

SOCIO-ECONOMIC IMPACTS OF COVID-19 PANDEMIC IN OIC MEMBER COUNTRIES:

Prospects and Challenges

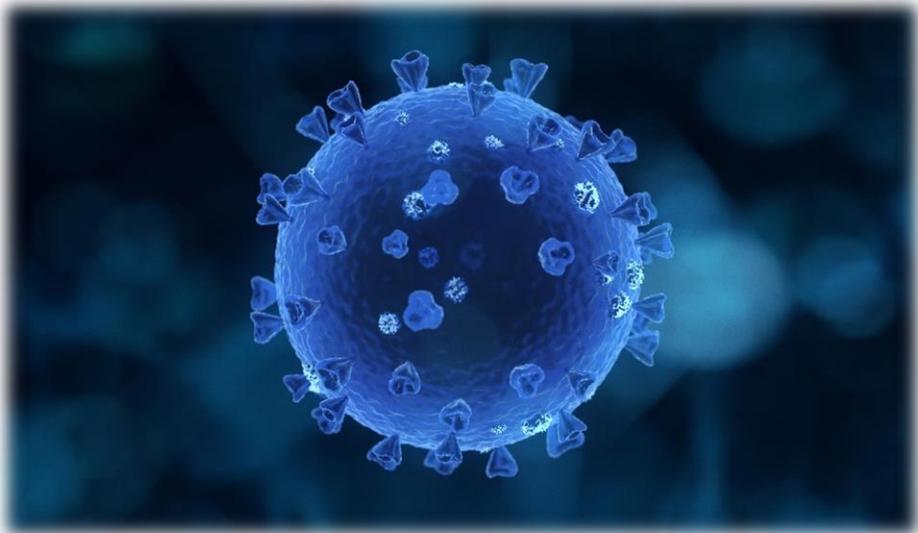


ORGANISATION OF ISLAMIC COOPERATION
STATISTICAL, ECONOMIC AND SOCIAL RESEARCH
AND TRAINING CENTRE FOR ISLAMIC COUNTRIES



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CONTENTS

Contents.....	iii
Acronyms.....	iv
Preface.....	v
Foreword.....	vi
Chapter 1 - Introduction.....	1
Chapter 2 - Socio-Economic Impacts of COVID-19 Pandemic.....	3
2.1 Production and Growth.....	4
2.2 Employment.....	7
2.3 Trade and Finance.....	9
2.4 Tourism and Transportation.....	13
2.5 Agriculture and Food Security.....	17
2.6 Health.....	20
2.7 Education.....	26
2.8 Women, Children, Youth, Elderly and People with disability.....	30
2.9 Social Relations and Behaviours.....	40
2.10 Refugees and Migrants.....	43
Chapter 3 - Policy Measures by OIC Member Countries.....	47
3.1 Public Health and Safety Measures.....	47
3.2 Economic Policy Measures.....	52
3.3 Social Policy Measures.....	59
Chapter 4 - Policy Recommendations.....	69
References.....	84
Annexes.....	90



ACRONYMS

CoHE	Council of Higher Education
COMSTECH	Organisation of Islamic Cooperation's (OIC) Standing Committee on Scientific and Technological Cooperation
EBA	Education Informatics Network
ESCWA	United Nations Economic and Social Commission for Western Asia
GDI	Gender Development Index
ICESCO	Islamic World Educational, Scientific and Cultural Organization
ICT	Information Communication Technologies
ILO	International Labour Organization
IMF	International Monetary Fund
IsDB	Islamic Development Bank
ITU	International Telecommunications Union
LMS	Learning Management System
MoEHE	Ministry of Education and Higher Education
NCDC	National Curriculum Development Centre
OIC	Organization of Islamic Cooperation
PACP	Public Authority for Consumer Protection
RUTF	Ready-to-Use Therapeutic Food
SSA	Sub-Saharan Africa
TRT	Turkish Radio and Television Corporation
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation
WHS	World Health Survey



PREFACE

The Novel Coronavirus Disease (COVID-19) has forced the entire world to face one of its most daunting challenges in contemporary history with millions of people infected and hundreds of thousands of people dead. However, it would be a grave mistake to characterize this challenge as a health crisis. It is a full-scale human crisis causing wide human misery and suffering and pushing the socio-economic well-being of people to the verge of collapse.

At the national level, the OIC Member States have mobilized their resources to tackle the devastating consequences of the COVID-19 pandemic on health, economy and different walks of social life by taking immediate and decisive preventive, treatment and sensitization measures to curb the spread of the disease and to protect the people, especially vulnerable groups. However, on their own, measures taken at the national level will not suffice to match the global scale and complexity of the crisis. To truly be able to face this global crisis, our response must come to effective grips with the unique nature and scale of the outbreak of this pandemic, as the situation demands greater coordinated and joint efforts amongst our member countries. This is, in fact, in line with the objectives of the OIC Charter that calls for cooperation and coordination among Member States in humanitarian emergencies.

Since the beginning of the crisis, the OIC has deployed tremendous efforts to intensify joint Islamic action and solidarity in confronting the pandemic, including the convening of the Health Steering Committee meeting on April 9, 2020, and the Second Fiqh Medical Symposium of the International Islamic Fiqh Academy on April 16, 2020 in order to study various jurisprudential aspects likely to address the pandemic. An Executive Committee meeting at the level of Foreign Ministers, too, was held on April 22, 2020 on the same issue. Meanwhile, the OIC's institutions and financing organs have adopted rapid response initiatives by allocating financial resources to Member States to contain the effects of the coronavirus pandemic and its economic and social impacts, notably the launching by the IsDB Group of a US\$ 2.3 billion strategic preparedness and response program to the benefit of many Member States, and ISF's US\$ 1 million emergency assistance fund to help Member States, especially our Least Developed Countries (LDCs).

Within the framework of these various endeavours of the OIC and its Institutions, the present report developed by SESRIC constitutes a call to identify and tackle the socio-economic impact of COVID-19 pandemic in OIC member countries. While I appreciate this work by the research team at SESRIC, I am confident that it will deepen our understanding of the socio-economic dimensions of COVID-19 pandemic in our member countries. The valuable information, analyses and policy recommendations included in the report will no doubt contribute to the efforts of our member countries towards devising appropriate measures, policies and strategies that will enable them to effectively and efficiently deal with this unprecedented crisis.

Dr. Yousef A. Al-Othaimeen
Secretary General
Organisation of Islamic Cooperation



FOREWORD

Today, the OIC member countries and the world at large are faced with a pandemic unlike any in the last century. A pandemic that spreads fast, kills people, and destroys their socio-economic lives. Although the COVID-19 pandemic has developed out of a health crisis, it is in fact much greater than that. It is a human and social calamity leading to alterations and transformations that are attacking the core of societies. As is the case in many countries around the world, the COVID-19 pandemic constitutes an unprecedented challenge with severe health and socio-economic outcomes that have already started to show historic and daunting consequences on the OIC countries.

The “*Socio-Economic Impacts of COVID-19 Pandemic in OIC Member Countries: Prospects and Challenges*” report of SESRIC is an effort to understand and document the impacts of COVID-19 pandemic on OIC member countries in various socio-economic fields and areas. The report shows that the pandemic is affecting all economic sectors and segments of the population. The upward economic growth rates preceding the outbreak of the pandemic are now projected to be severely contracted. Unemployment and poverty levels are forecasted to increase dramatically around the world, with many OIC countries unfortunately at the heart of these adverse implications. The pandemic is particularly detrimental to the vulnerable social groups in the society, including the poor, older persons, women, youth, and children and persons with disabilities. People without access to running water, refugees, migrants, or displaced persons stand to suffer excessively both from the pandemic and its aftermath – due to limited movement, fewer employment opportunities, conflict, increased xenophobia, exposure and amongst others prejudice and intolerance.

At varying degrees, the OIC countries have so far implemented a diverse range of policies to ease the socio-economic effects of the COVID-19 pandemic. However, the global nature of the pandemic dictates for collective national, regional, and international responses. It is here that the intra-OIC cooperation becomes ever more needed not only to slowdown and eradicate the spread of the pandemic but also to establish effective policies and measures to mitigate its after effects. In this context, the report also works out feasible and operative policy options for an effective response and fast socio-economic recovery.

I hope that the extensive and in-depth analysis presented in this report will contribute to the efforts of OIC countries towards enhancing their resilience and cooperation levels to mitigate the health, social and economic impacts of the COVID-19 pandemic.

Nebil DABUR
Director General
SESRIC



CHAPTER 1

Introduction

The outbreak of the Novel Coronavirus Disease (COVID-19) has caused an unprecedented global health and humanitarian crisis with large scale societal and economic disruptions across the world. The current COVID-19 outbreak was first noticed in the city of Wuhan, the capital of the Hubei Province in China on 29 December 2019. Since then, the disease has spread to 119 countries and territories across the globe, including 56 OIC member countries. On 11 March 2020, the WHO announced the COVID-19 as a global pandemic.

According to the SESRIC COVID-19 Pandemic Database, a total of 649,212 confirmed cases and 18,128 fatal cases have been reported in 56 OIC member countries as of 21 May 2020. On the other hand, 354,248 affected people have been treated and recovered successfully since the first confirmed case of COVID-19 in Malaysia on 25 January 2020. As of 21 May 2020, OIC member countries, as a group, account for 12.6% of the global confirmed case, 5.4% of the global fatal cases and 17.2% of the global recovered cases.

At the individual OIC country level, the total confirmed cases of COVID-19 vary significantly from 11 cases in Suriname to 153,548 cases in Turkey. In fact, more than two-thirds (67%) of total OIC confirmed cases are reported in only five member countries, namely Turkey (24%), Iran (20%), Saudi Arabia (10%), Pakistan (7%) and United Arab Emirates (6%). A similar situation exists for the distribution of fatal cases of COVID-19 in OIC member countries. As of 21 May 2020, Iran has reported the highest mortality with 7249 deaths followed by Turkey with 4249, Indonesia (1278), Pakistan (1017), Egypt (696) and Algeria (575). These six OIC member countries are currently accounting for 83% of total fatal cases of COVID-19 in OIC countries group.

In general, OIC member countries have been successful in containing the spread of COVID-19 infections and treatment of affected people with a case recovery rate of 53.4% compared to the global rate of 38%. The bulk of recoveries in OIC group are being reported in high burden member countries, namely Turkey, Iran, Saudi Arabia, Pakistan and United Arab Emirates. Currently, most of the OIC countries are experiencing local transmission of COVID-19 with country wide community transmission increasing.

