

INTRODUCTION

THE WORST DISASTER FOR OVER 70 YEARS

Humanity has been living with COVID-19 since December 2019, when the novel coronavirus SARS-CoV-2 was first detected. The impact on lives, long-term health and economies has been shattering.

As of October 2022, there have been over 618 million cases of the disease reported and 6.5 million confirmed dead ([WHO, no date](#)). The real numbers are probably higher, but it is uncertain quite how much higher. The official death toll for 2020 was just over 1.8 million, but some estimates factoring in likely unreported cases placed it at 3 million ([WHO, 2022](#)). Given the current global population of 8 billion ([UN DESA, 2022a](#)), it is clear that **about one person in every 1,000 has died**. A study published in October 2022 explored the pandemic's impact on life expectancy in 20 countries, and it concluded that COVID-19 has been "the most severe global mortality shock since World War II" ([Schöley et al, 2022](#)).

A further impact of the COVID-19 pandemic is that industries and entire economies have been devastated and socioeconomic inequities worsened. The World Bank has reported that, in 2020, "economic activity contracted in 90 percent of countries, the world economy shrank by about 3 percent, and global poverty increased for the first time in a generation" ([World Bank, 2022](#)). By January 2021, almost every country's economy was in recession ([Jones et al, 2021](#)). The International Monetary Fund has estimated that the pandemic will cost the global economy US\$13.8 trillion by the end of 2024 ([Gopinath, 2022](#)). The economic impacts were most severe in emerging economies and among disadvantaged populations. As a result, inequality increased both within and between countries ([World Bank, 2022](#)).

Furthermore, the pandemic impacted many other aspects of society. Education has been disrupted, with schools often closed for many months. Violence against women and children has increased. Many people's mental health has suffered, and social isolation has been widespread. These spillover effects include delays in achieving Sustainable Development Goals (SDGs) ([UN DESA, 2022b](#)).

The impacts from COVID aggravated – or were aggravated by – a host of other hazards. Hurricanes, droughts, other health threats, and conflicts have continued unabated since the emergence of COVID-19. These hazards were often overshadowed by the pandemic. 2020's Storm Alex caused extreme flooding in the Mediterranean region ([BBC News, 2020](#)), while an ongoing locust infestation devastated crops in east Africa, the Arabian Peninsula and Indian subcontinent ([FAO, no date](#)). Hurricane Grace struck Mexico in August 2021 ([Reinhart et al, 2022](#)) and was followed a few weeks later by Hurricane Ida, which made landfall in Louisiana, causing damage second only to 2005's Hurricane Katrina ([Beven et al, 2022](#)). On 15 January 2022, the Hunga Tonga–Hunga Ha'apai volcano erupted explosively in the Kingdom of Tonga, causing widespread damage and triggering tsunamis across the Pacific ([BBC News, 2022](#)).

As a result, communities frequently found themselves trying to respond to an emergency while also dealing with the ongoing threat of the coronavirus. Multiple, overlapping crises cause greater harm. For example, they place increased pressure on public services, including health systems. During the pandemic, first responders have often been unable to reach certain areas due to movement restrictions. People often spend their savings to recover from the first shock, leaving them with no buffer when another shock arrives. Disasters like floods create unsanitary conditions, which favour the spread of pathogens. COVID-19 was an exceptional disaster – but it was also one of many.

What went wrong: A review of prior reports

The COVID-19 outbreak happened in the 21st century, in a globalised society with access to resources that were almost inconceivable a century ago when the 1918 influenza pandemic took place. For all our knowledge, technology and wealth, humanity was not ready to respond rapidly or efficiently enough to such a public health emergency. Nor were we prepared to deal with the multiple overlapping crises that have compounded the pandemic's impacts.

Multiple reports have examined our response to COVID-19 and how it was impacted by our preparations (or lack of them) for disease outbreaks. These studies offer a wealth of information about the ways governments and the international community prepared themselves for health emergencies, both where those preparations were effective and where they were incomplete or poorly targeted. There are also reams of data on how our health systems, and other public services, performed during the pandemic. In this section we review some of the key reports and their findings. In the following section, we explain how this *World Disasters Report 2022* stands out.

An invaluable overview of lessons learned from the pandemic is provided by the *Lancet* COVID-19 Commission in their report published in September 2022 ([Sachs et al, 2022](#)). The commission describes the death toll as “a massive global failure” and identifies 10 examples of where international cooperation faltered. These included several failures to implement the International Health Regulations (IHR) (2005). Many of the gaps in the response occurred early in the pandemic and were defined by slow or delayed action.

