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TO ANALYSES HOW INSTITUTIONS WILL NEED TO ADAPT IN ORDER TO TAKE ADVANTAGE OF NEW OPPORTUNITIES BROUGHT ABOUT BY COVID-19

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Abstract:

In the context of the coronavirus (COVID-19) pandemic, the emphasis of this study is on innovative approaches to development and humanitarian assistance. It begins with an analysis of the overall role that innovation played in the COVID-19 response, and then moves on to investigate the innovation efforts that are currently being put forth in international development and humanitarian responses to the pandemic. It then investigates how well these efforts are working, and how they might need to be improved in order to address pressing health, social, and economic challenges, as well as to ensure the long-term resilience of societies.

Key Words: Institutions, Corona Virus, Adapt, COVID-19

Introduction:

The epidemic caused by COVID-19 confronts what is without a doubt one of the most significant difficulties that international development and humanitarian agencies have ever encountered. There have already been enormous repercussions for the world's poor and vulnerable population in terms of the direct affects of the public health crisis on health and mortality, as well as the indirect impacts on social, economic, and political institutions. These repercussions have already had a significant impact. Long considered to be under-resourced, the system of multilateral and bilateral assistance is now confronted with basic concerns about how it can most effectively contribute to the pandemic response and the post-pandemic reality that is beginning to take shape. In addition to this, the devastating economic effects of the epidemic are shaking the foundations of the assistance system. There has been a general downward trend in the gross national income of donor nations all across the globe, and this trend has key stakeholders figuring out how to effectively handle the ramifications for ODA budgets. In the midst of the perfect storm that is the continuing pandemic, there has been a lot of focus placed on innovation as a potential solution to these difficulties as well as a variety of other problems that are associated with them. In both high-resource and low-resource contexts, as well as at the global, regional, and local levels, the most successful solutions have prioritised experimental techniques based on trial and error, as well as the use of evidence and scientific research to produce fresh ideas.

Examples Include:

- Swiftly developing and implementing diagnostic tests, personal protective equipment (PPE), clinical procedures, pharmacological therapies, and the ultimate holy grail of reliable and safe vaccinations to guard against COVID-19.
- The development of efficient surveillance methods and technology for the purpose of tracking and tracing cases.
- Figuring out strategies to cut down on the spread of the disease, such as taking precautions to limit one's exposure to other people, protecting those who are most susceptible, and isolating possible and confirmed instances of the illness.
- Developing suitable policies and interventions for dealing with social and economic repercussions, as well as ensuring a secure and sustainable longer-term recovery. These may be used in conjunction with achieving a secure and sustainable longer-term recovery.

In this briefing paper, our goal is to discuss a number of emerging insights on how innovation for development activities have been faring in the context of the COVID-19 pandemic, as well as recommend how these efforts may be made more successful. Specifically, our focus will be on how these efforts have been faring in the setting of the pandemic. To start off, we will provide a high-level summary of the 2019 OECD Development Assistance Committee (DAC) peer learning exercise on innovation for development impact.

After this is finished, an overview of the COVID-19 innovation landscape will be presented, beginning with a focus on the whole world and then shifting to a concentration on investments in humanitarian aid and development. We then go on to explore the lessons for innovation for development efforts in the context of the epidemic, drawing on a fast consultation exercise with key stakeholders. Afterwards, we move on to discuss the lessons for innovation for development efforts in the context of the pandemic. In conclusion, we provide four concrete suggestions for the Organisation for Economic Cooperation and Development (OECD), its member states, and the larger development and humanitarian community to take into account.

Innovation for Development: What Did We Learn, Pre-Pandemic?

In the last ten years, there has been a growing interest in the concept of innovation for development as a method of attaining development and humanitarian objectives in more original and inventive ways that may have a greater effect on a greater number of people. Following the national successes that were driven by innovation in East and South-east Asia, as well as in specific sectors such as mobile money and specific areas of health, many governments have refocused their attention on innovation as a vital component in furthering their progress towards sustainable development, economic growth, and the reduction of poverty. International firms are also increasingly seeing innovation as both an objective and a method of operation. As a result, many of these businesses are developing internal teams, strategies, and specialised initiatives in order to realise their innovation goals.

With broad coverage of the work of 24 of the 30 DAC members and in-depth exploration of the capacities of four focus countries (Australia, France, Sweden, and the United Kingdom), the OECD DAC peer learning exercise (OECD, 2020[1]), which was designed and implemented over the course of 2019, has been one of the most in-depth and wide-ranging efforts to date to learn about and from the work on innovation for development. The exercise was designed and implemented over the course of 2019.

