/2021/12/17/debt-tsunami-of-the-pandemic/
[83] Mark Plant, 'The Challenge of Reallocating SDRs: A Primer'. CGD blog, 18 August 2021. https://www.cgdev.org/publication/challenge-reallocating-sdrs-primer.
[84] Estevao and Essl, 'When the Debt Crises Hit, Don't Simply Blame the Pandemic'.
[85] Jeremy Bulow et al. 'The Debt Pandemic'. *IMF Finance and Development* 57, no. 003, Washington DC: IMF, 2020.
[86] World Bank, 'Debt Service Suspension Initiative: Q&As', Washington DC: World Bank, 10 March 2022. https://www.worldbank.org/en/topic/debt/brief/debt-service-suspension-initiative-qas.
[87] The Paris Club gathers the governments of the most important industrialized countries (creditors of OECD countries in particular) – of its 22 permanent members, only three – Brazil, Russia and Israel - are not also part of the OECD DAC. See: https://finance.belgium.be/en/iefa/topics/bilateral/paris_club
[88] World Bank, 'Debt Service Suspension Initiative'.
[89] Based on the latest available IMF DSSI Fiscal Monitoring Update, see also: Jubilee Debt Campaign, 'How the G20 Debt Suspension Initiative Benefits Private Lenders', Jubilee Debt Campaign, October 2021, https://jubileedebt.org.uk/wp-content/uploads/2021/10/How-the-G20-debt-suspension-initiative-benefits-private-lenders_10.21.pdf.
[90] Zainab Usman, 'What Do We Know About Chinese Lending in Africa?', Carnegie Endowment for International Peace, 2 June 2021. https://carnegieendowment.org/2021/06/02/what-do-we-know-about-chinese-lending-in-africa-pub-84648.

official creditor and instead acted as a private creditor.[91] Indeed, the absence of private creditors within the scheme – from China as well as other G7 members – meant that the overall scheme was partial at best.[92] Other emerging providers – such as Saudi Arabia and India – had suspended smaller, though not insignificant repayments in the same time period, with $0.5 billion and $0.3 billion respectively. By contrast, the 22 Paris Club creditors jointly suspended repayments of $4.6 until December 2021.[93]

The re-allocation of Special Drawing Rights (SDRs) within the International Monetary Fund (IMF) has been another instrument in the international policy toolbox for alleviating the debt burden in emerging economies and lower-income countries. This year's historic issuance of US$ 650 billion in SDRs has mostly been allocated – in proportion with IMF quota shares - to high-income countries, whose external reserves positions are not constrained in comparison to those of lower and middle income countries'.[94] Instead, the injection of these reserve assets into the central banks of lower and middle income countries could "reduce their reliance on more expensive domestic or external debt for building reserves."[95] To date, at least 12 countries have pledged to recycle some or even most of their allocated SDRs towards developing economies. So far China has pledged the highest proportion (or 34%) of its available $38.6 billion SDR allocation, while Saudi Arabia has pledged a more modest 5% of its $12.7 billion. DAC member economies – including Australia, Canada, France, Germany, Italy, Japan, Netherlands, South Korea, Spain, and the UK– have also each pledged between 5 and 29 of their allocations, while the US has so far pledged none. The total pledges of re-allocated SDRs amounted to $57 billion by September 2022.[96]

In-kind transfers, technical assistance, and knowledge sharing

In-kind transfers of medical equipment and human resources were particularly valuable in the context of the supply shortages which characterised various stages of the pandemic. In the context of increasingly restricted international trade during the first wave of COVID-19, masks, ventilators, and other equipment became increasingly hard to procure via open markets. Meanwhile, domestic health services – even in countries with well-resourced health systems - struggled to meet the additional surge capacity in the number of patients. In this situation, technical assistance from international medical teams as well as shipments of vital medical supplies had the potential to save lives. Later on, "vaccine diplomacy" became a key feature of international cooperation. Yet such cooperation remained uneven across providers, with pledges to "vaccinate the world" juxtaposing against the broader context of nationalism, supply-hoarding, and the reluctance to share data and vital technologies.

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[91] Alicia García-Herrero, Suman Bery, and Pauline Weil, 'How Is the G20 Tackling Debt Problems in the Poorest Countries?', Bruegel Blog, 25 February 2021. https://www.bruegel.org/blog-post/how-g20-tackling-debt-problems-poorest-countries.
[92] Ibid.
[93] World Bank, 'Debt Service Suspension Initiative'.
[94] Plant, 'The Challenge of Reallocating SDRs'.
[95] IMF, 'Questions and Answers on Special Drawing Rights', IMF, 23 August 2021, https://www.imf.org/en/About/FAQ/special-drawing-right.
[96] ONE Campaign, 'Data Dive: Special Drawing Rights', ONE Campaign, 2022, https://www.one.org/africa/issues/covid-19-tracker/explore-sdrs/, accessed 23 September, 2022

Medical goods and human resources

Non-DAC actors actively engaged in in-kind transfers and technical assistance in response to COVID-19; both modalities are often included under the banner of SSC (see Box 1). As the first wave of the COVID-19 pandemic hit Europe and the US in early-and-mid 2020, stories of in-kind donations or international deployments of medical personnel flowing from countries across all levels of the income spectrum were rendered visible - from Cuba's international medical teams in Italy, [97] to China or Russia's worldwide donations of medical equipment,[98]or the UAE's financing of field hospitals in the UK [99] (see Annex 2, Table 1 for a fuller, though by no means exhaustive list of examples). In donating resources to fight COVID-19's first wave, a growing group of non-DAC providers from the global South and post-Soviet "East" contributed resources not only to other lower and middle income countries, but also towards recipients in the global North. [100] Indeed, it is perhaps notable that in the case of Italy, "China, Russia, Cuba and even Albania reached Italy with medical assistance" before its more physically proximate and higher-income neighbours within the European Union. [101]

DAC countries also deployed international medical personnel and donated medical equipment, although, in contrast to the non-DAC countries' responses, many examples of shipments from DAC countries occurred after mid-2020. One notable exception were the relatively swift donations sent by South Korea, with the US, Colombia, Philippines, and Indonesia each receiving shipments of tests, masks or medical equipment by May 2020. [102] Another example of DAC countries' in-kind cooperation comes from the EU, which established "Humanitarian Air Bridges" to enable the transfers of emergency medical equipment – these bridges have facilitated 104 flights, delivering over 2,000 tonnes of humanitarian and medical aid to 24 countries by mid-2022. [103] The US has also been an active donor of PPE and medical equipment in the Latin America region, though in some countries its in-kind contributions have not matched the scale of China's.[104] With regards to human resources, Germany sent "Epidemic Preparedness

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[97] Laura Malagón Sotero et al., *Beyond Borders: International Map of Cuban Medical Cooperation*, MEMO Publishers, 2020. https://www.memopublishers.com/publications/beyond-borders-international-map-of-cuban-medical-cooperation/.

[98] Alina Polyakova, 'From Russia with Love? Think Again', CEPA, 2 April 2020, https://cepa.org/from-russia-with-love-think-again/; Andreas Fuchs et al., 'Mask Wars: China's Exports of Medical Goods in Times of COVID-19', cege Discussion Papers, No. 398, Göttingen: University of Göttingen, Center for European, Governance and Economic Development Research, 2020.

[99] Khitar Al Amir, 'UAE Turns ExCeL London into Emergency Field Hospital for Coronavirus Patients in London', *Gulf News*, 30 March 2020, https://gulfnews.com/world/europe/uae-turns-excel-london-into-emergency-field-hospital-for-coronavirus-patients-in-london-1.1585594947062.

[100] Artemy Izmestiev and Stephan Klingebiel, 'International (Development) Cooperation in a Post-COVID-19 World: A New Way of Interaction or Super-Accelerator?'. Development Policy Centre blog, 30 April 2020, https://devpolicy.org/international-development-cooperation-in-a-post-covid-19-world-a-new-way-of-interaction-or-super-accelerator-20200501-1/.

[101] By contrast, many EU countries' initial reactions of placing bans on exports of medical supplies to other member states had left "a bad aftertaste", even after the trade restrictions were lifted. See also: Michael Leigh, 'A Tale of Two Pandemics', Bruegel (blog), 23 June 2020, https://www.bruegel.org/2020/06/a-tale-of-two-pandemics/.

[102] Seow Ting Lee and Kim, Hun Shik. 'Nation branding in the COVID-19 era: South Korea's pandemic public diplomacy'. *Place Brand Public Diplomacy* 2021;17(4):382–96.; Jonathan Hicap, 'South Korea's COVID-19 assistance to the Philippines reaches $105.3 million', *Manila Bulletin*, 3 April 2021, https://mb.com.ph/2021/04/03/south-koreas-covid-19-assistance-to-the-philippines-reaches-105-3-million/

[103] Figures between 8 May 2020 and 7 July, 2022, see also: https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/eu-humanitarian-air-bridge_en

[104] Wilson Center, 'Aid from China and the U.S. to Latin America Amid the COVID-19 Crisis', Washington DC: Wilson Center, 29 April 2022. https://www.wilsoncenter.org/aid-china-and-us-latin-america-amid-covid-19-crisis.

Teams" to at least 17 countries to "build laboratory diagnostics and train lab technicians",[105] while the UK sent emergency medical teams to Tunisia in 2021.[106]

Both DAC and non-DAC countries also contributed in-kind resources through multilateral and trilateral projects. Under the WHO's existing Emergency Medical Teams (EMT) initiative - which currently supports 35 teams from 25 countries[107]- doctors were deployed internationally, not only to attend to the immediate needs of patients, but also to build long-term national capacities through a "twinning" programme between countries.[108] This training and capacity-building component reflected a new role for the WHO's EMT initiative. The importance of peer exchanges between medical and technical experts across both DAC and non-DAC providers, as well as multilateral agencies was also underscored by partners engaging in triangular cooperation projects in response to COVID-19 (see Box 3 for more on triangular cooperation).