To contain the spread of infections, the majority of OIC member countries have imposed strict public health and safety measures like ensuring effective social distancing, lockdowns, curfews and border closures. These measures have been apparently very effective in



containing the spread and providing an opportunity for the healthcare system to focus on the testing, tracing and curing the affected people. Nevertheless, nationwide lockdowns and closures have serious socio-economic implications especially for the low and middle income OIC member countries with high incidence of poverty, informal employment and low social security coverage.

Given this state of affairs, this report attempts to study and evaluate the impacts of COVID-19 pandemic on the economies and societies of the OIC member countries to understand the gravity of the crisis and highlight appropriate policy response to improve the socio-economic situation. Chapter 2 of this report provides a comprehensive analysis of the impacts of COVID-19 pandemic on production and growth, trade and finance, employment, tourism and transportation, agriculture and food security, health, education and vulnerable segments of society like children, women, elderly and people with disability. Chapter 3 highlights the policy measures taken by OIC member countries to counter the negative effects of COVID-19 pandemic on their economies and societies at large by looking into national best practices in public health and safety measures, economic policy response and social policy measures. Lastly, Chapter 4 recommends policy measures at both the national and the OIC-cooperation levels to minimize the socio-economic fallouts of COVID-19 pandemic and accelerate economic recovery.



CHAPTER 2

Socio-Economic Impacts of COVID-19 Pandemic

The COVID-19 pandemic disrupted normal economic activity and daily life across the world. In response to the pandemic, many governments across the world have taken strict measures to prevent the outbreak, to ensure the proper functioning of the healthcare system and protect the most vulnerable. However, due to increased uncertainty and vulnerability arising from business closures, travel restrictions and containment measures, the short-term economic impacts are imminent in terms of lower production, investments, earnings, and, thus, higher unemployment.

The COVID-19 pandemic is much more than a health crisis. It is a humanitarian calamity leading to alterations and transformations that are attacking the core of societies and economies. Early evidence already indicates that the social, health and economic impacts of the virus are being borne disproportionately by the poor and disadvantaged around the globe, which requires urgent and effective remedial policy measures (UNDESA, 2020).

The UN estimates that nearly half of the world's workers could lose their jobs due to the cutbacks and other economic aftermath caused by the outbreak (UN News COVID-19, 2020). The IMF recent prospect of growth for 2020 and 2021 shows that the world has entered a recession –as bad as or worse than in 2009 (Opening Remarks at a Press Briefing by Kristalina Georgieva, 2020). Emerging and developing economies are projected to contract by -1.0 % as their GDP growth rate is expected to be -2.2% in 2020 (World Economic Report, 2020). The economic impact of the pandemic will have major spill over effects on the social life of individuals, communities, and nations. According to the World Economic Outlook, the COVID-19 pandemic will push 49 million people into extreme poverty by the end of 2020.

The OIC member countries, almost all of them reported confirmed cases of COVID-19, are not immune to the waves of socio-economic shocks caused by the pandemic. Like many other countries around the world, the OIC member countries have started to witness the adverse and disproportionate collective effects of the virus on their economies and societies. While it is important to highlight the heterogeneity of the member countries concerning their socio-economic development and response to the pandemic, it is also salient to bear in mind that OIC countries are categorized as “developing countries”, and 21 of them are even classified as “least developed countries”.



In a rapidly changing environment, it is excessively difficult to measure the real economic impacts of COVID-19 pandemic on, for example, the level of production, employment, consumer spending, international trade, food security and learning. The hardest hit countries by the pandemic account for the majority of global GDP, manufacturing and trade. However, contrary to the recent global financial crisis, almost all economies in the world are affected by the negative impacts of the outbreak of the pandemic. This section provides initial estimates and potential impacts on OIC economies and societies based on the available data and information.

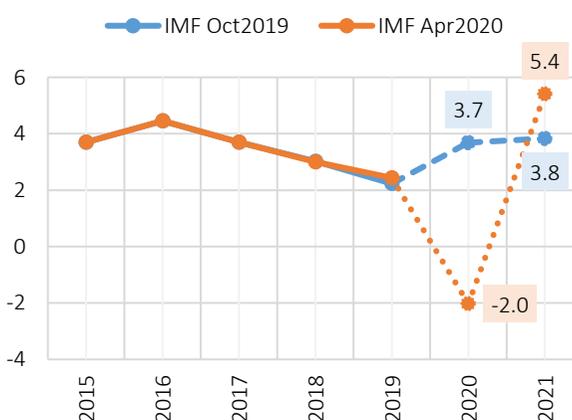
2.1 Production and Growth

The pandemic has two major effects on the economies: one is related to supply of goods and services due to value chain disruptions at both national and international levels, and the other is related to demand for goods and services due to loss of income and rising uncertainties. This exposes firms to revenue losses, reduced investments and production capacity, workers lay off, and ultimately default. Households and firms tend to spend less and save more as a response to growing uncertainties, which lower aggregate demand and prices for major commodities and assets. Moreover, the demand for liquidity and rising risk aversion cause major stress in the financial markets with significant effects on asset pricing and debt financing.

Since it is still early to make any conclusion on the prospects of the outbreak, the potential impacts on production and growth are usually provided based on alternative scenarios. These usually include optimistic, intermediate and pessimistic scenarios depending mainly on the duration of the lockdown. For example, the OECD estimates a decline in the level of output of between one-fifth to one-quarter in many economies, with consumers' expenditure potentially dropping by around one-third (OECD, 2020a). While short-term effects are expected to be significant, the implications for annual GDP growth will depend on many factors, including the magnitude and duration of shutdowns, the extent of demand fall and impact of fiscal and monetary support measures on economic recovery.

While these scenarios are important in postulating

Figure 2.1: Change in Growth Projections in OIC Countries



Source: SESRIC staff calculations based on IMF WEO Databases.



potential impacts on the global economy, they may not be very predictive in assessing the impacts on individual countries. In this study, two estimations made by the International Monetary Fund (IMF) are being compared to evaluate the potential impacts on OIC economies. First estimation is based on the IMF WEO October 2019 and the second is based on the IMF WEO April 2020. While the first estimation did not foresee such an outbreak, the second estimation totally takes into account the potential impact of the pandemic. Therefore, it provides a rather reasonable set of information to discuss the initial estimations on the potential impacts on OIC economies.

The dataset published in October 2019 implied an average growth expectation for the OIC region at a level of 3.7% for 2020 and 3.8% for 2021. This is pretty much in line with the growth trajectory observed in the OIC region over a longer term. The updated dataset was published in April 2020 with substantial downward revisions, which took the potential impacts of the pandemic into account. Based on the new dataset, the OIC region is expected to contract by 2% in 2020 (Figure 2.1).

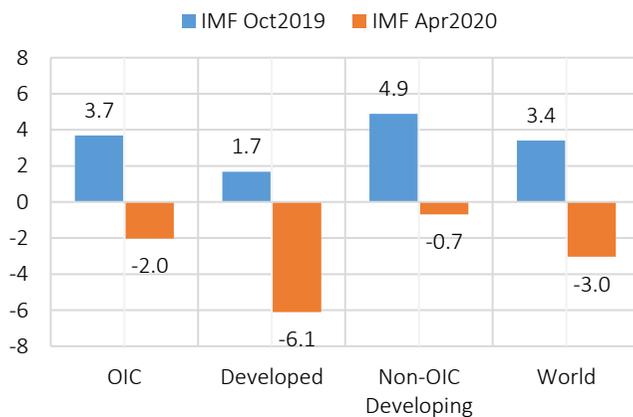
Considering the fact that the OIC region experienced a positive growth rate even during the global financial crisis in 2008-09 (+1.7%), this reveals the extent of severity of the impacts of the pandemic on the OIC economies.

In terms of recovery, IMF estimations appear to be rather optimistic, reflecting the hope for a faster recovery than during the global financial crisis. The global economy is expected to

recover at a rate of 5.8% in 2021 following a 3% decline in global GDP in 2020. Similarly, OIC economies as a group are expected to grow at a rate of 5.4% in 2021. When compared to other country groups, OIC countries are expected to be affected less severely than the developed countries but at around the same levels with non-OIC developing countries (Figure 2.2). Despite the rather optimistic forecasts by the IMF, the recovery period may be prolonged if commodity prices remain low, governmental and corporate debts grow further and financial imbalances exacerbate due to possible extension of economic lockdown.

As a result, average per capita income level in the group of OIC countries is also expected to fall from US\$ 11.5 thousand in 2019 to US\$ 11.1 thousand in 2020, corresponding to a 3.4% decline. Since average population growth is higher in developing countries, including OIC

Figure 2.2: Change in Growth Projections in Major Country Groups in 2020

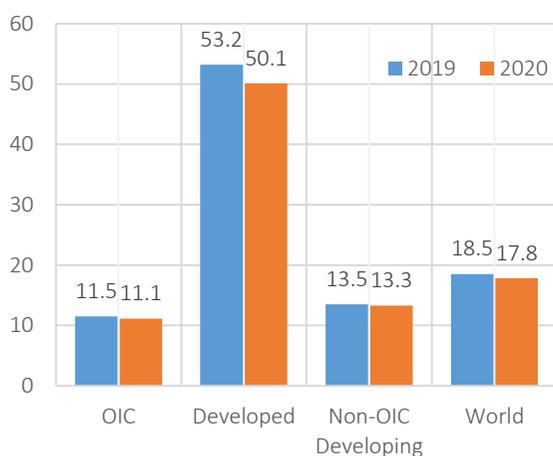


Source: SESRIC staff calculations based on IMF WEO Databases.

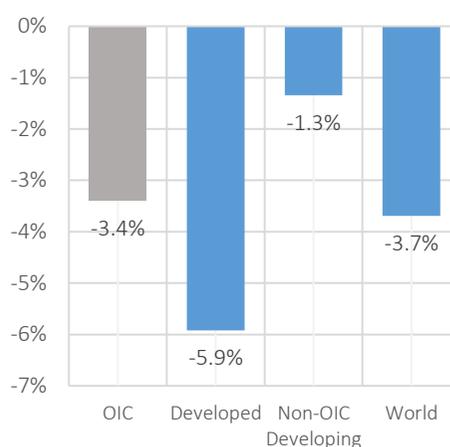


countries, their per capita income levels are expected to fall at a higher magnitude as compared to the fall in total GDP (Figure 2.3).