The Independent Panel for Pandemic Preparedness and Response (IPPPR) makes similar points in its major report ([IPPPR, 2021](#)). The IPPPR also focuses on the early phases of the pandemic. They argue that the initial outbreak could have been contained rapidly were it not for a series of mistakes. First and foremost, multiple warnings that the world would face a pandemic were not taken seriously. Preparedness was underfunded and countries did not do enough stress testing. Second, when the initial COVID-19 outbreak was identified and declared a Public Health Emergency of International Concern, too many countries took a ‘wait and see’ approach, instead of moving swiftly to contain the virus and forestall a pandemic. Third, international tensions were allowed to undermine global leadership. Fourth, response funding was too slow, so many countries suffered shortages of essential equipment like diagnostic testing kits. Finally, a failure to take a whole-of-society approach meant the pandemic widened inequalities: disproportionate impacts have been felt by women, vulnerable and marginalized populations like migrants and refugees, and by children whose education has been disrupted or terminated.

The theme of under-preparedness has been explored in more detail by successive reports of the Global Preparedness Monitoring Board (GPMB). Its 2019 report was released just months before the COVID-19 outbreak was detected and warned of the “acute risk of a devastating global epidemic or pandemic” (GPMB, 2019). The following year, the GPMB concluded that the COVID-19 pandemic had “revealed a collective failure to take pandemic prevention, preparedness, and response seriously”. A central finding was that we had failed to understand preparedness fully. This was demonstrated by the inability of widely used preparedness indices like the Global Health Security Index to predict a country’s eventual ability to control the spread of the virus, indicating that those indices were insufficiently well designed (GPMB, 2020).

Finally, the GPMB’s most recent report identified the broken international system as a major contributor to the severity of the pandemic (GPMB, 2021). However, it has less to say about local and community-level action.

A central pillar of preparedness is legal preparedness. Laws and policies underpin every single aspect of emergency prevention, preparedness, response and recovery, for example by allocating responsibilities to key actors. These laws and policies need to be regularly reviewed and updated. Two reports from 2021 illustrated the limited legal preparedness for COVID-19.

A World Health Organization committee reviewed compliance with the IHR (2005), which set out countries’ responsibilities during health emergencies (WHO, 2021). The committee found that many nations did not fully comply with their IHR responsibilities and that this contributed to the COVID-19 outbreak becoming a pandemic. It argued that responsibility for implementing the IHR needed to be assigned to the highest levels of government and that there was a need for “a robust accountability mechanism”. In addition, the report identified specific failings in alert systems and early responses and called for more predictable and sustainable financing.

Meanwhile, the IFRC approached the issue from a different perspective by reviewing over 130 separate emergency laws across the world (IFRC, 2021). IFRC’s Disaster Law specialists found that many countries had severely outdated laws and policies governing health emergencies. Some had not been altered since the late 1800s or early 1900s, covered only specific diseases, or lacked provisions for modern technologies and societies. Others weren’t comprehensive enough to address a complex pandemic like COVID-19 or contradicted other emergency frameworks. As a result, many countries had to pass new legislation in haste, leading to errors and critical omissions.

Because of our general lack of preparedness, the impacts of the COVID-19 pandemic have been especially severe and widespread. The impacts are not confined to health but also extend into the socioeconomic sphere. In particular, the pandemic has widened inequities and had its most severe impacts on those who are excluded or marginalized.

This is highlighted by a UN report on the pandemic’s impact on gender equality (Azcona et al, 2020). The report documents increases in extreme poverty, loss of employment, harms to health, greater burdens of unpaid care, and an increased risk of violence. The *World Disasters Report 2022* builds on this by drawing together evidence of multiple socioeconomic impacts on multiple groups.

Likewise, the International Labour Office's *World Social Protection Report 2020–22* described multiple gaps and inequities in the provision of social protection. As recently as 2020 it found that only 46.9% of the global population was effectively covered by at least one social protection benefit ([International Labour Organization, 2021](#)).

Humanitarian organizations tried to mitigate the pandemic's impacts but faced significant challenges. A report co-authored by the International Rescue Committee and Development Initiatives found there was insufficient funding and reporting ([IRC and Development Initiatives, 2021](#)). Similarly, Development Initiatives reported that the sum total of global humanitarian aid funding had largely stalled since 2018, despite needs increasing sharply since 2020 due to COVID-19 ([Development Initiatives, 2022](#)).