BOX 3: COVID-19 and triangular cooperation

Triangular, or trilateral cooperation is a modality used to promote "horizontal knowledge sharing and innovative thinking" between three partners, typically a "facilitator" that connects countries and/or provides resources or technical support, a "pivotal" partner that shares their knowledge or expertise, and a "beneficiary" seeking support to tackle specific development challenges (Global Partnership Initiative on Effective Triangular Cooperation, 2021). Triangular cooperation is one of the key modalities under South-South Cooperation, and is frequently used by "traditional" DAC and non-DAC donors to work together on projects in partner countries (UNOSSC, 2022).

A recent survey from the Global Partnership Initiative on Effective Triangular Co-operation (GPI) suggested that triangular cooperation was actively used to enhance COVID-19 response and preparedness, with partners recognising "knowledge sharing" as the main value-added of the modality in the pandemic context (GPI, 2021). In response to COVID-19, triangular cooperation supported peer exchanges, especially on the use of innovative or digital approaches (GPI, 2021). While it is difficult to obtain a full picture of the use of triangular engagement during COVID-19, some notable examples include: 1) new trilateral cooperation projects – such as one between the EU and Latin American countries - set up to share experiences on how emerging technologies like telemedicine could be harnessed for social and digital inclusion (IILA, 2021); 2) Palestine, Sudan, and the Islamic Development Bank cooperated to support national laboratories and blood banks through medical peer-exchanges and provision of equipment; and 3) a trilateral project on food security between the FAO and the cities of Milan, Kigali, and Nairobi created a new e-learning platforms designed to support cooperation during travel restrictions (GPI, 2021).

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[105] BMZ, 'Implementing the Emergency COVID-19 Support Programme'. Bonn: Federal Ministry for Economic Cooperation and Development (BMZ), June 2021, 16. https://www.bmz.de/resource/blob/88654/a13ab42def79ee26a32b40d357c49ee7/corona-sofortprogramm-en-090821-data.pdf.

[106] Foreign, Commonwealth and Development Office, 'UK Emergency Medical Team Deployed to Help Tunisia Tackle Covid-19 Crisis', UK Government, 13 August 2021. https://www.gov.uk/government/news/uk-emergency-medical-team-deployed-to-help-tunisia-tackle-covid-19-crisis.

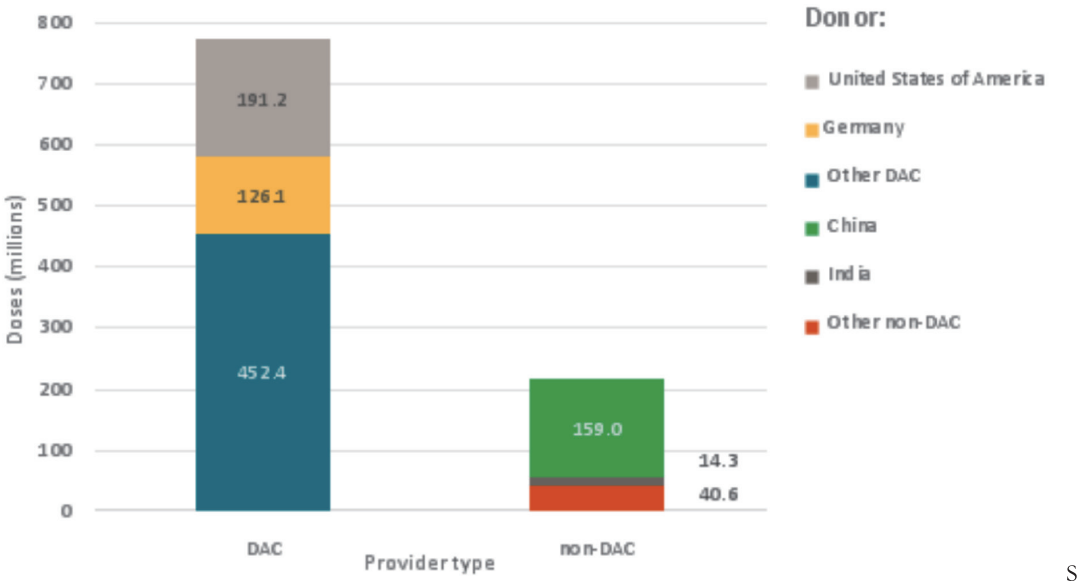
[107] WHO, "EMT Global classified teams", Geneva: WHO, 2020, accessed 04 August 2022 at https://www.who.int/emergencies/partners/emergency-medical-teams/emt-global-classified-teams

[108] WHO, 'WHO's Emergency Medical Teams Inspire Countries and Colleagues during the COVID-19 Pandemic', *ReliefWeb*, 25 November 2020, https://reliefweb.int/report/world/who-s-emergency-medical-teams-inspire-countries-and-colleagues-during-covid-19-pandemic.

Donations of COVID-19 vaccines

From early 2021 onwards – as vaccine candidates worldwide were starting to gain regulatory approval – both DAC and non-DAC actors pledged to support global vaccine equity by donating a portion of available doses to lower-and-middle income countries. Data from the UNICEF's Global Vaccine Market Dashboard enables a comparison of the number of doses which have been donated to date under such pledges.[109] As of the beginning of June 2022, from a total of just over 1 billion dose donations, non-DAC countries donated 216.9 million doses, DAC member countries contributed 765.7 million doses of COVID-19 vaccines (Figure 3), with a further 40.2 million doses provided by official providers, private, non-state and multilateral actors. While a total of 87 countries and territories – encompassing 29 DACs plus the EU, and 57 non-DACs - participated as donors of vaccines, in both the DAC and non-DAC groups, a small number of countries provided the bulk of overall dose numbers. For example, doses donated by the United States and Germany collectively accounted for over 40% of the DAC group's donations, while China alone accounted for nearly three-quarters (73%) of donations from non-DACs.

Figure 3. Doses of COVID-19 vaccines donated until June 2022, by provider type



Source: UNICEF COVID-19 Vaccine Market Dashboard.[110] The sample size includes 87 actors – 30 DAC and 57 non-DAC.

[109] While many traditional providers convert do their vaccine donations into ODA and report on their financial value, others have previously noted methodological difficulties with converting doses of COVID-19 vaccines into financial equivalents. UNICEF's COVID-19 Vaccine Market Dashboard shows that the value per dose of vaccine can range between $2 and $40.

[110] UNICEF, COVID-19 Vaccine Market Dashboard', 2022, accessed 01 June, 2022 at https://www.unicef.org/supply/covid-19-vaccine-market-dashboard.

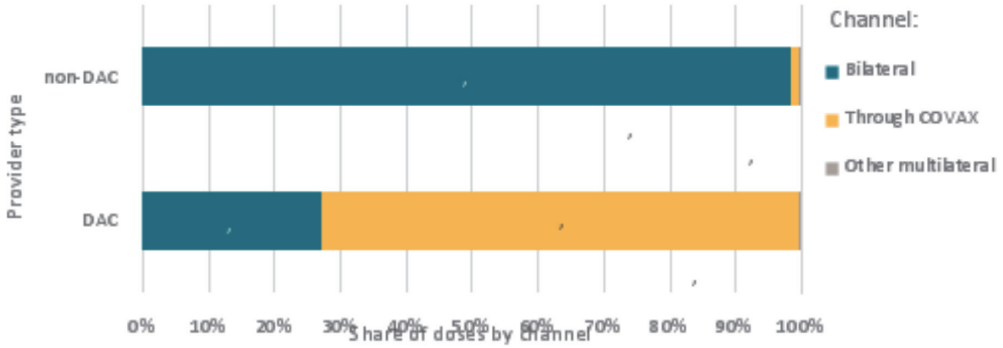
Yet the story of vaccine donations for COVID-19 is decidedly mixed. Joint procurement through COVAX initially suffered from a lack of financial support from HICs, and by the time powerful players like the EU and US had backed the initiative, a substantial number of doses had been reserved by HICs through unilateral agreements with vaccine manufacturers.[111] This "half-in, half-out approach to multilateral cooperation" from many DAC countries reinforced fears about COVAX's ability to deliver equitable outcomes in the long-term, and left many lower and middle income countries reliant on in-kind vaccine donations.[112] Indeed, while "dose-sharing" with COVAX constituted a significant 60% of its worldwide dose deliveries in 2021 – these in-kind donations could not compensate for COVAX's procurement struggles in the face of wider funding shortfalls, leading the initiative to deliver on less than half of its delivery projections in 2021.[113] What is more, the efficacy and equitable allocation of donations shared through COVAX was undermined by donors "delivering doses late, in smaller quantities than promised, and in ad hoc ways that made roll-out in recipient countries difficult" as well as by earmarking doses for specific recipients.[114]

Although dose-sharing through COVAX faced some significant challenges, bilateral donations have been even more widely criticised as "the weakest form of [vaccine equity".[115] Unlike COVAX, bilateral channels do not operate, even in theory, on "the principle of allocating donations according to pre-defined rational criteria."[116] Instead, bilateral deliveries are even less predictable for recipients, and assumed to more strongly reflect the national self-interest of the donor, who may use donations as leverage in foreign policy concerns. Indeed, there are some examples of this type of "vaccine diplomacy" happening with China's donations to Paraguay being conditional on its recognition of the "One China Policy".[117] Similarly, international deliveries of Russia's Sputnik V have also been noted to have such geopolitical implications.[118] Overall, countries from beyond the DAC have especially favoured bilateral channels, using COVAX or other multilateral channels for just 1% of all internationally donated doses (Figure 4, below). Indeed, of the 57 non-DACs who are present in this dataset, only seven – Croatia, Lithuania, Hong Kong, Estonia, Latvia, Cyprus, and Monaco – donated *any* doses multilaterally.