Figure 2.3a: Expected Change in Per Capita Income Levels in 2020 (Thousands, based on PPP)



2.3b. Expected Percentage Change in Per Capita Income in 2020



Source: SESRIC staff calculations based on IMF WEO April 2020 Database.

The pandemic is expected to create additional vulnerabilities in the economies, as reflected in other macroeconomic indicators. As a result of the sudden stop in capital flows, increasing needs for government expenditures to support economies, and diminished prospects of revenue generation due to restriction of economic activities and sharp fall in commodity prices, most OIC economies are expected to face significant deterioration in their current account balances. In 2020, only Afghanistan, Turkey and the United Arab Emirates are expected to experience current account surplus (See Annex I for a detailed table on Macroeconomic Indicators). On the other hand, there will be less inflationary pressure due to falling demands in most sectors. In 25 OIC countries, inflation expectations are revised downward. However, some import dependent countries are expected to experience sharp increases in their average price levels, such as Sudan, Suriname, Lebanon and Libya.

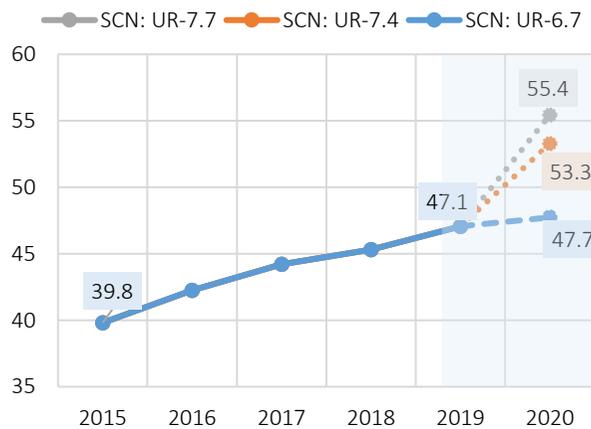
On the other hand, the World Bank estimates that global remittances will decline sharply by about 20% in 2020 due to the economic crisis induced by the pandemic, the sharpest decline in recent history. This is largely due to a fall in the wages and employment of migrant workers, who tend to be more vulnerable to loss of employment and wages during an economic crisis in a host country (World Bank, 2020a). An expected impact of economic slowdown and fall in social safety nets is increasing poverty. The COVID-19 pandemic is expected to cause the first increase in global poverty since 1998. With the new forecasts reported by World Bank staff, global poverty—the share of the world’s population living on less than \$1.90 per day—is projected to increase from 8.2% in 2019 to 8.6% in 2020, or from 632 million people to 665 million people (World Bank, 2020b).



2.2 Employment

The COVID-19 crisis is having a substantial impact on all aspects of our lives. The most immediate priority in responding to the crisis is inevitably on public health and it is likely to remain that way for the coming weeks and months. Yet, the preventive measures in the form of lockdowns are expected to reduce working hours and increase unemployment. The International Labour Organization (ILO) produced three monitoring reports to regularly evaluate the impact of the pandemic on the world of work. Preliminary ILO estimates indicate a rise in global unemployment of 13 million (the “mid” scenario) from a base level of 188 million in 2019 (ILO 2020a, 18 March). The ILO’s next global estimates indicated that working hours will decline by 6.7% in the second quarter of 2020, which is equivalent to 195 million full-time workers, with workers losing as much as US\$ 3.4 trillion in income by the end of 2020 (ILO 2020b, 7 April). In its final report, global working hours are expected to decline by 10.5% in the second quarter, which is equivalent to 305 million full-time jobs, representing a significant deterioration on ILO’s previous estimate of 195 million (ILO 2020c, 29 April). The first quarter estimation on the decline of global working hours is currently 4.5%, (around 130 million full-time jobs).

Figure 2.4: Possible Changes in Unemployed Persons in OIC Countries (Million)



Source: SESRIC staff calculations based on ILO Modeled Estimates.

While millions of workers are vulnerable to layoffs, the ultimate number of annual job losses in 2020, which is projected to be more than 25 million, will depend critically on the evolution of the pandemic and the measures taken to mitigate its impact. The jobs that are potentially at high risk are in sectors related to tourism, accommodation, travel, food and other local services. Specifically, self-employed workers, workers engaged in short-term or part-time employment are less protected against the risk of job or income loss. Women and youth are more vulnerable to decreased labour demand. They are less likely to receive unemployment benefits and related income during extended unemployment in the presence of already limited fiscal space in many OIC countries. The jobs in the manufacturing sector are also expected to be at risk, but relatively at lower levels, depending on the extent of the supply chain disruptions and demand dynamics in the medium term.



Projections by the ILO at the individual country level are not available. In order to have an approximate judgement on the possible increase in the unemployment rate and total unemployed in OIC countries, the global estimations of the ILO are used as a proxy. According to its latest estimations, ILO expects more than 25 million increase in the number of unemployed people. This would correspond to around 0.7% increase in global unemployment rates under current levels of labour force participation rate. If the rate of unemployment increases at the same rate in the group of OIC countries and reaches 7.4% (from 6.7%), the total number of unemployed persons would increase from its previously estimated level of 47.7 million to 53.3 million in 2020 (Figure 2.4). If unemployment rates would further increase to 7.7% (by 1%), this number would exceed 55 million people. This would result in huge policy challenges for OIC governments in accommodating an additional 8 million unemployed people and tackling the socio-economic problems of affected populations during the post-crisis period.

Reduced working hours and home-office type of working for certain jobs will directly affect labour productivity. This is not only because many people are unwell or struggling to work at home, but also because of a sharp decline in output. Having adequate infrastructure for digital communication and telecommuting can partly eliminate productivity losses for certain jobs, but many firms in OIC countries, particularly small and medium sized enterprises (SMEs), are less likely to have such facilities. In the absence of previously established infrastructure, shifting to such working arrangements by making additional investment may also be relatively costly for most SMEs.

According to a recent survey conducted by UNDP with 780 enterprises from different provinces of Turkey on the impacts of the pandemic on firms, 36% of micro- and small-scale companies have responded that they suspended their activities. According to the survey, revenues of more than half of the companies decreased by more than 50%. It states that the top three expectations of SMEs in the fight against the Coronavirus include: postponement of payment of bills/taxes/social security contributions (80%), tax discounts (77%) followed by financial support (71%). While digital communication channels ease homeworking arrangements, only 32% of small companies have adequate infrastructure to telecommute, while this ratio is 70% for large companies (UNDP Turkey, 2020).

SMEs account for the vast majority of firms, employment and value added in OIC countries, as in the rest of the world. In sectors where SMEs are strongly represented, such as tourism, travel and food, firms are significantly affected by the pandemic. It is not possible to quantify to which extent the SMEs in OIC countries are affected by the crisis, but it is certain that they face major liquidity challenges to remain solvent. Given their limited resources and capacities to manage their cash-flows, and already existing challenges in accessing to finance, the lockdowns are likely to put many SMEs at risk of bankruptcy.

In this connection, it is necessary to help SMEs, particularly in managing their cash-flows, to avoid their insolvency during the lockdown as well as post-crisis period. This is also important to keep people employed during quarantine times by embarking on various protection



mechanisms, such as wage subsidies for underutilized labour. Additional support measures can be developed to raise the level of digitalisation in SMEs by helping them to overcome their difficulties in accessing and adopting digital communication technologies.

Some productive SMEs are connected to larger firms in their operations and disruption of networks and supply chains make them particularly vulnerable. Moreover, they may not easily re-establish their business networks if larger firms form new partnerships with other firms in different locations as a response to the pandemic. It is important for governments to provide information and assistance on how to develop new business strategies and set up new alliances for such firms in order to maintain economic and productivity growth in the country.

Moratorium on the repayment of debt is one of the effective tools that could be utilized by the member countries, as implemented in Egypt, Malaysia, Saudi Arabia and Turkey. For example, the Central Bank of Egypt gave small and medium-sized businesses a six-month extension for credit repayments. Direct lending to SMEs, including the expansion of funding available for loans or simplifying and speeding up procedures to receive loans, is also common in supporting the SMEs, as implemented by Malaysia, Saudi Arabia and Turkey. In addition, deferral of income and corporate taxes (Indonesia, Turkey), loan guarantees (Saudi Arabia, Turkey), grants and subsidies (Indonesia, Turkey), and wage subsidies (Turkey) are among the measures that are implemented by some OIC countries to protect small and medium sized firms (OECD, 2020b).

2.3 Trade and Finance

Trade Flows

International trade was already slowing amid persistent trade tensions among major economies and was not projected to grow in 2020. Following the COVID-19 pandemic, global estimations on trade flows are significantly revised downward. According to WTO estimations, global trade flows are expected to decline by between 13% and 32% in 2020, based on alternative scenarios. In the optimistic case, global merchandise trade is expected to fall by 12.9% in 2020 to be followed by a strong recovery of 21.3% in 2021 to bring trade close to pre-pandemic trend (WTO, 2020). In the pessimistic scenario, the world merchandise could experience a steeper initial decline (-31.9%) with a more prolonged but incomplete recovery of 24%.

To investigate the potential impacts of the pandemic on the trade of OIC member countries, it is worth mentioning that the export structure of these countries is highly concentrated on resource and primary commodity-based products. Therefore, sharp fall in commodity prices will significantly affect the trade flows not only with the rest of the world but also among the OIC countries. Based on the current levels of major commodity prices reported by the IMF, and by making further assumptions on the price levels, the potential changes in trade flows are estimated.

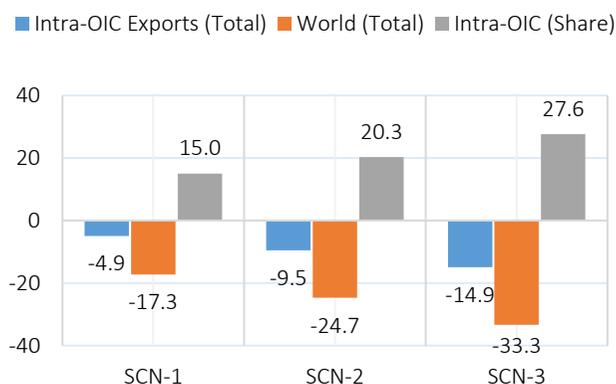


In this connection, by taking the averages of trade flows during the last five years, the top 20 export sectors of OIC countries are identified, which collectively accounted for 85% of all exports from the OIC group. Then, based on the price indices provided by the IMF in major commodity groups, the possible changes in exports in these sectors are calculated. While this analysis focuses only on price effects, it is assumed that the fall in demand is partly compensated with a fall in prices. Accordingly, three alternative scenarios are generated. While the first scenario is more optimistic in price falls, the second one is moderate and the third one is more pessimistic in nature. It should be noted that the trade structure of OIC countries with the rest of the world differs significantly when compared to intra-OIC trade. While 41% of exports from OIC to the world was mineral fuels over the last five years, this share was only 15% in intra-OIC trade. Therefore, a fall in commodity prices will disproportionately affect the distribution of trade in favour of intra-OIC trade.