In conclusion, it can be said that the performance on the innovation for development agenda has been encouraging yet inconsistent. There have been a number of projects and programmes that have not only surpassed expectations but are also the source of true improvements in development on a massive scale. Among them are:

- Making vaccinations and other medications more accessible and reducing their prices in the world's most impoverished nations.
- Promoting financial inclusion and the growth of small businesses via the use of mobile money and other forms of microfinance.
- Taking measures to combat hunger and poor sanitation by using community-based techniques.
- Improving the availability of food by means of monetary aid.
- Increasing resiliency to natural catastrophes and the effects of climate change by purchasing insurance and doing other forms of adaptational action.

These effective attempts, despite their diversity, have a few things in common. All of them require careful navigation of the following three types of issues: (1) technical issues relating to the innovation itself; (2) business planning issues surrounding how to test, implement, and scale-up the innovation in question; and (3) wider institutional and political issues that can frequently work to maintain the status quo and inhibit novel solutions. Even when the innovation is relatively straightforward, such as delivering funds to communities in need, the key to successful implementation has been to take a systemic approach.

Other attempts to use innovation for the purpose of advancing development have been less successful in creating concrete results, and they are murky and unknown with respect to potential future rewards. A couple of them have even had a damaging or negative impact on the development efforts that have been made.

During the process of peer learning, a number of fundamental obstacles were uncovered with regard to the overall innovation for development movement. First, in many fields of development and humanitarian work, what is needed is not the technology for growth; rather, what is lacking is the enabling institutional context, appropriate levels of political energy, and the desire to promote and support adoption. This is the case even while the technologies themselves are not the problem. Despite this, the majority of the work that has been put into innovation for development has been concentrated on the creation of additional goods and tools.

Corona Virus (COVID-19) Innovation: What is Happening?

A Global Perspective:

COVID-19 has had a significant influence on health and livelihoods all over the globe, and at the same time, it has provided a fertile breeding ground for innovative ideas and methods (OECD Observatory of Public Sector Innovation, n.d.). COVID-19 has been a catalyst for innovation. Investment in health-related innovation has reached levels that have never been seen before, according to the most extensive survey of worldwide research and development (R&D) funding pledges for COVID-19, which was carried out by the Policy Cures programme in the United States (Policy Cures, 2020[3]). The size of the resources that have been mobilised for innovation on a worldwide scale is remarkable: 9 billion USD in seven months. To put it into perspective, the total worldwide funding for Ebola research and development between the years 2014 and 2018 was 1.9 billion USD.

It is also noteworthy to examine the nature of the innovation processes that have been put into place. The Food and Drug Administration (FDA) in the United States has given its approval to approximately one hundred COVID-19 tests in the six months after the epidemic started. This is in contrast to the three months it took the FDA to give its approval to the first Ebola test during the outbreak in West Africa in 2014. It took a remarkable 25 months for the first vaccine to reach the human trial stage during the previous global coronavirus outbreak (SARS in 2002–2004). The first COVID-19 vaccine entered into human trials a record-breaking 69 days after the causative agent of the outbreak was identified1. This is a remarkable achievement, considering that it took 25 months for the first vaccine to reach the human trial stage during the previous global coronavirus outbreak.

Because the pandemic is still developing and evolving in its characteristics, choices about the innovation initiatives, as well as the response as a whole, need to be made in the midst of ambiguity and at times based on data that is in disagreement with one another. For instance, despite the fact that more fundamental research is required to better understand COVID-19 and serve as the basis for the design of new technologies, the primary emphasis of financing for global health innovation has been placed on the creation of new products. In contrast to over 17% of R&D spending during the Ebola and Zika epidemics, the analysis that was conducted in August 2020 reveals that less than 3% of COVID-19 R&D has been allocated to fundamental research.

This indicates that the development of the product took place without the answering of a number of fundamental scientific and operational problems, which might lead to dangers further down the line. For instance, while a lot of the most advanced vaccination candidates are based on unique technologies, there is still a limited knowledge of the subsequent stages. There are also issues that have yet to be resolved about the potential for manufacturing scale-up, as well as the suitability and safety of the treatment for long-term patients.

The most obvious sorts of innovation that have taken place are those that pertain to health; these breakthroughs are also often simpler to describe and measure in terms of their impact on the economy. There has been a significant amount of creativity put into finding solutions to indirect or secondary effects of the epidemic. These include a wide range of public policy measures that were implemented to help hard-hit businesses and vulnerable households; grassroots innovations that were led by citizens and communities to provide mutual aid and strengthen social solidarity; and organisational innovations that were implemented across the public, private, and not-for-profit sectors in order to maintain and sustain critical operations in the face of national and global lockdowns. Some examples of these innovations include the growing use of online working practises, the introduction of interdisciplinary teams, and the introduction of new technologies.