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[111] Ahmed Mushfiq Mobarak et al., 'End COVID-19 in Low- and Middle-Income Countries', *Science* 375, no. 6585 (11 March 2022): 1105–10.
[112] Susi Geiger and Aisling McMahon, 'Analysis of the Institutional Landscape and Proliferation of Proposals for Global Vaccine Equity for COVID-19: Too Many Cooks or Too Many Recipes?', *Journal of Medical Ethics*, November 2021
[113] Antoine de Bengy Puyvallée and Katerini Tagmatarchi Storeng, 'COVAX, Vaccine Donations and the Politics of Global Vaccine Inequity', *Globalization and Health* 18, no. 1 (5 March 2022): 26.
[114] Ibid., 1.
[115] Sophie Harman et al., 'Global Vaccine Equity Demands Reparative Justice — Not Charity', *BMJ Global Health* 6, no. 6 (1 June 2021): 1
[116] de Bengy Puyvallée and Storeng, 'COVAX, Vaccine Donations and the Politics of Global Vaccine Inequity', 7.
[117] Ibid., 8
[118] Pellicciari, Igor. 'The Poor Donor and the Rich Recipient: Foreign Aid and Donors' Competition in the COVID-19 Era'. In *International Organisations and States' Response to COVID-19*. Edited by Sanja Jelisavac Trošić and Jelica Gordanic, 272. Belgrade: Institute of International Politics and Economics, 2021.

Figure 4. Vaccine dose donations by provider type and channel



Source: UNICEF COVID-19 Vaccine Market Dashboard

Knowledge sharing and scientific collaboration

Countries' "scientific diplomacy" efforts during the pandemic encompassed a wide range of tools and instruments, including multilateral funding for vaccine R&D through CEPI, facilitating or funding joint cross-border research collaborations, data-sharing initiatives, and technological transfers for COVID-19 treatments and diagnostics (notable examples of such initiatives from non-DAC countries can be found in Annex 2, Table 2). The experiences of different countries in stemming the spread of the virus have generated a wealth of new knowledge, data, and research, highlighting a critical need to enhance "multi-directional learning" as numerous examples of innovative solutions or best practices have emerged from both global South and North countries.[119] Indeed, lessons shared by West Africa and Southeast Asia from their previous experiences with Ebola[120] and SARS [121] , as well as successful innovations launched by non-DAC countries in response to COVID-19 – such as Senegal's technologies for widening access to affordable testing, or Kerala's coordinated test-and-trace systems – have highlighted the value of South-North knowledge flows.[122]

At the same time, COVID-19 has also strengthened the imperative to pursue more "horizontal" exchanges between countries sharing similar socio-economic, cultural, and climatic conditions.[123] While all countries have been exposed as vulnerable to emerging global challenges, lower and middle income countries have undoubtedly faced different resource and capacity considerations when dealing with COVID-19, preventing them from simply "copy-pasting" the scientific advice promoted by global health institutions based in the global North.[124] Meanwhile, innovations and existing technologies from the global South are "likely to be more suitable and cost-effective [for] other similar kinds of

[119] Oldekop et al., 'COVID-19 and the Case for Global Development'.
[120] Ibid.
[121] Aniekan Ekpenyong and Mariana Soto Pacheco, 'COVID-19: Reflecting on the Role of the WHO in Knowledge Exchange between the Global North and South', *Global Social Policy* 20, no. 3 (1 December 2020): 388–92.
[122] Ali Murad Büyüm et al., 'Decolonising Global Health: If Not Now, When?', *BMJ Global Health* 5, no. 8 (August 2020): 2
[123] Jyoti Sharma et al., 'Science Diplomacy and COVID-19: Future Perspectives for South–South Cooperation', *Global Policy* 13, no. 2 (2022): 294–99
[124] Büyüm et al., 'Decolonising Global Health'.

countries."[125] One example of such low-cost solutions have been Uruguay's indigenous COVID-19 diagnosis kits, the technology for which Uruguay shared with other Latin American countries (see Table 2 in Annex 2).[126] Similarly, Chinese vaccine technologies, which "do not need sophisticated cold storage facilities" yet have relatively long shelf-lives when compared with other similar vaccines, which are also based on inactive forms of the virus[127] have been "much easier to handle and use in resource-poor settings."[128]

Although, in theory, multilateral and regional mechanisms for scientific inquiry allow for more efficient uses of resources as well as more equitable access to resulting technologies countries have not participated evenly in such initiatives. One advantage of multilateral R&D efforts– as hoped for with funding for COVAX via CEPI – is the ability of all countries to "spread the risk" of the substantial resources needed to bring a vaccine to market, so that each individual country is not dependent on the success of a single vaccine candidate.[129] Yet while COVAX supported the development of a wide array of vaccine candidates, its impact as a mechanism for deeper scientific and technological exchanges was undermined by HICs' pursuit of stringent intellectual property rights on the multilaterally funded vaccines, limiting the ability of lower and middle income countries to use the technology to produce their own.[130] Another advantage of multilateral and regional scientific collaboration is avoiding the duplication of efforts, including through sharing data on clinical trial results or facilitating joint research – as has been done by funding joint calls for proposals by the BRICS or MERCOSUR countries (Table 2, Annex 2).[131] Still, in the context of stringent IP restrictions limiting the spread of global knowledge, countries have been forced to spend scarce resources to ensure they also have the technologies to fight COVID-19. In the case of vaccines, for instance, the WHO is currently financing the "reverse-engineering" of the Moderna vaccine by South African researchers, after Moderna declined to share its vaccine recipe.[132]

Several multilateral initiatives have nevertheless attempted to act as platforms for wider scientific exchanges. For instance, the WHO-WIPO-WTO COVID-19 Technical Assistance Platform, aims to provide a "one-stop-shop" for accessing expertise on public health, intellectual property and trade-related issues arising from the pandemic,[133] while the WHO COVID-19 Technology Access Pool (C-TAP), first proposed by Costa Rica, created a joint research pool to provide timely access to patents, trial results and gene

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[125] Sharma et al., 'Science Diplomacy and COVID-19'.
[126] Byron Freire-Paspuel et al., 'Analytical Sensitivity and Clinical Performance of "COVID-19 RT-PCR Real TM FAST (CY5) (ATGen, Uruguay) and 'ECUGEN SARS-CoV-2 RT-QPCR' (UDLA-STARNEWCORP, Ecuador)": High Quality-Low Cost Local SARS-CoV-2 Tests for South America', *PLOS Neglected Tropical Diseases* 16, no. 4 (13 April 2022): e0010082, https://doi.org/10.1371/journal.pntd.0010082.
[127] Especially as concerns Astra Zeneca vaccines – which African countries have previously rejected due to this issue of short shelf lives of around 6 months. See also: Liya Temeselew Mamo, 'Vaccinating Africa: Shelf Life and the Race Against Time', *Tony Blair Institute for Global Change* (blog), 20 August 2021, https://institute.global/advisory/vaccinating-africa-shelf-life-and-race-against-time.
[128] Wiebe Nauta, 'The Challenges of South-South Cooperation and Triangular Cooperation for the United Nations: Towards True Solidarity and a Human Rights Based Democratization of Global Health?', *Asian Journal of Peacebuilding* 10, no. 1 (31 May 2022): 78
[129] Mark Jit et al., 'Multi-Country Collaboration in Responding to Global Infectious Disease Threats: Lessons for Europe from the COVID-19 Pandemic', *The Lancet Regional Health - Europe* 9 (1 October 2021): 100221.
[130] Geiger and McMahon, 'Analysis of the Institutional Landscape and Proliferation of Proposals for Global Vaccine Equity for COVID-19'; de Bengy Puyvallée and Storeng, 'COVAX, Vaccine Donations and the Politics of Global Vaccine Inequity'.
[131] Jit et al., 'Multi-Country Collaboration in Responding to Global Infectious Disease Threats'.
[132] While Moderna refused to share the underlying technology for its vaccine, it was chosen by the WHO as the vaccine to reverse engineer, specifically as Moderna had previously declared that it would "not enforce IP for the duration of the pandemic", in contrast with other vaccine manufacturers. See also: Nauta, 'The Challenges of South-South Cooperation and Triangular Cooperation for the United Nations'.
[133]WHO-WIPO-WTO COVID-19 Technical Assistance Platform, 2022, accessed 01 August 2022 at https://www.who-wipo-wto-trilateral.org/

sequencing, and has been joined by 41 (mostly lower and middle income) countries to date.[134] Another multilateral – albeit non-UN – initiative with a research focus has come from China. As a part of its wider "vaccine diplomacy" and after vowing to make its vaccine a "global public good", China and 28 other countries in Asia, Latin America, and the Middle East jointly launched the 'Initiative for Belt and Road Partnership on COVID-19 Vaccines Cooperation' in June 2021, which focuses on facilitating joint research, transferring relevant technologies, and scaling up joint vaccine production.[135]

Broader policy responses

While difficult to measure and compare, policy responses to COVID-19 were a critical part of the cooperation narrative – basically, they set the rules related to the accessibility of key supplies and knowledge. Perhaps importantly, policy responses to COVID-19, from across countries, often reflected a divide between the rhetoric and imperative of cooperation and the domestic imperative to restrict access to key knowledge and supplies. Indeed, the policy arena laid bare the geopolitical interests and tensions that perhaps formed the limits of cooperation in a state-based system.[136]

In particular, there were three broad policy issues that became critical for ensuring access to resources and technologies needed to address the pandemic at various phases. First, in the early phases of the pandemic, **intellectual property rights** (IPRs) for COVID-19 vaccines, medication and diagnostic became a barrier to equal global access to key technologies and resources for battling the pandemic, particularly for low and middle-income countries. By late 2020, it had become clear that voluntary efforts to share COVID-19 related technologies – such as through the WHO's voluntary COVID-19 Technology Access Pool (C-TAP, see also section above on scientific collaboration) which aimed to "facilitate faster equitable and affordable access to COVID-19 health products for people in all countries"– had largely failed to encourage pharmaceutical companies to share IPRs through the programme; indeed, the "pool" effectively remained "empty" until November 2021.[137] In the absence of sufficient voluntary engagement, a temporary waiver of IPR rules under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement was proposed by India and South Africa to enable an increase in manufacturing capacity and ultimately, global vaccine supply, particularly for the world's poorest.[138] Yet the proposal was initially stalled following opposition from many high-income countries (including the EU, Australia, UK, Switzerland, Norway, Canada, and the US) with some arguing that the waiver would have