As shown in Figure 2.5, in the case of first scenario, where oil prices are around 42% below their five-year average level and other commodities are around 1-5% below their average levels, intra-OIC exports would fall by 4.9% and their exports to the world would fall by around 17%. This would increase the share of intra-OIC exports by 15%. An additional decline in commodity prices (SCN-2: 55% in oil prices and 5-10% in other commodities; SCN-3: 70% in oil prices and 10-15% in other commodities) would bring additional losses in export volumes, but they would imply greater share for intra-OIC trade.

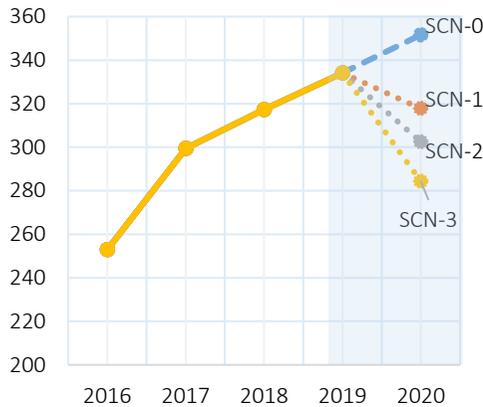
Figure 2.6a and 2.6b show the possible changes in intra-OIC export volumes and total exports the world based on these three scenarios. It also provides the normal case scenario (SCN-0) as extrapolated in the absence of the pandemic for the sake of comparison. As it is clearly observed, the fall in exports to the world is expected to be sharper, driven mainly due to the fall in the prices of mineral products.

Figure 2.5: Possible Changes in Export Flows from OIC Countries (%)



Source: SESRIC staff calculations based on ITC Trade Map, IMF Commodity Prices and IMF DOTS statistics.



Figure 2.6a: Possible Changes in Intra-OIC Export Flows**2.6b.** Possible Changes in Export Flows from OIC Countries to World

Source: SESRIC staff calculations based on ITC Trade Map, IMF Commodity Prices and IMF DOTS statistics.

In fact, the global oil market is facing its largest demand drop in decades. It is expected that downward pressure on oil prices will persist in the coming months as the continued fall in demand leads to a further rise in inventories. According to the April edition of the World Bank's Commodity Markets Outlook report, oil prices are expected to average \$35 per barrel in 2020 (World Bank, 2020a). Evidently, oil exporting OIC countries will be among the most vulnerable to the economic impacts of the pandemic. On the other hand, agriculture prices are less tied to economic growth and have undergone only minor declines over the first months of the year. The decline in commodity prices is also likely to lead to fiscal pressures for commodity exporting economies, making it dreadful to respond to the crisis.

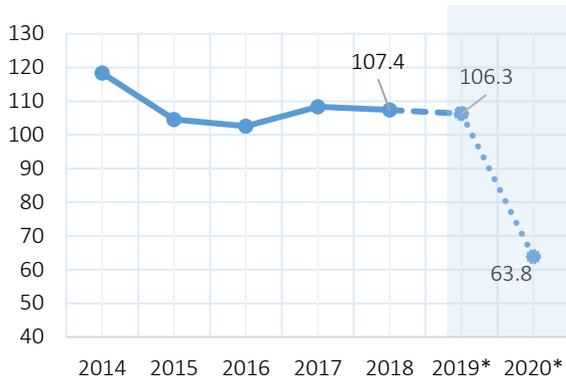
Investment Flows

According to UNCTAD's latest estimates on 26 March 2020, due to COVID-19 pandemic, global investment flows is projected to contract by 40%. A great share of multinational enterprises (MNEs) are being affected by disrupted supply chains, global demand shocks and lower sales and earnings. Top MNEs that account for the bulk of the global foreign direct investments (FDIs) foresee around 30% decline in their earnings and this trend is likely to continue. Energy, airlines and automotive industries are among the top sectors that are expected to be hit hardest (UNCTAD, 2020a).

Global investment flows were estimated to fall by 1% in 2019, according to UNCTAD Investment Trends Monitor published in January 2020. When the projected fall in global FDIs is taken into account for 2019, and assuming the OIC countries will experience a decline at the same magnitude (40%) in 2020, it is being projected that the FDI flows to OIC countries may fall to below US\$ 64 billion in 2020. This is a much stronger fall in investment flows as



Figure 2.7: Inward FDI Flows in OIC Countries (US\$ Billion)



Source: SESRIC staff calculations based on UNCTAD STAT Database June 2019. (*) represents estimations and projections for 2019 and 2020.

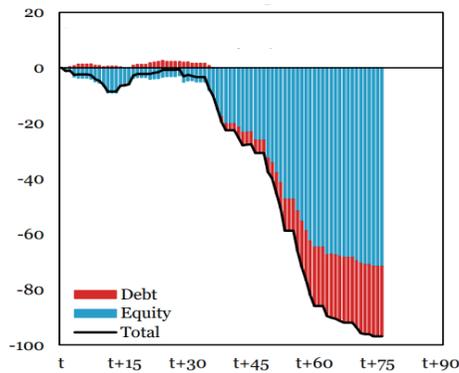
compared to the 2008-09 global financial crises, in which OIC countries experienced a fall from US\$ 173 billion in 2008 to US\$ 132 billion in 2009, corresponding to around 23% fall in total inflows. To reduce the impacts of the pandemic, many countries across the world are trying to speed up investment approval procedures, promote the extensive use of online tools and e-platforms, and offering incentive schemes for health-related R&D to alleviate the impact on investment flows and local firms (UNCTAD, 2020b).

On another front, many OIC countries face considerable constraints in operationalizing effective stimulus packages due to revenue losses and fall in their reserves. Financial turmoil in global financial markets has already triggered capital flights, reversal of investment flows and currency devaluations. Together with significant revenue losses, debt servicing becomes particularly challenging for governments, with a higher likelihood of bankruptcies and further economic failures. At the micro level, closure of businesses raises uncertainties and concerns on corporate and household debt defaults.

In terms of capital flows, the COVID-19 pandemic resulted in a pronounced sudden stop in capital flows to emerging markets. According to the Institute of International Finance (IIF), the first quarter of 2020 witnessed the largest emerging market outflow ever (Figure 2.8), exceeding the worst points of the global financial crisis (Figure 2.9). Global demand shock and the largest drop in oil prices in decades led to a record-breaking outflow episode of around US\$ 83 billion in March alone. Between January 21 and April 9, portfolio equity outflows were reported as US\$ 72 billion and debt outflows as US\$ 25 billion by IIF, reaching a total of US\$ 97 billion.

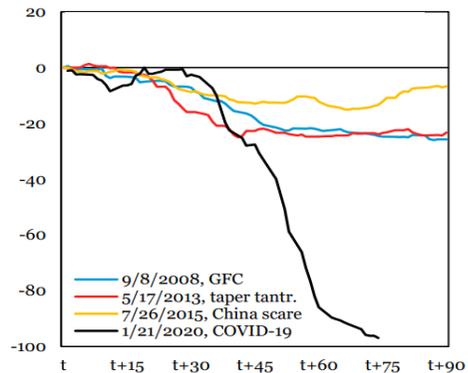


Figure 2.8: Accumulated Portfolio Outflows from Emerging Markets amid COVID-19 Pandemic (US\$ Billion)



Source: Institute of International Finance, Capital Flows Report April 9, 2020. Non-resident outflows since Jan. 21, 2020.

Figure 2.9: Accumulated Portfolio Outflows from Emerging Markets during Various Crisis (US\$ Billion)



Source: Institute of International Finance, Capital Flows Report April 9, 2020. Non-resident.

2.4 Tourism and Transportation

International tourism is one of the main economic activities and an important source of foreign exchange earnings, economic growth and employment in many countries. Around 10% of the world's GDP is generated in this sector. Tourism sector creates 1 in every 4 new jobs across the globe. In 2019, international tourism accounted for 8% of total GDP of OIC countries and provided jobs for more than 45 million people (WTTC, 2020).

Since tourism sector has direct and indirect linkages with 185-supply side activities in the economy, a shock such as a pandemic could have the potential to affect a chain of economic activities from transportation to hoteliers (OECD, 2020c). According to UNWTO (2020a), globally around 80% of all tourism businesses are small-and-medium-sized enterprises (SMEs) that have limited sources to survive in case of an economic shock like the current one due to the COVID-19 outbreak. The tourism sector not only creates millions of jobs but also provides opportunities for some vulnerable groups like women, youth and rural communities in many developing and developed countries (UNWTO, 2020b). In this regard, a recession or a crisis in the sector could translate into a loss of millions of jobs due to COVID-19. Consequently, a disruption in the activities of the sector could hit all wide-range tourism stakeholders and, thus, triggering the jobless and poverty rates.

The declaration of the pandemic of COVID-19 on 11 March 2020 by the World Health Organization triggered a wave of travel restrictions in different forms and intensities that put



the sector into a difficult position. According to UNWTO (2020c), as of 28 April 2020, of 217 destinations worldwide:

- 45% have totally or partially closed their borders for tourists - “Passengers are not allowed to enter”;
- 30% have suspended totally or partially international flights - “all flights are suspended”;
- 18% are banning the entry for passengers from specific countries of origin or passengers who have transited through specific destinations; and
- 7% are applying different measures, such as quarantine or self-isolation for 14 days and visa measures.

As a result of above-mentioned restrictions on travel and tourism, OECD (2020c) estimates a 45%-70% decline in international tourism in 2020. UNWTO (2020a) has more moderate estimations on the impact of the pandemic where it estimates international tourist arrivals to be decreased by 20% to 30% in 2020 compared to 2019. This expected fall in international tourist arrivals could translate into a decline in international tourism receipts (exports) by 300 to 450 USD billion. Overall, UNWTO (2020a) expects that, due to COVID-19 pandemic, the global tourism sector will lose between five- and seven-years’ worth of growth. These estimations of the UNWTO unveil the severity and depth of the crisis that would certainly have serious implications on the tourism and transportation sectors of OIC countries.