It is abundantly obvious that the urgency of the crisis has been a stimulus for innovative and unique methods, compelling decision makers to move quickly and decisively. This is due to the fact that the urgency of the crisis has driven decision makers to act. However, this might imply that policymakers opt to make decisions without proper engagement with important stakeholders if the situation is seen to be urgent. There is also a significant amount of ambiguity about the virus and its effects, the manner in which it spreads, the most effective means by which it may be prevented and treated, and the ways in which its larger implications can be mitigated.

A Development and Humanitarian Overview:

According to the United Nations, the need for innovation is "more critical than ever" in low and middle-income settings, which are the goal of ODA investments. In these settings, where capacity and resources are more constrained, the need for innovation is "more critical than ever," and all relevant actors should work together to finance, create, and implement solutions. In light of the fact that the virus itself is unique and unknown, as are its effects, innovation has been an important factor in determining the right medical, public health, and socio-economic responses to the pandemic, as well as successful recovery strategies.

From the very beginning of the epidemic, it was abundantly evident to many development actors working on the ground that novel techniques were going to be required. The mobility of employees, communications, partner participation, access, and delivery of services have all been areas in which there have been continuing difficulties, all of which have continued to have an effect on the response. Because of this, there is now a fertile atmosphere in which many donors and partners may adapt and embrace new methods, build alliances with new actors, and test new methods.

According to an analysis of the $9 billion that has been publicly promised (as of September 3, 2020), around 10% of that amount, or approximately $919 million, has been pledged by actors whose primary emphasis is on humanitarian and development work3. In spite of the fact that it is primarily focused on health, doing research in the Policy Cures database may be quite enlightening. It has been feasible to differentiate between numerous different sorts of innovation activities thanks to the process of screening for donors focused on development and humanitarian activity. In addition to desk research, ideas and thoughts from innovators, innovation funders, and development cooperation agencies in DAC member countries were included into the creation of these. This method is helpful in illuminating the diverse spectrum of innovative activities that are now under way to fulfil the requirements of the world's most impoverished and vulnerable populations.

Provide Clinical Care and Maintain Essential Health Services to Reduce Mortality:

The high percentage of COVID 19 patients who would need excellent clinical treatment is one of the characteristics that most clearly distinguishes this strain of the virus from others. This high proportion places an enormous strain on health care infrastructure and personnel. 8 Outbreaks place acute loads on personnel levels, availability of equipment, and vital supplies such as medical oxygen, ventilators, and personal protective equipment (PPE). Many patients need assistance in breathing, and outbreaks place acute burdens on these factors. In order to save lives, frontline health professionals have been had to put their own lives in danger, and as a consequence, some of these personnel have tragically passed away. As a result of the fact that women make up up to 70 percent of the healthcare workforce in several nations, this demographic has been disproportionately impacted. An explosive COVID-19 epidemic has the

potential to quickly overwhelm and damage even the most resilient health systems. The preparation for contingencies should encompass the most extreme of situations, such as the need to quickly and fully redesign and substantially repurpose the whole of the health industry. In addition to the direct death caused by COVID-19, the response at the national and subnational level must also address the risks of indirect mortality presented by the potential cessation of key health and social services. This is the case even when the direct mortality has already been addressed. The acute burden that COVID-19 places on health systems, in addition to the disruptive effects of shielding strategies, physical distancing, and movement restrictions, must be mitigated in order to minimise the negative health impacts that COVID-19 will have on individuals who are dependent on essential services that are not related to COVID-19. The upkeep of the population's faith in the capability of the health system to properly satisfy critical requirements and to reduce infection risk in health facilities is crucial for maintaining appropriate care-seeking behaviour and adherence to public health guidance. The maintenance of basic healthcare services is very necessary. In order to reduce the amount of potential harm that patients are exposed to, it is imperative that technology solutions like telemedicine and remote consultations be used whenever and wherever they are available. The pressures of immediately reacting to COVID-19, while also engaging in strategic planning and coordinated action to preserve vital health care delivery, and therefore limiting the danger of system collapse, will require countries to make tough choices. These decisions will need to be made in order for countries to balance these demands. It's possible that a lot of regular and optional services may have to be put on hold or cancelled. In addition, when standard procedures are put under stress as a result of conflicting demands, streamlined governance processes and protocols that have been established for a specific purpose may help prevent complete system collapse. At every level, it is very necessary to establish an efficient flow of patients (by screening, triaging, and making targeted referrals of COVID-19 and non-COVID-19 cases).