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[134] Geiger and McMahon, 'Analysis of the Institutional Landscape and Proliferation of Proposals for Global Vaccine Equity for COVID-19'.
[135] Yanqiu Rachel Zhou, 'Vaccine Nationalism: Contested Relationships between COVID-19 and Globalization', *Globalizations* 19, no. 3 (10 August 2021): 450–65.; Ministry of Foreign Affairs of the People's Republic of China, 'Initiative for Belt and Road Partnership on COVID-19 Vaccines Cooperation', Government of China, 2021.
https://www.fmprc.gov.cn/mfa_eng/wjdt_665385/2649_665393/202106/t20210624_9170568.html
[136] While the broader policy responses reviewed in this section fall outside of the traditional remit of development agencies, we include a review of these responses not only due to the importance of such policy-based cooperation for narratives surrounding SSC, but also because of the importance of such responses for broader issues around policy coherence for development.
[137] Geiger and McMahon, 'Analysis of the Institutional Landscape and Proliferation of Proposals for Global Vaccine Equity for COVID-19'.; Sara Jerving, 'COVID-19 Technology Access Pool Secures First Licensing Agreement', *Devex*, 24 November 2021, https://www.devex.com/news/sponsored/covid-19-technology-access-pool-secures-first-licensing-agreement-102168.
[138] Zhou, 'Vaccine Nationalism'.

impact on pharmaceutical innovation.[139] By May the following year, the proposal had received support from more than 100 countries including the US, which announced support of a narrower version of the waiver.[140] An agreement was finally reached in June 2022, although reflecting a "compromise" version of the original ask, and excluding patents for COVID-19 therapeutics and diagnostics.[141]

Second, some have argued that securing IPR alone will do little to advance manufacturing capacity in developing countries without simultaneous **investment** in infrastructure, technology, and know-how to ensure that countries have the tools needed to produce vaccines, calling for more concerted efforts to improve vaccine production in the global South.[142] Indeed, many recognize that vaccine self-reliance is perhaps the best way to promote equitable access and supply – especially in light of "vaccine nationalism" and "hoarding" behaviours that dominated the vaccine rollout and contributed to persistent inequality in global vaccination rates.[143] To this end, several countries have been active in establishing foreign manufacturing capacities for their COVID-19 vaccine candidates. Notably, non-DAC actors have prioritized investments in such capacities with lower or middle-income countries more so than counterparts within the DAC. According to data sourced from UNICEF's vaccine market database, there were 180 foreign COVID-19 vaccine production agreements active at the time of writing, of which 106 were from vaccine developers based in DAC countries, and 74 from vaccine developers based outside the DAC (Figure 5).[144] Non-DAC vaccine developers clearly prioritized setting up manufacturing operations in lower or middle-income countries, with 57 of the 74 agreements (or 77%) being concluded with lower and middle income countries. Meanwhile, vaccine developers from DAC members tended to partner with other high-income countries – of 106 foreign production agreements from the DAC, just 29 (27%) were with lower or middle income countries. Indeed, the countries which established the largest number of vaccine production agreements with lower and middle-income countries were Russia (34 agreements) and China (20 agreements),[145] followed by the United States (15 agreements)[146] (see also Annex 1, Figure 2 for a more detailed breakdown).

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[139] Andrew Green, 'Where are we on COVID-19 after a year of TRIPS waiver negotiations?', *Devex,* 7 October, 2021, https://www.devex.com/news/where-are-we-on-covid-19-after-a-year-of-trips-waiver-negotiations-101795; Andrew Green, 'At WTO, a battle for access to COVID-19 vaccines', *Devex*, 15 December, 2020, https://www.devex.com/news/at-wto-a-battle-for-access-to-covid-19-vaccines-98787.

[140] Andrew Green, 'US backs waiver for intellectual property rights for COVID-19 vaccines', *Devex*, 6 May, 2021, https://www.devex.com/news/us-backs-waiver-for-intellectual-property-rights-for-covid-19-vaccines-99847

[141] Andrew Green, 'WTO finally agrees on a TRIPS deal. But not everyone is happy', *Devex*, 17 June 2022, https://www.devex.com/news/wto-finally-agrees-on-a-trips-deal-but-not-everyone-is-happy-103476

[142] Amy Maxmen, 'The Fight to Manufacture COVID Vaccines in Lower-Income Countries', *Nature* 597, no. 7877 (15 September 2021): 455–57

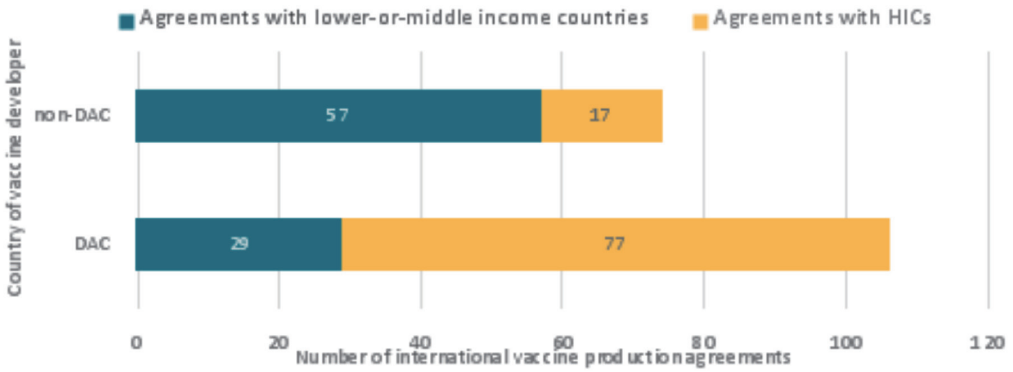
[143] Gavin Yamey et al., 'It is not too late to achieve global COVID-19 vaccine equity', *BMJ, 376,* 2022.

[144] Data was downloaded from UNICEF Vaccine Market Dashboard on 30 June, 2022. All manufacturer types and production types were considered, with the exclusion of "inactive" manufacturing. Further, only "international" agreements were considered (i.e., those where the country of the headquarters of the vaccine developer and country of production differed). Countries of vaccine developers' headquarters were compiled manually by the authors. In cases where the vaccine was developed as a joint venture between two pharmaceutical companies from different countries, the agreement is counted for both countries towards their individual sums, but as such joint ventures only occurred between different DAC countries, they are not double-counted towards the global totals of all international vaccine production agreements.

[145] Of the 74 agreements from non-DAC countries 65 were from developers in Russia (41) and China (24). The remaining agreements from non-DAC countries came from developers in Cuba (3), India (4), Israel (1), and Taiwan (1).

[146] Of the 15 agreements from the US, 6 were from Pfizer and BioNtech, therefore jointly counted as both US and German. These are not double-counted in Figure 2 presented in Annex 1.

Figure 5. COVID-19 vaccine international production agreements, by vaccine developer headquarter country and income group of investment location



Source: UNICEF vaccine market database

Third, as the pandemic hit, the scramble for countries to contain the spread of COVID-19 had a near immediate impact on global **trade,** as countries sought to restrict exports to safeguard domestic supplies of medical products and food amid uncertainty about how the pandemic would unfold. Such concerns materialized quickly and by April 2020, the WTO had reported that almost half of its members (72 countries) were restricting the exports of face masks and personal protective equipment in response to COVID-19.[147] This included almost all DAC members (except Canada, Japan, and New Zealand), as well as all BRICS countries and other major economies such as Turkey and Indonesia.[148] A smaller number of countries – around 22, all non-DACs – also imposed restrictions on food exports, primarily on staples including rice (Vietnam, Myanmar), wheat (Belarus, Kazakhstan, Moldova, Russia), and pulses (Egypt, Ghana, Honduras)[149] as part of their early COVID-19 response, yet all but one such restriction on food exports had been terminated by the end of September 2020.[150] Comparative analysis on export restrictions implemented by 40 major economies conducted as part of the Commitment to Development Index shows that India, Brazil, and Norway had restrictions covering the most medical and food product lines over the longest period since the beginning of 2020 (see Annex 1, Figure 3).[151] Throughout the course of the pandemic, new restrictions typically emerged at periods of acute crisis – India, for instance, stopped exporting vaccines during the height of a particularly difficult second

[147] That is, 72 of 164 WTO members, or 44%. See also: Andrea Shalal, 'WTO Report Says 80 Countries Limiting Exports of Face Masks, Other Goods', *Reuters*, 23 April 2020. https://www.reuters.com/article/us-health-coronavirus-trade-wto-idUSKCN2253IX.
[148] Market Access Map, 'COVID-19 Temporary Trade Measures', Geneva: ITC, 2022, https://m.macmap.org/covid19
[149] Data sourced from the International Food Policy Research Institute's COVID-19 Food Trade Policy Tracker, available at: https://www.ifpri.org/project/covid-19-food-trade-policy-tracker, accessed 04 August, 2022
[150] David Laborde, Will Martin, and Rob Vos, 'Impacts of COVID-19 on Global Poverty, Food Security, and Diets: Insights from Global Model Scenario Analysis', *Agricultural Economics* 52, no. 3 (2021): 375–90
[151] Lee Robinson, Beata Cichocka, Euan Ritchie, and Ian Mitchell, 'The Commitment to Development Index: 2021 Edition'. London: Center for Global Development, 2021.

wave.[152] While not all countries imposed export restrictions – with some, instead, seeking to facilitate exports of essential medical goods [153] and others working through regional organisations, such as the South African Development Community (SADC), to coordinate approaches to improve trade flows between its 16 member states – [154] questions around trade openness and bouts of export protectionism became a common theme throughout the course of the pandemic.

3.2. Main findings and discussion: What do COVID-19 responses mean for the global development paradigm?

In the early months of the COVID-19 crisis, several development experts raised the question of whether the global challenge of the pandemic would shift the fundamental nature of development cooperation and lead to realization of a global development paradigm.[155] Most suggested that the pandemic was "accelerating" such a paradigm shift– pointing to early examples of "multi-directional" cooperation that saw resources flowing from South to North – such as cooperation to Italy from China and Cuba during the height of the first wave – or East to North – including medical supplies sent from Russia to the USA – to demonstrate that the emerging model of cooperation transcended the traditional North-South binary. [156] While such responses make it undeniable that the North-South development paradigm is no longer sufficient for understanding the cooperation emerging in response to the COVID-19 crisis, more than two years from the onset of the pandemic, it is not yet clear whether the global development paradigm has materialized.