In this context, Figure 2.10 presents projections made for OIC countries on international tourist arrivals and tourism receipts based on the UNWTO scenarios. Figure 2.10 also shows projections on intra-OIC tourism activities for the year 2020. The baseline scenario reflects the usual growth trajectory of the tourism sector in OIC countries based on their performance during the period 2013-2019 with the assumption that there is no COVID-19 outbreak in 2020. In line with the UNWTO projections, scenario 1 assumes that the COVID-19 outbreak will lead to a 20% contraction in the tourism sector compared to the baseline scenario. Accordingly, OIC countries are projected to host 123.3 million international tourists instead of a baseline projection of 154.2 million in 2020. This translates into a potential USD 38.6 billion loss in tourism receipts. The headline assumption of scenario 2 is a 30% contraction in tourism in comparison with the baseline scenario for the year 2020. The figures in scenario 2 are more shocking where OIC countries are projected to attract only 107.9 million international tourists, which means 46.3 million tourists lower than the baseline scenario. Those tourists are projected to generate USD 135 billion foreign exchange for OIC countries compared to USD 192.8 billion of the baseline projection in 2020.

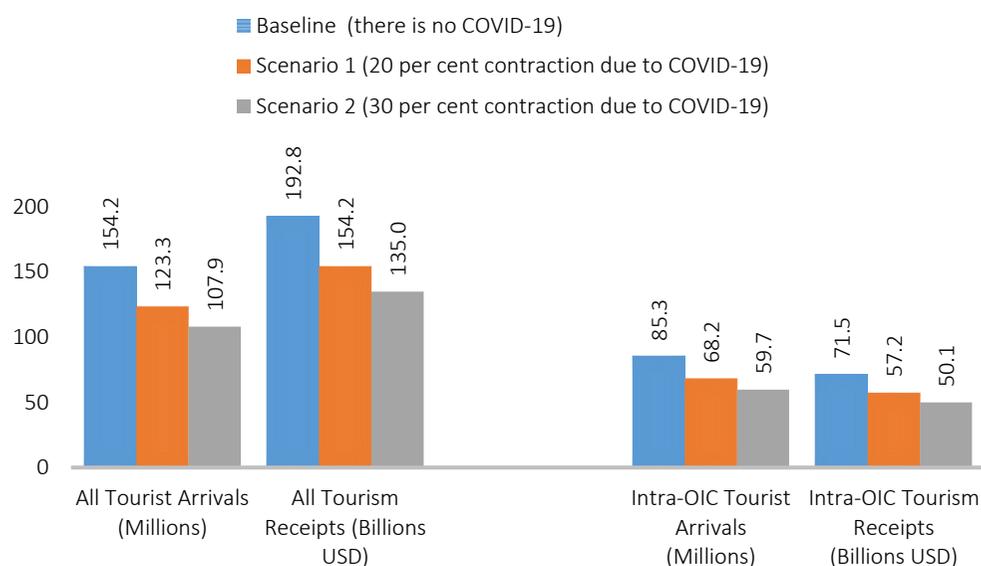
The COVID-19 outbreak is expected to weaken intra-OIC tourism activities as well in 2020. Intra-OIC tourist arrivals are projected to be recorded at 68.2 million in scenario 1 and 59.7 million in scenario 2. Those figures are significantly lower compared to the baseline projection of 85.3 million intra-OIC tourist arrivals in 2020 (Figure 2.10). Compared to the baseline



scenario for 2020, intra-OIC tourism receipts are also projected to record losses worth of USD 14.3 billion and USD 21.4 billion due to COVID-19 in scenario 1 and 2, respectively.

In fact, the estimations made by the International Civil Aviation Organization (ICAO, 2020) are also in line with the projections made by UNWTO on the severity of the crisis in the global tourism and transportation sectors stemming from COVID-19 pandemic with significant implications on OIC countries.

Figure 2.10: The Potential Impacts of COVID-19 on International Tourism in OIC Countries in 2020



Source: SESRIC Staff Calculations from UNWTO Database

Due to the travel restrictions, lockdown measures and curfew, in many OIC countries airline companies started to cancel their international flights in March 2020. The number of those cancellations went up remarkably in March and April as the COVID-19 outbreak deepened rapidly across the globe. For instance, in February 2020 while the United Arab Emirates recorded only a 2% reduction in the international passenger seat capacity compared to originally planned, the magnitude of the drop is measured at 84% in April 2020 (Table 2.1). In a similar vein, Turkey, Malaysia, Saudi Arabia, Indonesia, Qatar, and Morocco, which are all major tourism destinations in the OIC group and host important international travel hubs, witnessed significant contractions in their international passenger seat capacities from February to April 2020. During April 2020, the magnitude of reduction in those OIC countries' seat capacities ranged between 64% (Saudi Arabia) and 89% (Turkey).

Similarly, air cargo traffic is expected to record a sizeable double-digit decline in 2020 due to the slowdown in international trade and tourism activities (IATA, 2020). A reduction in international seat or cargo capacity does not simply mean the cancellation of a number of



flights. It has serious and significant financial implications. The air transport sector of OIC countries including some major airlines such as Turkish, Emirates, and Saudi as well as international airports such as Dubai, Istanbul, Kuala Lumpur and other service provider companies are expected to record significant financial losses. Meanwhile, governments will face significant tax revenue losses (ICAO, 2020). Workers in the transportation sector will either lose their jobs or earn a reduced income.

Like air transportation, marine transportation companies also have difficult times due to COVID-19 pandemic. The reduction in international trade and output volume reduced the global demand for oil and raw materials. Many tankers and cargo ships stay idle and wait for any new shipment (Bloomberg, 2020). Some of them anchored in the sea with their cargoes look for willing buyers. The pandemic also affected the rail transportation sector in OIC countries mainly due to a decline in international trade volume. Many OIC countries also stopped providing rail transportation services for passengers temporarily due to containment measures such as curfews and lockdowns in March and April 2020.

Table 2.1: International Passenger Seat Capacity Change from Originally Planned (%)

	February 2020	March 2020	April 2020
UAE	-2	-43	-84
Turkey	-21	-34	-89
Malaysia	-8	-41	-75
Saudi Arabia	-21	-31	-64
Indonesia	-10	-32	-78
Qatar	-2	-22	-74
Morocco	na	na	-82

Source: SESRIC Staff Analysis from ICAO (2020) dataset. 'na' stands for not available

Overall, the COVID-19 outbreak has started to affect the tourism and transportation sectors of OIC countries severely. The limited diversification of exports and heavy reliance on tourism activity limit the manoeuvre area of some OIC countries such as the Gambia and Maldives. Such OIC countries could be affected to a higher extent stemming from a reduction in their foreign exchange earnings (Oguz et al., 2020). Some OIC countries with developed tourism sectors like the United Arab Emirates, Turkey and Morocco will be also affected by international travel and transportation restrictions. Yet, these countries have a greater ability to generate foreign exchange earnings through alternative channels such as trade and investment thanks to their diversified economic structures. Moreover, the existence of strong tourism and transportation infrastructure as well as the availability of a wider spectrum of tourism activities could help them to compensate for their losses rapidly once the containment measures are lifted.

In the end, it is a combination of various factors such as the availability of efficient public mechanisms, financial resources and crisis-response preparedness that determine how and to which extent each OIC member country can successfully respond and recover from the



unprecedented crisis in the tourism and transportation sectors. The quality of infrastructure, human resources, and the existence of strong political willingness will all play a role in responding to the needs of travel and transportation sectors in OIC countries. Enhancing intra-OIC tourism activities such as by easing bilateral visa policies, providing incentives (e.g. temporary tax cuts, subsidies) for airlines and travel agencies would also help to minimize the potential financial losses and save many jobs in OIC countries that are affected by COVID-19 pandemic.

2.5 Agriculture and Food Security

The COVID-19 pandemic and the accompanying socio-economic crisis are already affecting food and agriculture systems thereby threatening the well-being of the society. Looking back at the previous health epidemic (e.g. Ebola outbreaks) and food price crisis in 2008, negative impacts were seen on agriculture production-consumption chains and affect the price volatility in the market. The current COVID-19 pandemic, however, is quite unprecedented in its speed and scale, severity, socio-economic disruptions, and uncertainties, thus potentially exacerbating pressure on agriculture and food security.

Access to food is the primary need that is required for the survival of human beings, yet continues to be a global issue. The latest report by the Food Security Information Network (FSIN) (2020) suggests that in 2019, 135 million people suffer acute food insecurity across 55 food-crisis countries. With the COVID-19 outbreak going on, the number could double, adding 130 million more people falling to food insecure state (Welsh, 2020).

In the past decades, food insecurity has already become one of the biggest problems in many OIC countries. The latest data (FAO, 2020d) pointed out that on average 47.9% of the total population in OIC countries suffer food insecurity problems, quite higher than the world average of 25.4%. To make matters worse, several OIC countries in East Africa, are currently fighting their way to control the decades worst desert locust swarms' outbreak, which threatens food security in the region. The occurrence of the pandemic could further amplify the deterioration of food security, if not handled with correct measures.

To prevent worsening food crisis, countries need to assess and take appropriate actions to save guard the access to food, keep global food supply chains alive, and mitigate the pandemic's impacts across the agri-food systems (Cullen, 2020). Moreover, special attention must be put to the vulnerable population as the impacts of the pandemic hit the hardest on the poorest and most vulnerable groups, including the displaced. Past experiences during the Ebola outbreak and the food price crisis in 2008, show that the poorest households that spend the largest share of their income on food, suffered immensely (CFS HLPE, 2020). The shock on the food supply-chain increased food prices which makes food more difficult to attain. Poor households also often do not have enough savings and lack of access to credit, risking themselves deeper to poverty.



Overall Channel of Exposure: Demand Side, Supply Side

How does COVID-19 pandemic affect agriculture and food security? There is no straightforward answer to this question since the impacts of the pandemic could be directly on the food supply chains as well as indirectly through the impact of other economic sectors. The degree of impacts will also depend on the severity of the epidemic in the region as well as the level of measures taken by the government to handle the crisis. In general, initial assessments pointing out to a decrease in both demand and supply of food and agriculture products owing to shock on logistics and trade (Schmidhuber et al., 2020).