The lessons from COVID-19 replicate and build on the lessons of recent epidemics like Zika and Ebola. In the case of Zika, successful responses demanded intense and complex mental health and psychosocial support; very careful risk communication around sexual and reproductive health risks; and an intense local approach to care and support, especially for pregnant women. For instance, Cuba harnessed active community participation to help control the outbreak ([Castro et al, 2017](#)). Meanwhile, the Ebola epidemic highlighted the importance of contact tracing, risk communication, and safe and dignified burials done by local actors. It also illustrated the risk of military, top-down approaches to epidemic control in an area previously affected by conflict, which led to backlashes and violence. A 2020 review of Ebola outbreaks in Africa highlighted the importance of addressing socioeconomic and cultural factors if progress is to be made ([Rugarabamu et al, 2020](#)).

In the COVID-19 pandemic, these elements were amplified and made more complex by the global scale of the emergency and by the many movement restrictions. Nevertheless, the lessons were similar and actors like the IFRC network progressed in their understanding of these core lessons. The issue has been a global lack of institutional and systemic memory: the lessons were not sufficiently widely transmitted, or acted upon. The crisis of the pandemic is also an opportunity to learn and develop; the question is whether we will do so.

Finally, other reports have considered COVID-19 in the wider context of disaster risk reduction and sustainable development ([World Bank, 2021](#)). The Intergovernmental Platform on Biodiversity and Ecosystems Services argued that the pandemic has highlighted “the fundamental interconnections among human health, biodiversity and climate change” ([IPBES, 2020](#)). In line with this, the United Nations has released an assessment report on disaster risk reduction, highlighting the systemic nature of the risks ([UNDRR, 2022](#)). The ever-increasing threats posed by climate change were highlighted by the previous World Disasters Report ([IFRC, 2020](#)) and more recently by the sixth report of the Intergovernmental Panel on Climate Change ([IPCC, 2022](#)). Finally, efforts to prepare for future health emergencies must be integrated into our efforts to improve sustainability, as expressed by the SDGs ([UN DESA, 2022b](#)).

What is missing from the discussion

IFRC's analyses of the pandemic, and our preparedness for it, largely concurs with these reports. The COVID-19 response has indeed been hampered by:

- A lack of capacity to prepare for public health emergencies.
- Failures in health systems.
- Failure to prepare for the socioeconomic impacts of a public health emergency.
- Failures of multilateral cooperation, particularly when it comes to the development, production and distribution of pandemic response products.

However, there are some key aspects of preparedness that have not received sufficient attention and which we therefore emphasise in the *World Disasters Report 2022*, notably the need for effective and inclusive **local preparedness systems** to prevent, detect and respond to health emergencies.

While much has been said about lack of preparedness at the national level, few have systematically addressed the local and community dimension of preparedness: the importance of leveraging local-level skills, knowledge and concerns when building domestic and global preparedness systems. As a humanitarian organization born out of the 1918 influenza pandemic, with both global presence and local reach across 192 countries, the IFRC felt that there was a strong need to address this dimension.

Effective preparedness and its key elements

Like other crises before it, COVID-19 demonstrated that effective preparedness, including community preparedness, depends on **trust, equity and local action**. First, trust underpins successful responses at all levels of society, from individuals' compliance with public health measures to international financing systems. The good news is that it can be strengthened by effective and inclusive preparedness systems. Furthermore, truly effective preparedness can help to address inequities by strengthening protections, coordination mechanisms, and access to services for those who are most often left behind. Local action ensures that communities have accessible, quality health services that they understand and trust, and that they are fully engaged in preparedness and response. The latter includes the ability to co-design health countermeasures and provide feedback that is acted upon.

These concepts are not exactly being ignored in policy discussions, but key aspects are being missed. There is insufficient focus on what is required to build trust: not just more communication from health systems and governments but true two-way communication with communities. Discussions of equity are too narrowly focused on access to vaccines and other pandemic response products, neglecting access to other services such as social protection. Finally, there is insufficient understanding of the key roles local actors can play in health emergencies and the forms of support they require in order to do so.

While some countries have started to re-examine their legal and policy frameworks for pandemic prevention, preparedness and response, many more should be doing so to ensure that the COVID-19 experience – and other disasters – never happens again. This report shares the IFRC's recommendations for these processes, building on the voices and experience of over 15 million National Red Cross and Red Crescent Society volunteers and those of the communities they work with and live in.

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