On one hand, our review highlights the diverse landscape of actors and approaches involved in development cooperation, demonstrating the "global" nature of the response to COVID-19. Indeed, the contributions of many countries beyond the DAC – and at various income levels – mirrors past findings which have shown a widening range of countries engaging in development cooperation; one study, for instance, found that 88 countries (including the 29 current DAC member countries) were active cooperation providers as of 2015, [157] while a more recent 2021 survey of partner country governments conducted by the UN Department of Economic and Social Affairs found that 76 "developing countries" provided development cooperation that year, equivalent to 65% of the survey sample. [158] The diversity of actors engaged in development cooperation has often been used as a key argument to demonstrate the "rupture" in the North-South development model, highlighting the reality that cooperation is provided by

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[152]Ralf Peters and Divya Prabhakar, 'Export restrictions do not help fight COVID-19', UNCTAD, 11 June, 2021, https://unctad.org/news/export-restrictions-do-not-help-fight-covid-19

[153] As regards exports or outbound cargo only, the World Bank source mentions best practices in implementing trade-facilitating measures from Chile, Canada, China, and South Korea. See also: Shane Sela et al., 'Trade Facilitation Best Practices Implemented in Response to the COVID-19 Pandemic'. *Trade and COVID-19 Guidance Note,* Washington DC: World Bank, April 2020.

[154] Ibid., 4.

[155] Prizzon, 'How Coronavirus Is Accelerating a New Approach to International Cooperation'; Oldekop et al., 'COVID-19 and the Case for Global Development'.

[156] Izmestiev and Klingebiel, 'International (Development) Cooperation in a Post-COVID-19 World'

[157] Andreas Fuchs and Angelika Müller, "Democracy and Aid Donorship," AidDATA Working Paper 68. Virginia: AidDATA, 2018.

[158] Based on the authors' correspondence with UN DESA regarding the UN's biennial QCPR survey of partner country governments on 31 May, 2022, and 07 June, 2022.

a growing range of countries, especially from the global South.[159] Alongside a growing range of development actors, responses to COVID-19 utilized a similarly diverse group of instruments and approaches to tackle the effects of the pandemic. Indeed, responses moved well beyond the provision of concessional development finance, with non-DAC countries engaging actively as partners in technical cooperation, knowledge sharing, and scientific engagement, often using such engagements to address systematic inequalities in global access to technical inputs necessary for responding to COVID-19, including vaccines.

However, despite a variety of actors and approaches contributing to COVID-19 response it is unclear whether the scale of cooperation mobilized in response to COVID-19 marks an increase for non-DAC actors. While part of the challenge is the inability to meaningfully monetize and measure the value of the spectrum of cooperation flows provided by non-DACs, in cases where data for non-DACs was meaningfully comparable (ODA from non-DACs reporting to the DACs, and analysis of financing from BRICS countries), our analysis saw declining development finance flows on prior years. Indeed, there have been some indications that spending from non-DACs was declining even prior to the COVID-19 crisis – for instance, ODA from non-DAC's reporting to the DAC has fallen in each year since 2018,[160] while China has seen declining loan[161] and aid-like volumes[162] as part of a possible global retreat[163]. Such questions about the scale of cooperation become particularly important in view of the economic consequences of COVID-19, which reversed the trend towards global economic convergence that underlies many calls for a global development paradigm, and which has been pointed to as the driving force behind growing cooperation from non-DAC actors. Indeed, with economic growth from emerging markets and developing economies expected to be weaker in 2022 than in the decade prior[164] - and some indication that economic divergence is expected to continue at least in the medium-term,[165] partly due to spill-overs from the ongoing crisis in Ukraine - there are questions about how such trends may impact the willingness and ability for non-DAC countries to contribute significant financial resources for global development in the future.

On the other hand, our review shows that despite the imperative for cooperation that underlies the global development paradigm – particularly in light of a diverse range of development actors and in response to global challenges like the pandemic – examples of "global" cooperation across actors are few and far between. Indeed, beyond joint support for multilateral appeals – to which non-DAC cooperation was limited – and the DSSI,

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[159] Mawdsley, 'Development Geography 1'.
[160] OECD-DAC Stat. Extract, DAC Table 1.
[161] Yusuke Suzuki, 'Significant decline in China's lending to low- and middle-income countries', Mitsui & Co. Global Strategic Studies Institute Monthly Report, January 2022, https://www.mitsui.com/mgssi/en/report/detail/__icsFiles/afieldfile/2022/02/25/2201d_suzuki_e.pdf
[162] Jonathan Pryke and Alexandre Dayant, 'China's declining Pacific aid presence', *The Interpreter*, 30 September 2021, https://www.lowyinstitute.org/publications/revising-down-rise-china
[163] James Kynge, and Jonathan Wheatley, 'China pulls back from world: Rethinking Xi's "project of the century"', *Financial Times,* 11 December 2021, https://www.ft.com/content/d9bd8059-d05c-4e6f-968b-1672241ec1f6
[164] World Bank, *Global Economic Prospects*, Washington D.C: World Bank Group, 2022. https://thedocs.worldbank.org/en/doc/18ad707266f7740bced755498ae0307a-0350012022/original/Global-Economic-Prospects-June-2022.pdf
[165] Mariya Brussevich et al., 'Income Convergence or Divergence in the Aftermath of the COVID-19 Shock?', IMF Working Paper No. 2022/121, Washington DC: IMF, 2022, https://www.imf.org/en/Publications/WP/Issues/2022/06/17/Income-Convergence-or-Divergence-in-the-Aftermath-of-the-COVID-19-Shock-519804

collaboration across DAC and non-DAC actors is relatively thin. Instead, the picture emerging from our analysis is one dominated by cooperation failures, above all between North and South. It is notable, for instance, that Northern actors failed to participate in Southern-led initiatives, such as C-TAP, and actively blocked the TRIPS waiver proposal brought by Southern actors to overcome knowledge-related barriers to domestic manufacturing of vaccines and improve the equity of vaccine supply in low and middle-income countries. In the case of the C-TAP, the absence of Northern engagement unintentionally turned the initiative into a South-South partnership rather than a global one[166], while opposition to the TRIPS waiver meant that an agreement was only reached two years after the initial proposal and resulted in a "watered down" effort.[167] Other responses from DAC members - including blatant vaccine hoarding (or sharing doses close to expiry)[168], as well as directly competing for vaccines with multilateral schemes designed to ensure equitable access for all countries,[169] were not only a failure of collective action but perhaps an abject repudiation of cooperation in favour of the national interest. Indeed, as of June 2022, less than 20% of people in low-income countries had been vaccinated against COVID-19 compared to 72% in high-income countries, with one expert noting that the status quo, which included the stockpiling of vaccines and treatments by the North, amounted to a "system of 'vaccine apartheid'".[170] These figures are a far cry from promises from global leaders – notably at the 2021 G7 meeting in Cornwall - to "vaccinate the world".[171] While self-interested behaviour was not exclusive to the DACs - both DACs and non-DACs restricted trade in medical goods and food at various points in the pandemic – nor was it the only component of the response from DAC members - they did, after all, provide the majority of development finance, including to key multilateral appeals - the numerous examples of the wealthiest countries' failure to cooperate raises critical questions about the willingness for countries to cooperate in response to pressing global challenges.

At the same time, COVID-19 cooperation from non-DAC actors still mainly occurred via bilateral or regional South-South channels, rather than through "global" partnerships. Particularly, non-DAC providers engaged actively in efforts to share knowledge and technology across partners, both of which seemingly aimed to support self-reliance and overcome structural inequalities which had prevented low and middle-income countries from accessing key technologies and capacities to respond to the COVID-19 crisis – non-DAC engagement in vaccine access and investment in manufacturing capacities in many low and middle-income countries, is perhaps a key example. Such cooperation occurred either through new multilateral partnerships for Southern engagement, such as via the

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[166] Ekpenyong and Pacheco, 'COVID-19'.
[167] Andrew Green, 'Can a "watered-down" TRIPS waiver still matter?', *Devex*, 25 May 2022, https://www.devex.com/news/can-a-watered-down-trips-waiver-still-matter-103334
[168] Sarah Newey, '"Trojan Horse"': bulk of UK vaccine donations to poor countries set to expire in September', *The Telegraph*, 28 July 2021, https://www.telegraph.co.uk/global-health/science-and-disease/trojan-horse-bulk-uk-vaccine-donations-poor-countries-set-expire/
[169] Michael Safi and Leyland Cecco, 'Canada takes Covid vaccines from Covax program despite side deals', *The Guardian*, 3 February 2021, https://www.theguardian.com/global-development/2021/feb/03/canada-to-receive-significant-haul-of-covid-vaccines
[170] UNHCR, 'UN expert urges States to end 'vaccine apratheid', UN Press Release, 14 June 2022, https://www.ohchr.org/en/press-releases/2022/06/un-expert-urges-states-end-vaccine-apartheid#:~:text=%E2%80%9CAs%20of%20June%202022%2C%2072.09,system%20of%20%E2%80%9Cvaccine%20apartheid.%E2%80%9D
[171] Joseph Lee and Becky Morton, 'G7: World leaders promise one billion Covid vaccine doses for poorer nations', *BBC News*, 13 June 2021, https://www.bbc.co.uk/news/uk-57461640

China-led Initiative for Belt and Road Partnership on COVID-19 Vaccines Cooperation, or through bilateral or regional channels. Indeed, cooperation and partnership amongst non-DAC actors in response to COVID-19 appeared commonplace, with a 2020 survey conducted by the UN's Office for South-South Cooperation (UNOSSC) in Asia and the Pacific showing that all survey participants had provided or received cooperation in response to COVID-19, primarily from neighbouring countries or others in the region.[172]