On the supply side, the pandemic poses a great risk to disturb the production of food and agriculture products. The impacts on agriculture and food production are due to shock in factors of production such as intermediate inputs (fertilizer, etc.), fixed capital (machines, etc.), and labour. The shock may come from stringent government efforts to contain the spread of the coronavirus, as well as a direct implication from vastly spreading infections among the population.

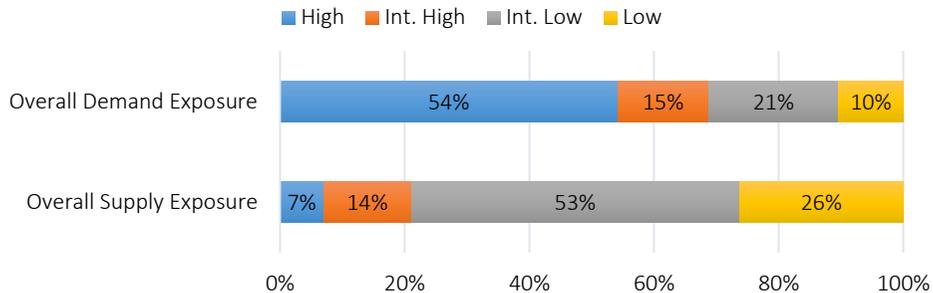
Efforts to contain the epidemic which usually restricts the movement of people and closure of businesses could have devastating impacts on the availability and affordability of various production factors in the agriculture sector. For example, disruption on the supply of pesticides or fertilizers, veterinary medicines, and other input could incite low availability and/or high prices of the agriculture inputs which influence yields and crop production. For instance, farmers in Pakistan are hindered to buy fertilizers due to the shutdown of fertilizer dealers, leaving disturbance on crop production (Hanif, 2020). In other cases, efforts to fight desert locust outbreak in East African Countries (some of which are OIC members) are disturbed by the delay in pesticide supply due to the significant decline in global air freight (Ngotho, 2020). The disruption of agricultural production can also happen when people working in agriculture become ill or constrained by restrictions on movement or activity. They will be prevented to work on their land or accessing markets to sell produce, buy food, or get seeds and supplies.

Contrary to the supply side, the demand side transmissions of COVID-19 are through disturbance on consumption. The population who suffer a loss of income is susceptible to not be able to afford food for their daily needs. This situation is amplified by a possible higher price of food due to supply disruption. At the individual country level, countries that have a high dependency on foreign food supply could have a higher risk. Shock to international trade and currency exchange fluctuation could hamper the food stock, rising the local prices, and threatening the food security of the country. In Sudan for instance, amid the fight to control COVID-19 outbreak, the prices of various staple foods have increased to record highs in March following a further devaluation of the country's currency (FAO, 2020c).



The country's risks on food security may differ depending on the degree of exposure on both production and consumption. According to Schmidhuber et al. (2020)¹, developing countries, in general, have a higher risk in terms of demand-side exposure. That means the consumption side is the more vulnerable channel of transmissions of the COVID-19 impacts, rather than the production side. This is also true for OIC countries.

Figure 2.11: Demand and Supply Exposure to the Impacts from the Pandemic (A higher level means higher risk)



Source: SESRIC Staff calculation based on data in Schmidhuber et al. (2020)

OIC countries, especially the low income, are the most susceptible to demand-side transmission of the pandemic. As shown in Figure 2.11, almost 70% of OIC countries have intermediate-high to high levels of risks in terms of demand-side transmissions. In contrast, only 10% have a low risk of exposure to the demand side. Overall, economic and income contraction amid the pandemic control measures would possibly increase the poor population thereby putting more people under a food-insecure state. During the crisis, the most vulnerable groups are compelled to react with negative coping strategies – for instance, less diverse diets and selling of productive assets – to overcome the income decline (FAO, 2020a). The demand side risk also threatens countries that rely on food imports and fiscally dependent on exports of raw commodities (e.g. oil) of which the prices have collapsed during the pandemic. This situation is applicable mostly in OIC countries in the MENA region. Imported food supply is threatened owing to decreased revenue from commodity exports, fluctuation of exchange rates, and disruption of the global agri-food chain.

In contrast, although with overall lower risks, some countries in OIC are also likely to face disruptions from the supply side, given the high integration to the global food chain and capital-intensive agriculture systems of some countries (Schmidhuber et al., 2020). Disruptions on the supply of inputs following shocks on trade and logistics could contract

¹ Schmidhuber et al. (2020) estimate the possible risk to agriculture and food sector based on demand and supply side exposure. For supply side (production), the proxies are: share of intermediate inputs, consumption of fixed capital per agricultural worker, gross output per agricultural worker, share of agricultural exports. The demand side (consumption) is derived from share of food expenditures per capita and share of agricultural imports.



agriculture production in the short term. The agriculture system with capital-intensive is also threatened by disruptions in credit markets, which tend to be more volatile during the crisis. Moreover, the agriculture sector in countries with labour-intensive production systems, are also exposed to labour shortages. Experience from the Ebola outbreak, for example, has shown us that the restrictions on the movement led to labour shortages at harvest time and thus giving a negative impact on agriculture productivity (FAO, 2016). This will further leave an unintended effect on food security especially in countries where subsistence farming systems predominate.

2.6 Health

Amid the surge in COVID-19 infections and demand for urgent medical treatment, healthcare systems are under huge strain worldwide. In fact, the emergence of COVID-19 is a litmus test for the resilience of health systems and countries' emergency preparedness and response mechanisms worldwide. In general, healthcare systems are struggling to trace, test, and treat affected people worldwide but the situation is critical particularly in low and middle income countries including many OIC member countries where healthcare systems are weak and already grappling with the inadequacy of healthcare workers, laboratory diagnosis facilities, disease surveillance mechanisms, risk communication strategies and political stewardship (ILO, 2020).

The outbreak of COVID-19 disease has enacted the emergency health response mechanisms at both global and national levels to protect the health of people and avoid the sharp spike in infection rates. Across the world, healthcare workers, facilities and equipment have been reassigned to address the influx of patients with COVID-19. Given the fact that these infections are caused by a novel strain of Coronavirus, healthcare systems struggled hard in the beginning to meet the demand for appropriate diagnosis/testing and therapeutics. To this end, development of appropriate test kits and protocols/guidelines for tracing, handling and treatment of infections spearheaded the efforts globally to contain the COVID-19 pandemic.

The OIC member countries have also enacted emergency health measures to contain the infections rate by ensuring that sufficient diagnosis and treatment services are available to the neediest in a safe and professional setting. As of 14 May 2020 (SESRIC COVID-19 Pandemic Database, 2020), OIC member countries have reported 530,991 lab confirmed cases with an average daily growth rate of 11%. More than half (53%) of these confirmed cases have been successfully treated with an average daily growth rate of 13% in recoveries. This fact underlines the effectiveness of healthcare response and efforts deployed especially by the high burden OIC member countries. The lower infection and case fatality rates could also be partially attributed to the young demography of OIC member countries as the available evidence suggests that usually older people and those with chronic conditions are more prone to serious complications or death caused by the COVID-19. Furthermore, data on COVID-19 infections, fatalities and recoveries should be interpreted carefully due to the huge shortfall in testing, tracking and reporting capacities in many OIC countries.

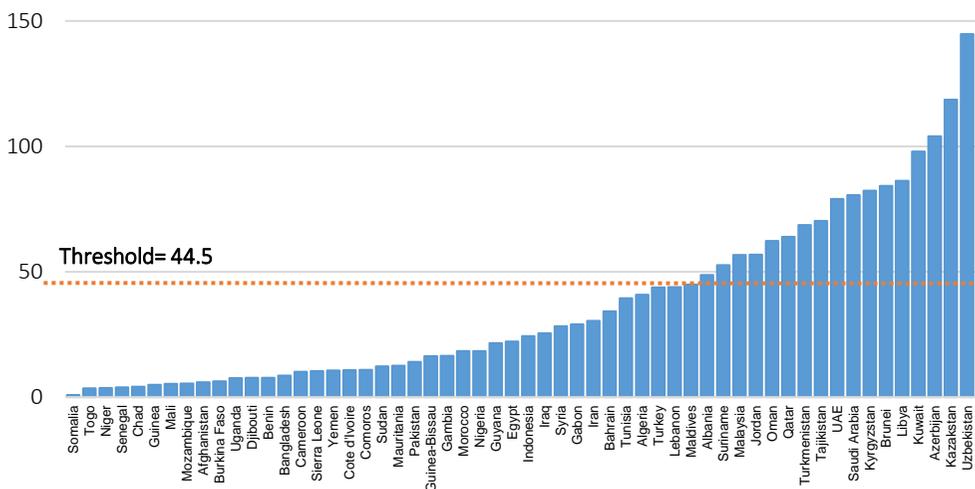


Nevertheless, COVID-19 infections have not peaked yet in many OIC member countries and the existing weak healthcare systems, especially in the least developed member countries, could collapse given their limited additional capacity to respond effectively to further surge in infections. The full scale of health sector impacts of COVID-19 pandemic on OIC member countries and elsewhere is not possible to gauge due to the unavailability of essential data and still unfolding nature of COVID-19 pandemic. However, some preliminary findings have been collected and presented in the following subsections under the two broad headings covering a multitude of both direct and indirect channels of impacts of COVID-19 pandemic on healthcare systems with a focus on OIC member countries.

Over-stretching Health Infrastructure

Majority of the world's 50 million healthcare workers have been the first line of COVID-19 defence to treat patients and conduct tests to detect and confirm COVID-19 infections. The COVID-19 pandemic is putting huge stress on already very limited and fragile health workforce especially in developing regions with critical shortages of doctors and nurses. Consequently, health workers are overburdened by increased workloads and deteriorating working conditions coupled with the tremendous increase in psychological distress, fatigue, and occupational burnout. Health workers in OIC member countries are no exception due to the existing OIC wide shortage of physicians and nursing staff. According to the latest available data (SESRIC, 2019), OIC member countries as a group have only 26 health workers per 10,000 population which is just about half of the critical threshold of 44.5 health workers per 10,000 population set by the WHO. Currently, 38 OIC countries are facing a critical shortage of health workers with less than 44.5 physicians, nurses and midwives per 10,000 people. The density of health workers is even less than 10 per 10,000 in 14 countries with critical shortages (Figure 2.12).