Adapt Strategies Based on Risk, Capacity, and Vulnerability:

The ability of nations to engage and mobilise populations; locate, test, and isolate patients; provide appropriate clinical treatment; and sustain key health services will vary depending on the severity and prevalence of COVID-19 transmission. nations' capacities and the contexts in which they operate will also play a role in these abilities. The mix of public health interventions that should be adopted at any given moment will, to a considerable part, rely on the capability of the public health system as well as whether or not there is community transmission, clusters of cases, sporadic instances, or no cases at all. Every nation has to put in place extensive public health measures in order to preserve a constant state of low-level or no transmission, and they need to have the ability to quickly handle occasional instances and clusters of cases in order to stop community transmission from happening. In the event that transmission occurs inside a community, extraordinary steps will need to be taken to stop transmission as rapidly as possible and return to a stable state in which there is either low-level transmission or no transmission at all. This strategy has to be implemented at the lowest feasible administrative level in each nation to guarantee a customised and suitable reaction that takes into account the specifics of the situation as well as the country's capabilities to respond.

Suppressing Community Transmission:

Even with the proactive deployment of extensive public health measures, COVID-19 transmission may quickly become entrenched in nations and subnational areas, leading to explosive outbreaks that increase at an exponential pace. This is the case even in situations when comprehensive public health measures are actively implemented. In nations and/or subnational regions in which community transmission has become established, or which are at risk of entering this phase of an epidemic, the authorities must immediately adopt and adapt population-level distancing measures and movement restrictions in addition to other public health and health system measures in order to reduce exposure and suppress transmission. These measures include the following:

- Personal measures that reduce the risk of person-to person transmission, such as hand washing, physical distancing, and respiratory etiquette;
- Community-level measures to reduce contact between individuals, such as the suspension of mass gatherings, the closure of non-essential places of work and educational establishments, and reduced public transport;
- Measures to reduce the risk of importation or reintroduction of the virus from high-transmission areas, such as limits on national and international travel, enhanced screening and quarantine;
- Measures to ensure the protection of health workers and vulnerable groups, such as through the provision of correct personal protective equipment.

Implementation of these strategies that is both targeted and constrained in time has the potential to lower fatality rates by altering the course of the epidemic and reducing the amount of strain placed on clinical care facilities. However, these policies are harsh instruments that come with significant societal and economic consequences. They have to be implemented with the comprehension, permission, and involvement of communities, and on the basis of the principle of not causing any unnecessary harm. The dangers associated with putting these measures into place need to be adequately conveyed to the populations who will be affected as well as the communities that will own and participate in them. It is necessary to put in place support structures to guarantee that communities will be able to comply with these requirements. Individuals, especially those who are the most vulnerable, must also be supported

(and, if required, supplied with refuge or safe places) through integrated economic and social policies that create incentives to participate and which minimise negative social and economic effects. High-priority areas for attention include food security, mental health, and gender safeguarding concerns, especially the necessity to protect women from an increased risk of domestic abuse. The specifics of these measures, as well as their practicability, will be greatly influenced by the circumstances of the communities who are going to be touched by them. Physical distancing and movement restrictions are structurally more difficult to implement in low-income and crisis settings. They should only be implemented where justified by an analysis of the trade-offs between public health measures against COVID-19 and the necessity for people to meet their basic food and protection needs. In low-income and crisis settings, physical distancing and movement restrictions are structurally more difficult to implement. During times of sustained community transmission, diagnostic capacity may be insufficient. If this is the case, it may be necessary to prioritise testing of vulnerable populations who are at risk of developing severe disease; symptomatic health workers and essential staff; and the first symptomatic individuals in a closed setting (such as schools, long term living facilities, prisons, hospitals) in order to quickly identify outbreaks and implement effective isolation of all confirmed and suspected cases. It will be necessary to find innovative solutions to increase clinical care capacity, such as significantly reconfiguring existing health facilities and repurposing existing public and private facilities to provide safe areas for emergency case management, quarantine, and isolation. This should be doable even in areas that are remote and have limited resources. Care for the majority of patients should be prioritised throughout the rapid increase of clinical capacity for life-saving therapies. This may be accomplished by the provision of straightforward treatments such as oxygen. Primary health care should remain the primary concern, but other critical health and social services and systems should be preserved to the greatest extent practicable. It will be difficult to accurately calculate the necessary duration of physical distancing measures and movement restrictions prior to their implementation; therefore, it is prudent to plan for the application of such measures for two to three months based on the experiences of the countries that were first affected by COVID-19.

Conclusion:

The COVID-19 epidemic offers what is arguably one of the largest challenges ever encountered by international development and humanitarian institutions. There have already been enormous repercussions for the world's poor and vulnerable population in terms of the direct affects of the public health crisis on health and mortality, as well as the indirect impacts on social, economic, and political institutions. These repercussions have already had a significant impact. The ability of nations to engage and mobilise populations; locate, test, and isolate patients; provide appropriate clinical treatment; and sustain key health services will vary depending on the severity and prevalence of COVID-19 transmission. nations' capacities and the contexts in which they operate will also play a role in these abilities. The mix of public health interventions that should be adopted at any given moment will, to a considerable part, rely on the capability of the public health system as well as whether or not there is community transmission, clusters of cases, sporadic instances, or no cases at all.

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