The failure of cooperation between DAC and non-DAC actors via shared spaces for engagement raises questions concerning the barriers to cooperation at the global level, particularly on global issues where all countries stand to benefit from a collective response. In part, barriers to engagement – particularly for non-DACs – could be linked to inequalities inherent in current global institutions. There are questions, for instance, about whether key global fora are set up to ensure the representation of the priorities and interests of actors in the global South or whether such institutions continue to reflect a legacy of North-South engagement. In the WTO, for instance, the North-South binary is ingrained in the principle of "Special and Differential Treatment" which frames engagement between countries in terms of the differentiated rights granted to actors from the global South.[173] Indeed, even spaces designed for inclusivity – such as the Global Partnership for Effective Development Cooperation (GPEDC) – have seen disengagement from some non-DAC countries which view the space as a de facto DAC-led institution rather than a "legitimate" forum for global discussion.[174] At the same time others have argued that collaboration challenges between DACs and non-DACs could be due to more fundamental issues – including differences in the "principles" governing cooperation, including the emphasis on mutual benefit that underlies South-South engagement.[175] This logic however, faces challenges from recent claims of normative convergence between DACs and non-DACs, with the logic of "mutual interest" increasingly seen in DAC member policies as part of a "Southernisation" of cooperation.[176] While such normative convergence may make cooperation easier to the degree that that "principles" for cooperation align, the challenge with converging towards "principles" that value the "mutual interest" and "win-wins" is that it risks converging on actions that prioritizes national benefit from development cooperation, potentially challenging imperatives for cooperation when incentives are misaligned and raising concerns that spending could be less effective if allocated to promote domestic benefit rather than address partner country needs.[177] Moreover, others still have pointed to the limitations of trust within the international system, arguing that if DAC members are unable to cooperate and coordinate engagement in partner countries amongst themselves

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[172] Jason Goldstein, Adnan Allani, and Maria Misovicova, '3rd Asia-Pacific Forum for South-South and Triangular Cooperation: The Role of South-South Cooperation in Building Back Better from COVID-19 Pandemic in Asia and the Pacific', UNESCAP Working Paper, November 2020, https://www.unescap.org/sites/default/d8files/knowledge-products/2020-3rd-ap-ssc-role-build-back-better.pdf

[173] Clara Weinhardt and Till Schöfer, 'Differential Treatment for Developing Countries in the WTO: The Unmaking of the North–South Distinction in a Multipolar World', *Third World Quarterly* 43, no. 1 (2 January 2022): 74–93, https://doi.org/10.1080/01436597.2021.1992271.

[174] Debapriya Bhattacharya and Sarah Sabin Khan, 'Rethinking Development Effectiveness: Perspectives from the Global South. Southern Voice Occasional Paper Series no. 59. *Southern Voice*, 2020.

[175] Felix Zimmerman and Kimberly Smith, 'More Actors, More Money, More Ideas for International Development Co-operation, *Journal of International Development,* 23 no.5 (2011): 722-738.

[176] Emma Mawdsley, 'The "Southernisation" of development?', *Asia Pacific Viewpoint,* 59 no. 2 (2018): 173-185.

[177] For more on the relationship between donor motivations, including the national interest, and effective development practices, see Nilima Gulrajani and Rachael Calleja, 'Understanding donor motivations: developing the Principled Aid Index', ODI Working Paper 548, 2019, https://cdn.odi.org/media/documents/12633.pdf

then the likelihood of cooperation for development with non-DACs, which likely have different incentives and priorities, is low.[178] Indeed, such trust is likely further strained by competitive and self-interested responses to COVID-19, which has clearly illustrated the fundamental tension between the imperative for global cooperation and domestic political interests. While there are many potential – and likely - barriers to cooperation, perhaps a critical question facing the international community is whether and how such barriers can be overcome?

As we look to an increasingly uncertain future, where the impacts of COVID-19 continue to take hold alongside new global tensions and pre-existing threats (think climate change, biodiversity collapse, anti-microbial resistance, or indeed new pandemic threats such as Monkeypox), the potential universal dividends from cooperation are greater than ever before. Indeed, without deeper cooperation between actors from the North and South, it is difficult to see how a truly global development paradigm can fully emerge. In the absence of deeper paradigmatic shifts, there is a risk that cooperation from an increasingly diverse range of actors could simply resemble an expanded scope of "international" cooperation rather than delivering potential synergies and shared benefits from a more "global" cooperation model.

4. Conclusion

More than two years after the beginning of the COVID-19 crisis, we analyze international responses from both DAC and non-DAC actors and pose the question of whether such responses have deepened the transition towards a global development paradigm. While our results are necessarily limited by the availability of information, they show that movement towards the paradigm is, at best, mixed. While it is clear that a broader range of actors are engaged in development cooperation and have contributed to COVID-19 responses, the imperative for cooperation *between* these actors has yet to materialize.

The mixed picture on cooperation emerging in response to the COVID-19 pandemic, at a time when the need for cooperation was particularly high, suggests that the outlook for the emergence of a global development paradigm remains bleak. Indeed, the failure to act cooperatively, even during a pandemic where cooperation is in the global interest, points to a failure of the paradigm. The presence, actions, and contributions of non-DAC countries is not evidence of a global cooperation paradigm in and of itself, it simply shows a capacity to act. To the extent that there has been evidence of a more global cooperative agenda, it seems to have come from the South rather than the North. In this context, there are perhaps three pathways for the future that could be emerging in place of a global development paradigm:

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[178] Laurence Chandy and Homi Kharas, 'Why Can't We All Just Get Along? The Practical Limits to International Development Cooperation', *Journal of International Development*, 23 (2011): 739-751.

- The first path is a **continuation of the current trajectory**, in which cooperation occurs and potentially expands, based on short-term national interest. Under this path, countries prioritize bilateral action, including when faced with global crises that could benefit from coordinated engagement. Under this model, development cooperation remains driven by competition between countries and under-investment in the multilateral system to the detriment of global public goods.

- The second path involves the **emergence of a stronger Southern cooperation platform** as a challenge to the failure of richer countries to do more to overcome inequalities and support global development outcomes. This scenario risks deepening divisions between North and South through cooperation initiatives that fail to bridge the divide.

- The third path involves a **re-think and internalization of the narratives of self-interest from the perspective of a global development paradigm**, which understands that cooperation on global development challenges is in the interests of all countries. Under this path, the imperative for cooperation would require the creation of new coalition of countries, spaces for collaboration, and ways to pool and allocate resources in response to future crises. This pathway is obviously the most ambitious yet is the standard that must be met for the global development paradigm to materialize in practice.

While the path forward has not yet been chosen, there remain significant questions and barriers to deeper cooperation that must be overcome in order to support more joined-up action. In subsequent papers, we intend to dig deeper into such issues.

At the mid-way point of the SDGs – a development agenda built on the need for global cooperation – and in the wake of new and mounting global crises, it is time to think seriously about whether the path forward will be based on competition or collaboration. As the frequency and severity of global challenges grows, the imperative for cooperation is becoming stronger. Changing the way we think, act, and engage on development will be critical to ensuring that the value of future cooperation for development is more than the sum of its parts.

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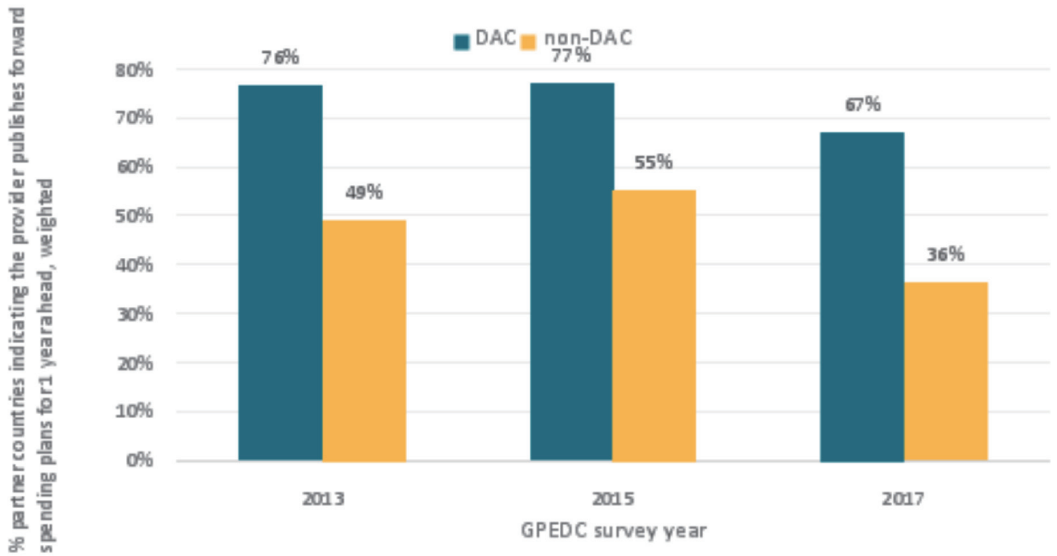
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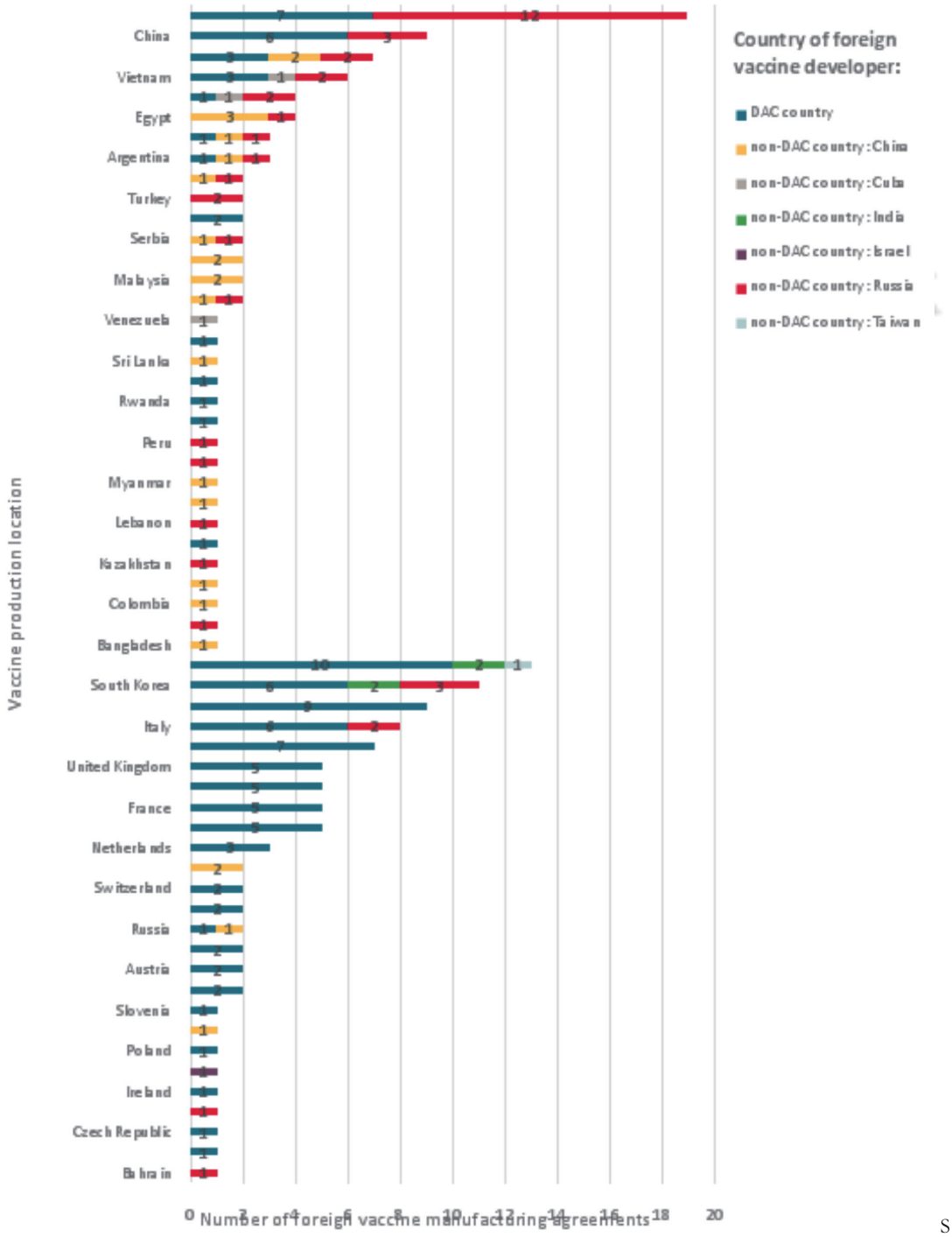
Annex 1: Additional Figures