Figure 2.12: Density of Health Workers per 10,000 people, 2010-2018*



Source: SESRIC staff calculations based on World Health Organization Data Repository. *Most recent data available



Due to the nature of their jobs, health workers are facing the greatest risk and vulnerability to contract and spread the COVID-19 while helping others. In fact, many of these health workers are working in health care settings with very weak and poor infection prevention and control measures. In addition, due to serious disruptions in global supply and trade restrictions on personal protective equipment (PPE), healthcare workers continued to work without proper gloves, medical masks, respirators, goggles, face shields, gowns, and aprons in many OIC members and elsewhere.

According to the WHO, in almost all countries with high COVID-19 infections worldwide, health workers faced problems to have access to the protective equipment to safeguard themselves and their patients from being infected and infecting others. This state of affairs caused a steady increase in health workers infections across the world. According to the latest estimates of the International Council of Nurses (ICN), over 90,000 healthcare workers have been infected by the COVID-19 while doing their job whereas more than 260 nurses have died.

Among the OIC member countries, health workers in Iran have been the most affected with over 2000 infections followed by Turkey (600), Niger (126), Nigeria (113), Côte d'Ivoire (85), Gabon (57) and Cameroon (40). The country level data on infections of health workers should be read carefully as its very limited and based on media and press briefings as there is no systematic reporting mechanism to collect and share such data with the WHO. Therefore, the existing numbers are not necessarily the true reflection of the gravity of the situation in these member countries.

Table 2.2: Number of Health Workers Affected by COVID-19

Country	Number of Affected Health Workers	Country	Number of Affected Health Workers
Iran	2000	Sierra Leone	29
Turkey	600	Senegal	27
Niger	126	Guinea-Bissau	15
Nigeria	113	Togo	6
Côte d'Ivoire	85	Chad	5
Gabon	57	Uganda	3
Cameroon	40	Benin	2

Source: SESRIC Staff Analysis based on the WHO/AFRO (2020) and Hurriyet Daily News (2020).

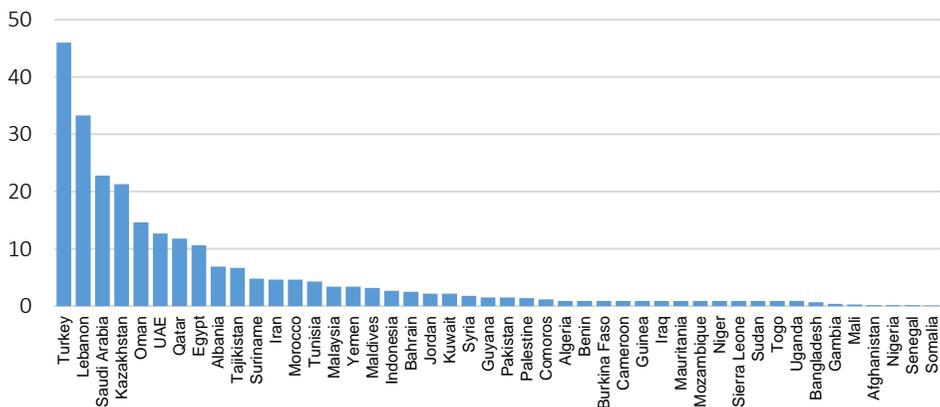
In general, the health systems are seriously under resourced to face the major outbreaks like the COVID-19 across the developing world. The hospital capacity to treat COVID-19 patients is very limited with insufficient numbers of health units, intensive care beds, therapeutics and ventilators in many OIC member countries and elsewhere in the developing countries. In the majority of the developing countries, health posts constitute the first level of contact between the health system and the communities. According to the latest available estimates (SESRIC, 2019), the average number of health posts in 34 OIC countries, for which the data are



available, was 6.7 per 100,000 populations in 2013; a level which is quite lower than the world average of 14.8 and the average of the non-OIC developing countries (24.4). Similarly, the average number of health centres was reported at 2.1 per 100,000 people in OIC countries compared to 2.9 in the world.

The treatment of severe COVID-19 patients requires an adequate number of intensive care beds to address the rapid surge in infections and keep the patients intubated and ventilated to survive and recover. According to the latest available data, there is a severe shortage of intensive care unit (ICU) beds across the low-income developing countries including many OIC member countries. The availability of ICU beds in OIC member countries ranges from less than one bed per 100,000 people in Somalia to 46 ICU beds in Turkey. As shown in Figure 2.13, 20 out of 46 OIC member countries with data availability of ICU beds is less than one per 100,000 people. Although the majority of these member countries have reported a very low number of COVID-19 cases, COVID-19 infections have not peaked yet in many of these countries which underlines their high risk for an inability to managing increase of critically ill COVID-19 patients in the coming weeks and months. On the other hand, only a handful of OIC member countries like Turkey, Lebanon, Saudi Arabia and Kazakhstan have the sufficient number of ICU beds to deal effectively with the surge in severe COVID-19 patients.

Figure 2.13: Availability of intensive care unit (ICU) beds per 100,000 population



Source: SESRIC Staff Analysis based on the Ma, X., Vervoort, D. (2020).

Availability of only sufficient ICU beds, however, does not guarantee the quality and effectiveness of COVID-19 treatment. As qualified health workers along with sufficient therapeutic supplies and critical equipment are must to provide health care to severely ill patients. Unfortunately, critical equipment like ventilators are the most in shortage across the world. In the wake of the COVID-19 pandemic, the global demand for the ventilators has increased exponentially whereas the manufacturing capacities remained very limited even in



the developed countries. Consequently, there is a global shortage of ventilator with a very limited number currently available in developing countries. According to the available information (New York Times, 2020), many OIC member countries in Sub-Saharan Africa have insufficient availability of ventilators. Among these countries, with only 3 ventilators Mali has the lowest availability of ventilators followed by Burkina Faso (11), Sierra Leon (13), Niger (20), Senegal (20) and Mozambique (34). On the other hand, Nigeria has the largest number of ventilators (169) followed by Sudan (80), and Uganda (55).

Table 2.3: Estimated Number of Ventilators (as of 17 April 2020)

Country	Ventilators	Persons per ventilator
Mali	3	6,517,799
Burkina Faso	11	1,894,127
Nigeria	169	1,266,440
Niger	20	1,138,618
Mozambique	34	885,241
Senegal	20	786,818
Uganda	55	786,418
Sudan	80	569,519
Sierra Leone	13	509,610

Source: SESRIC Staff Analysis based on the New York Times, 18 April 2020.

Disruption of Routine Healthcare Services and Interventions

In the wake of COVID-19 outbreak, healthcare systems are struggling worldwide to maintain the provision and utilization of routine healthcare services. Disruption in basic and regular essential health services is caused by the large scale shift of health resources to address COVID-19 outbreak; change in care seeking behaviour of public due to fear of contracting the virus at healthcare facilities; disruptions in medical supply chains; curb on mobility and transportation due to curfews and lockdowns; and strain on financial and human resources (WHO, 2020a). This situation is alarming for the health and wellbeing of hundreds and thousands of people with serious health problems and those who need vaccination against infectious diseases particularly in low-income and middle-income countries.

The WHO has announced recently that the routine mass vaccination campaigns will not be possible due to the COVID-19 pandemic and strict requirements concerning social distancing and personal hygiene practices along with curb on mobility and transportation. Due to the postponement and delays in vaccination at least 13.5 million people in 13 of the world's least-developed countries will not be protected against diseases like measles and polio (GAVI, 2020). Furthermore, 21 GAVI eligible countries including many OIC members have reported shortages in critical vaccines supply as a result of widespread border closures and ban on air travel. According to UNICEF (2020a), more than 117 million children in 37 countries could miss out on the measles vaccine as immunization campaigns have already been delayed in 24



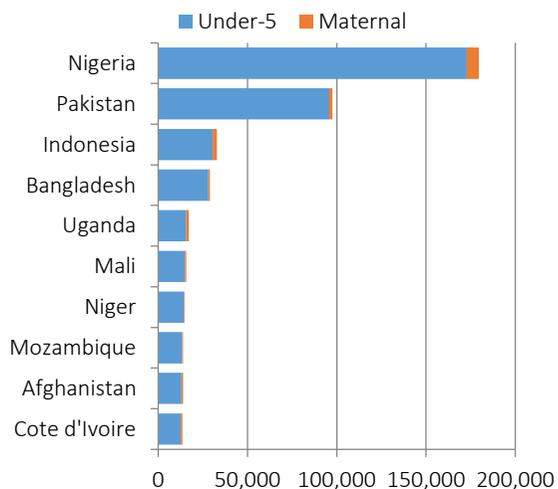
countries. The suspension of immunization programmes could lead to the rise of measles and polio cases in several OIC member countries particularly Afghanistan, Niger, Pakistan, Somalia, and Syria (WEF, 2020).

According to a recent modelling analysis by the WHO (2020a), COVID-19 pandemic will seriously disrupt the distribution of insecticide-treated nets (ITN) and antimalarial medicines in 41 in the Sub-Saharan Africa region. In a worst case scenario of all insecticide-treated net campaigns are suspended and a 75% reduction in access to effective antimalarial medicines, the number of malaria deaths in Sub-Saharan Africa would reach 769 000 figure that is double in comparison with the deaths reported in the region in 2018. The OIC member countries will be particularly hit by this forecasted surge in malaria deaths as 21 OIC member countries located in the Sub-Saharan Africa region account for the bulk of malaria cases and mortality (SESRIC, 2019).

Maternal new-born and child health (MNCH) is expected to be the worst hit by the disruptions of routine healthcare services and interventions by the COVID-19 pandemic. According to the UNICEF (2020a), an additional 6000 children and 300 maternal deaths could occur every day in 118 low and middle income countries from preventable causes over the next six months as the COVID-19 pandemic overstretches the health systems and disrupts access to essential healthcare services. In other words, in the worst case scenario, an additional 1.2 million under-five and 56,700 maternal deaths could occur in just six months, in addition to the 2.5 million children and 144,000 maternal deaths that already take place in the same countries over a six-month period.