Figure 1. Percentage of partner countries indicating that "the development partner made available a comprehensive forward spending and/or implementation plan setting out expected development co-operation flows in the next fiscal year", weighted by disbursements



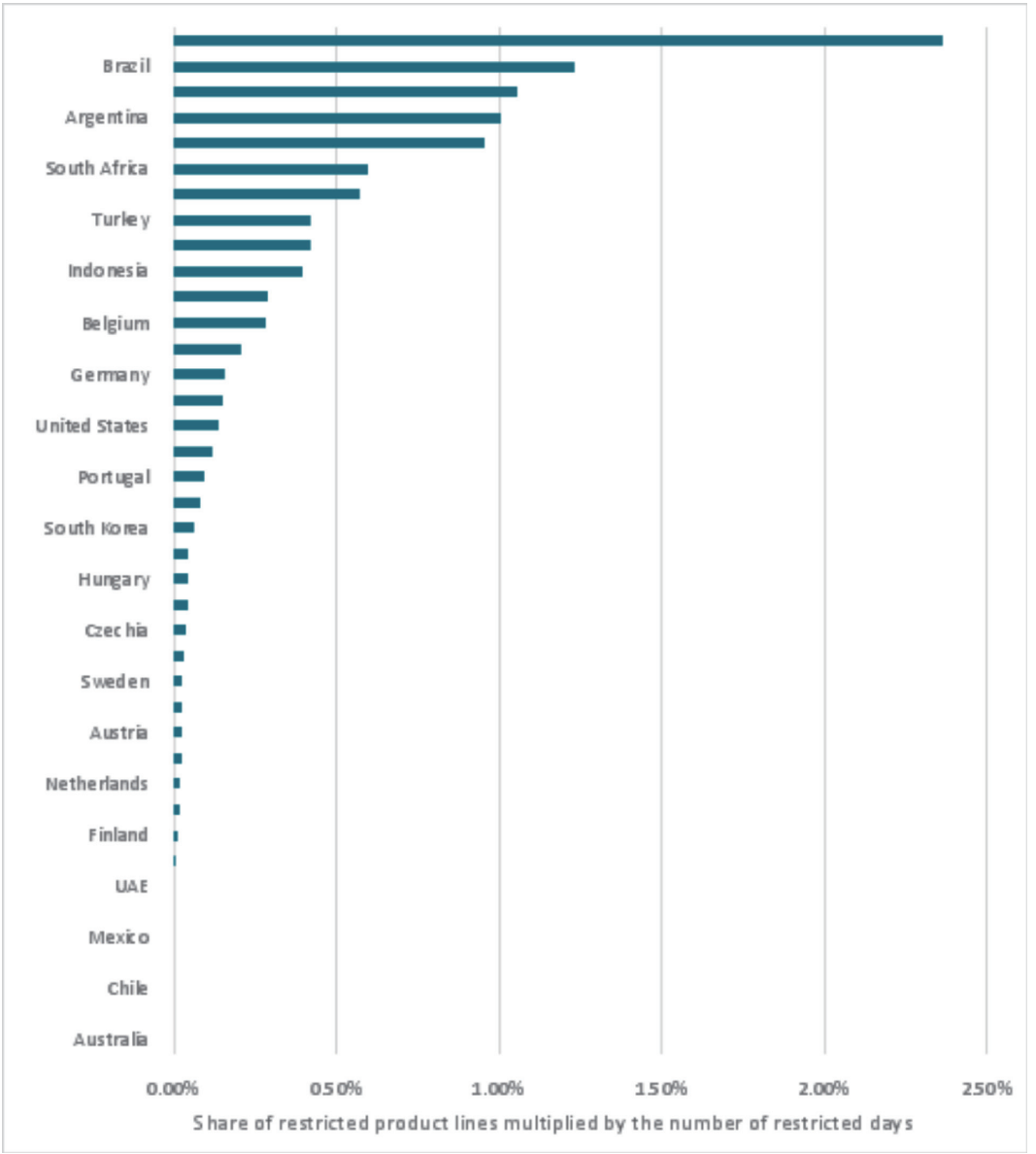
Source: GPEDC, Indicator 5b_1

Figure 2. Foreign vaccine manufacturing agreements, by country of vaccine developer



Source: UNICEF COVID-19 Market Dashboard

Figure 3. Export restrictions on food and medical goods between January 2020 and June 2021



Source: 2021 Commitment to Development Index

Annex 2: Additional Tables

Table 1. Notable examples of in-kind transfers of medical goods and human resources from non-DAC providers

Type	Provider	Recipient	Description
Both South-South and South-North	China	Worldwide	According to Fuchs et al. (2020) at AidData, as of June 2021, the list of countries that received the greatest amount of Chinese medical donations was led by Ethiopia, Italy, the United States, Hungary, South Korea, and Luxembourg (some like Italy and Luxembourg significantly affected by the earlier outbreak).[179] The Wilson Center's tracker shows that Chinese donations in LAC have often exceeded the US's. [180] As regards dispatches of human resources, China has sent medical teams to at least 17 African countries[181].
	Cuba	Europe (Italy and Spain), Latin America, Africa and the Middle East	More than 1,466 Cuban health professionals, integrated into 23 "Henry Reeve" medical brigades, went to 22 nations to reinforce health systems in the fight against the pandemic. The largest number of such medical brigades is in Latin America and the Caribbean, followed by Africa, and, for the first time, a brigade has arrived in Europe. 45 countries have requested assistance from Cuban doctors.[182]
	Vietnam	Europe, Southeast Asia	By April 2020, Vietnam had donated 550,000 face masks to France, Germany, Italy, Spain and Britain, and 390,000 to neighbouring Cambodia and 340,000 to Laos.[183]
	UAE	128 countries worldwide, including the UK	In addition to providing bilateral donations of masks and PPE, the UAE built or financed several field hospitals.[184] In the UK, UAE covered the running costs and rent for the 4,000 bed Nightingale hospital. It also built field hospitals in

[179] Fuchs et al., 'Mask Wars'.
[180] Wilson Center, 'Aid from China and the U.S. to Latin America Amid the COVID-19 Crisis'.
[181] State Council Information Office. ('China and Africa in the New Era: A Partnership of Equals.' The State Council Information Office of the People's Republic of China, 2021. http://www.news.cn/english/2021-11/26/c_1310333813.htm
[182] Sotero et al., *Beyond Borders*.
[183] France 24, 'Donating masks and equipment, Vietnam rivals China's 'coronavirus diplomacy', France 24, 10 April, 2020. https://www.france24.com/en/20200410-donating-masks-and-shipping-gear-vietnam-promotes-its-own-coronavirus-diplomacy
[184] Ministry of Foreign Affairs and International Cooperation, 'UAE Humanitarian Aid and Efforts to Combat COVID-19' (United Arab Emirates, 1 February 2021), https://www.mofaic.gov.ae/api/features/OpenData/Download?id=%7BBF50A561-B256-4F12-90FA-C98DBDCBF8C0%7D&Name=UAE+Humanitarian+Aid+and+Efforts+to+Combat+COVID-19.

			Sudan, Gaza, Guinea-Conakry, and Jordan.[185]
South-South	India	Multiple countries, with a stronger focus on South Asia	As per reports dated 30 April 2020, India has provided 2.8 million hydroxychloroquine (HCQ) tablets to 25 countries, and 1.9 million paracetamol tablets to another 31 countries as part of its grant assistance to countries fighting COVID-19.[186]India has also supplied liquid medical oxygen (e.g. 200 tonnes to Bangladesh and 100 tonnes to Sri Lanka).[187] India's rapid construction of a digital vaccination platform Co-WIN (Covid-19 Vaccine Intelligence Network) is being considered for replication in other countries in the global South. Most recently, India has offered Niger and Uganda technical assistance to Niger in implementing the Co-WIN platform.[188]
	Madagascar	Tanzania	In May 2020, Madagascar sent a gift shipment of Covid-Organics, a purported herbal remedy for COVID-19, to Tanzania.[189]
	Kazakhstan	Central Asia	Kazakhstan provided COVID-19-related humanitarian aid to Kyrgyzstan, Tajikistan, Afghanistan and Uzbekistan.[190]
	Indonesia	Vietnam	Donations in the form of cash worth VND 169,450,000 and a number of Indonesian food products with a total commercial value of VND 177,192,427 were donated to Vietnam to fight the effects of COVID-19.[191]
	ASEAN	Myanmar	ASEAN handed over USD 1.1 million worth of medical supplies and equipment ready to be distributed by the Myanmar Red Cross Society (MRCS) for immediate support to the COVID-19 response.[192]

[185] Al Amir, 'UAE Turns ExCeL London into Emergency Field Hospital for Coronavirus Patients in London'.
[186] Kaustuv Chakrabarti, 'India's Medical Diplomacy during COVID19 through South South Cooperation', Observer Research Foundation, 9 July 2020, https://www.orfonline.org/expert-speak/indias-medical-diplomacy-during-covid19-through-south-south-cooperation-69456/.
[187] Debapriya Bhattacharya, 'COVID-19 Impact and South-South Cooperation Response: Bangladesh Perspectives', https://partners-popdev.org/wp-content/uploads/2021/11/PCCM-Day1-Debapriya.pdf.
[188] Paris Peace Forum, 'Creating Digital Public Goods in Global South', Paris Peace Forum, 2021, https://parispeaceforum.org/en/projects/creating-digital-public-goods-in-global-south/.
[189] Lisa Ann Richey et al. 'South-South Humanitarianism: The Case of Covid-Organics in Tanzania'. *World Development* 141 (1 May 2021): 105375.
[190] Astana Times, 'Kyrgyzstan Receives Humanitarian Aid from Kazakhstan to Help Fight COVID-19', The Astana Times, 27 November 2020, https://astanatimes.com/2020/11/kyrgyzstan-receives-humanitarian-aid-from-kazakhstan-to-help-fight-covid-19/.
[191] Consulate General of the Republic of Indonesia in Vietnam, 'Donation "Indonesia Sharing, Indonesia Cares", for Ho Chi Minh City Communities Affected by COVID-19', Consulate General of the Republic of Indonesia in Vietnam, 1 October 2021, https://kemlu.go.id/hochiminhcity/en.
[192] ASEAN, 'ASEAN Delivers Medical Support for COVID-19 Response to the People of Myanmar', ASEAN, 15 September 2021, https://asean.org/asean-delivers-medical-support-to-myanmars-response-to-covid-19/.

	Palestine	Sudan	The Palestinian International Cooperation Agency (PICA), with the help of the Islamic Development Bank, partnered with Sudan to supports its national laboratory and blood bank through both knowledge-sharing and the provision of medical equipment.[193]
South-North	Bangladesh	USA	6.5 million units of Personal Protective Equipment (PPE) gowns were sent from Bangladesh to the U.S. (6.5 million units).[194]
	Turkey	30 countries (mainly NATO) including the UK, USA, Italy and Spain.	Turkey sent out medical supplies prepared by its Ministry of Defence in the form of aid to nearly 30 countries across the globe.[195]
East-North	Russia	Italy, Iran, Venezuela, North Korea, Mongolia, Serbia and a number of former Soviet states.	As part of the "From Russia with Love" campaign – coordinated by its Ministry of Defence - Russia sent eight mobile brigades specializing in virology and bacteriological warfare to Italy, along with medical equipment and machinery for assisted ventilation and disinfection.[196]
	Albania, Ukraine, and Romania	Italy	Each country sent medics and nurses - albeit in symbolic numbers, with 30 Albanians, 20 Ukrainians and 15 Romanians - to Italy during the first wave of COVID-19.[197]

[193] Global Partnership Initiative on Effective Triangular Cooperation, 'Leveraging Triangular Partnerships to Respond to COVID-19 and Build Back Better from the Pandemic', *BRICS Policy Center, Rio de Janeiro*, BPC Papers, 8, no. 2 (2021): 10.
[194] Bhattacharya, 'COVID-19 Impact and South-South Cooperation Response: Bangladesh Perspectives'.
[195] Yaprak Gürsoy, 'Turkey Is Facing Its Own Coronavirus Crisis – so Why Is It Sending Medical Supplies to the UK?', *The Conversation* (blog), 22 April 2020, http://theconversation.com/turkey-is-facing-its-own-coronavirus-crisis-so-why-is-it-sending-medical-supplies-to-the-uk-136784.
[196] Polyakova, 'From Russia with Love?'
[197] Monica Ricci Sargentini and Irene Soave, 'Coronavirus, la mappa degli aiuti: ecco i Paesi che hanno sostenuto l'Italia', *Corriere della Sera*, 9 April 2020, https://www.corriere.it/esteri/20_aprile_09/coronavirus-mappa-aiuti-ecco-paesi-che-hanno-sostenuto-l-italia-12ffb40a-79ba-11ea-afb4-c5f49a569528.shtml.

Table 2. Examples of COVID-19 relevant scientific collaboration from non-DAC countries

Countries	Description
Brazil, Russia, India, China and South Africa (BRICS)	The BRICS countries jointly launched a special coordinated call for proposals for basic, applied and innovation research projects aimed at tackling COVID-19 under the BRICS Science, Technology, and Innovation Framework Programme. The call was open to projects among the researchers and institutions in the consortia which consist of partners from at least three BRICS countries.[198]
Brazil	After the first case in Latin America was reported, Brazilian scientists published the complete genome sequence of the virus within 48 hours. Access to this information gave insights to virologists and public health specialists around the world on how the virus was spreading and mutating.[199] To aid the development of drugs against novel coronavirus, Brazil's National Laboratory for Scientific Computing updated its DockThor-Virtual Screening platform to allow users across the globe to access the 3D structures of COVID-19 target proteins and perform large-scale docking experiments for exploring multiple binding modes.[200]
Uruguay	Uruguay shared the technology of their indigenous COVID-19 diagnosis kit with other countries in Latin America. Further, Uruguay cooperated with Chile and Brazil to strengthen SARS-CoV-2 sequencing.[201]
China	The use of scientific and technical resources created in China has been promoted to share good practices for COVID-19 response in Colombia. For example, the Cooperation Agency of the city of Medellín (ACI) and the Presidential Cooperation Agency of Colombia (APC) have been using Global MediXchange, a platform created by the Jack Ma and Alibaba Foundations in alliance with Chinese companies and universities to facilitate online collaboration between medical personnel and scientists including the exchange of treatment manuals between medics and data sharing between hospitals. [202]
MERCOSUR	In 2020, MERCOSUR countries approved additional finance of $16 million for the multinational project "Research, Education and Biotechnologies applied to Health". The first tranche of funds reinforced diagnostic capacity for COVID-19 and funded research into the development the serodiagnosis technique. [203]

[198] BRICS STI Framework Programme, "5th coordinated call for BRICS multilateral projects", 2021, https://www.nsfc.gov.cn/Portals/0/fj/fj20210914_01.pdf
[199] Sharma et al., 'Science Diplomacy and COVID-19'.
[200] Ibid.
[201] Ibid..
[202] Luisa Fernanda Echeverria, Karina Elizabeth Aquino Valle, and Claudia Natalie Widmaier Muller, 'Science Diplomacy and South-South Cooperation for Emergency Response: The Case of COVID-19 Pandemic in Latin America', *Jurnal Sosial Politik* 6, no. 2 (10 October 2020): 168–82.
[203] Ibid.

Costa Rica, WHO	Following an initiative by Costa Rica, PAHO proposed the COVID-19 Technology Access Pool (C-TAP) technology platform to facilitate the equitable sharing of knowledge, data and intellectual property on COVID-19 therapeutics and vaccines among member states. The initiative is now led by the WHO. [204]
India	India's Department of Science and Technology (DST) has been connecting the Indian scientific community with researchers from other countries, including: Australia, Brazil, Denmark, Egypt, Israel, Japan, Portugal, Korea, Norway, Russia, Serbia, Singapore, Slovenia, South Africa, United Kingdom, United States, and Vietnam. Initiatives include joint calls for research proposals, data sharing, and technology transfers in areas like COVID-19 preventive kits; diagnostic and decision support systems; technologies for remote monitoring, and possible therapeutics. [205]
Kazakhstan	The Astana Civil Service Hub aims to support the governments of participating countries by launching its Virtual Platform to exchange knowledge and best practices in applying scientific innovations and best fit solutions to respond to COVID-19.[206]

[204] Ana B. Amaya and Philippe De Lombaerde, 'Regional Cooperation Is Essential to Combatting Health Emergencies in the Global South', *Globalization and Health* 17, no. 1 (9 January 2021): 9
[205] Jyoti Sharma and Sanjeev Kumar Varshney, 'Role of Indian Science Diplomacy in Combating COVID-19', *SCIENCE DIPLOMACY REVIEW, RIS* 2, no. 2 (July 2020): 35–42.
[206] South-South Galaxy, 'Astana Civil Service Hub (ACSH) Launched Virtual Alliance on COVID-19', *South-South Galaxy* (blog), 15 May 2020, https://www.southsouth-galaxy.org/news/astana-civil-service-hub-acsh-launched-virtual-alliance-of-practitioners-for-exchange-of-experience-to-respond-to-the-covid-19/.

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