As per the available data, an additional 0.54 million children and 22,881 maternal deaths could occur from preventable causes over the next six months in 45 OIC member countries. Most of these additional deaths are expected to be highly concentrated in a handful of OIC member countries with around three quarters of under-five and maternal deaths to be occurred in the top ten countries (Figure 2.14). Among these countries, Nigeria is expected to shoulder the highest burden with 172, 903 children and 6780 maternal deaths in the next six months followed by Pakistan (95, 769; 1780), Indonesia (30, 560; 2342), and Bangladesh (28,117; 761). These top

Figure 2.14: Additional Maternal and Child Deaths Caused by COVID-19 Pandemic



Source: SESRIC staff calculations based on UNICEF Database, 2020



four member countries could account for 50% Of children and 60% of maternal total deaths to be occurred in OIC member countries in the coming six months.

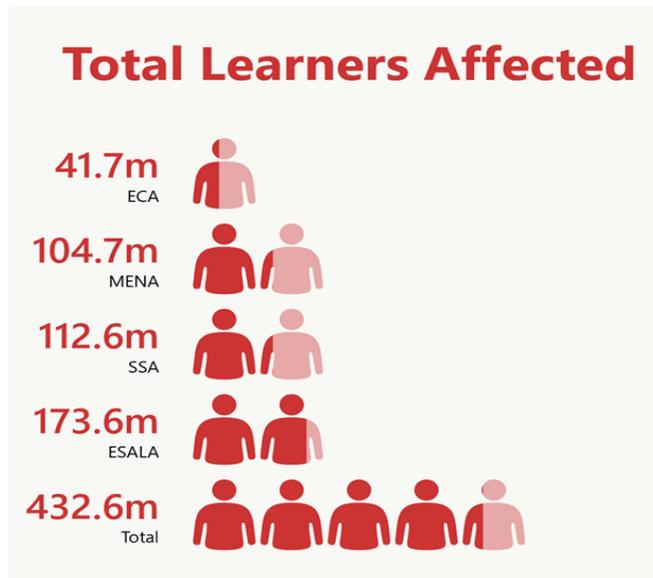
All in all, it is evident that COVID-19 pandemic has serious implications for the healthcare systems across the OIC member countries and elsewhere. Healthcare systems are struggling to respond to the pandemic effectively by utilizing existing resources and expertise in an efficient and sustainable way. The healthcare systems are also trying to address the negative impacts of reassigning the resources to COVID-19 on the provision of routine healthcare services especially for the most vulnerable groups like patients with chronic diseases and serious health complications as well as the most vulnerable segments of society including women and children. This act of balancing during such an extraordinary time definitely requires concerted and combined efforts and response both at the national and regional levels to mitigate the health impacts of COVID-19 pandemic in our societies.

2.7 Education

One of the more visible impacts of the COVID-19 pandemic is the widespread closure of schools, colleges, and universities across the globe. Since February 2020, 193 countries have chosen to shut down education institutions in an attempt to slow down the transmission of COVID-19. These closures have affected approximately 1.7 billion learners at pre-primary, primary, secondary, and tertiary levels (UNESCO, 2020a).

The education sector in OIC member countries has also been hit particularly hard by the pandemic, putting 432.6 million learners out of schools – with the highest concentration of out-of-school learners in East and South Asian member countries (Figure

Figure 2.15: Total Number of Learners Affected by COVID-19 in OIC Countries

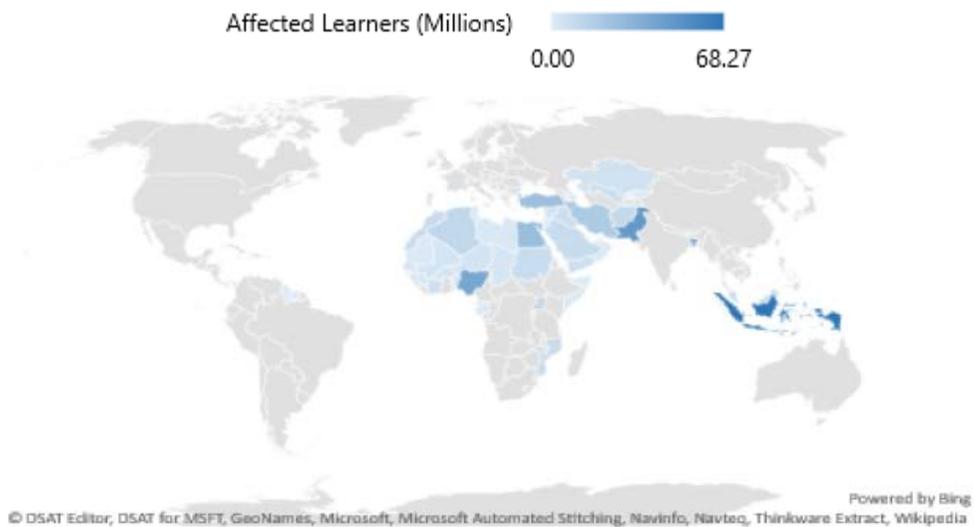


Source: SESRIC staff calculations based on UNESCO's data on the Global monitoring of school closures by COVID-19



2.15). Throughout the month of March², 55 member countries have imposed country-wide school closures in the OIC, with the exception of Turkmenistan and Tajikistan that have not closed any education institutions since the beginning of the pandemic (Figure 2.16) (UNESCO, 2020b). Most OIC member countries have also clarified that school closures will continue throughout the current academic term (until June/July 2020) even as governments in these countries ease severe lockdown conditions. In lieu of physical attendance, governments around the world are encouraging institutions to offer opportunities for distance and online learning to millions of students.

Figure 2.16: Learners in OIC Countries Affected by School Closures due to COVID-19



Source: SESRIC Staff calculations based on UNESCO's data on the Global monitoring of school closures by COVID-19

However, even though school closures of this scale are temporary measures, they are likely to have long-lasting ripple effects on the level of human capital development in societies with a dense child/youth population. For one, these effects are likely to be instigated by an increase in the number of learners that drop-out of school, or may not return to school, as a result of disruption to their education. In addition to higher drop-out rates, the Brookings Institution also finds that when children's education is disrupted due to a global emergency, they lose out on future economic benefits such as future earnings (Psacharopoulos, Patrinos, Collis, & Vegas, 2020). This is supported by data from the World War II, where country-wide school closures had a negative impact on former students even 40 years after the war. Using the same model used to calculate the cost of school closures during World War II, researchers

² See Annex 2 for a timeline of OIC member countries that imposed nation-wide school closures in response to COVID-19 pandemic.



estimate that the world could lose as much as 10 trillion USD in future earnings over the next generation as a result of school closures due to COVID-19 (Psacharopoulos, Patrinos, Collis, & Vegas, 2020).

Secondly, in times of global emergencies, it is also common for governments of low- and middle-income economies to divert funds from sectors such as education to sectors that are perceived vital such as health, economic stimuli for local businesses, and social security and protection. This diversion, combined with decreasing public revenue and an increase in fiscal deficits, often impacts a country's investment in education and related infrastructure – making them dependent on aid. For COVID-19, imposing strict lockdowns by closing businesses and shutting down most of the economic activity has been a key measure to limit the spread of the Coronavirus. This will undoubtedly result in the contraction of national economies in the period following the pandemic. And while many countries may choose to retain their educational spending at pre-pandemic levels, lower GDPs may lead to a shrinking of national budgets forcing governments to cut funding for education related expenditures affecting the provision of core services such as free or subsidized schooling, salaries for teachers, shortage of teaching staff, funding for research and development, etc. – particularly in the private sector (The Malala Fund, 2020).

What makes matters worse is that there is conclusive proof that education disruption due to COVID-19 will have disproportionate impacts on some social groups, that go beyond mere economic losses (Armitage & Nellums, 2020). According to Education Cannot Wait's findings, "the pile-on effect of the



Reports estimate that approximately 10 million more secondary school age girls could be out of school after the COVID-19 crisis has passed.

Coronavirus is that, during the global COVID-19 pandemic, interruptions to education can pose a risk of regression for children who are most vulnerable and whose basic, foundational learning was not strong to begin with" (Education Cannot Wait, 2020). It is often children from deprived socio-economic backgrounds, minority groups, and female learners that experience this pile-on effect more acutely. In fact, using insights from the 2015 Ebola epidemic and the 2008 financial crisis, the Malala Fund's report on Girls' education and COVID-19 finds that enrolment rates for girls drop significantly after a global pandemic because of reasons including, but not limited to increased poverty rates, household responsibilities, child labour, early marriages and teen pregnancies, and cultural practices that may prevent girls from going back to school (The Malala Fund, 2020). Similarly, Education Cannot Wait finds that young girls are twice as likely to be out of school in emergencies and face greater obstacles and vulnerabilities such as domestic/gender-based violence and health risks when they are out of school (Education Cannot Wait, 2020). Given that currently approximately 207 million girls are experiencing a disruption in their education across 55 OIC member countries, these



findings highlight an urgent need for member countries to develop a concise gendered-policy response to mitigate the negative impacts of COVID-19 on female learners.

In addition to female learners, students that belong to ethnic minority groups, refugees and migrant youth, and children with disabilities are also more likely to bear the brunt of COVID-19's impact on the education sector. This is not because of their overrepresentation in the education sector, but simply because governments often do not have national policies that address the needs of such students in response to national emergencies. For learners belonging to marginalized communities, schools are places that not only provide them with education but also essential facilities such as daily meals, vaccinations, nutrition supplements, mental and psychosocial support, which are pertinent to their overall wellbeing. As a matter of fact, the World Food Programme (WFP) and UNICEF report that due to COVID-19 related school closures, up to 370 million children are missing out on school meals, particularly in countries in Sub-Saharan Africa that include multiple OIC member countries. WFP's Executive Director, David Beasley, stresses the need to act immediately to limit this "health pandemic from turning into a hunger catastrophe" because "for millions of children around the world, the meal they get at school is the only meal they get in a day. Without it, they go hungry, they risk falling sick, dropping out of school and losing their best chance of escaping poverty" (UNICEF, 2020b).

Lastly, while it is apparent that COVID-19 has reshaped the education sector by revolutionizing online and distance learning landscape, remote learning environments are not always inclusive to marginalized learners, especially in developing countries with sub-standard technological infrastructures. In most cases, determinants of marginalization such as disability, gender, nationality, ethnicity, and poverty also affect a learner's access to education through remote learning, rendering them 'invisible' in the educational system (UNESCO, 2020c). For instance, disabled students - whose education has been disrupted by COVID-19 - may not have access to specialized equipment, curriculum, and trained instructors that are an integral part of their educational needs, refugee or migrant learners may not be able to access instructors and curriculum in multiple languages through remote learning, and students from poor backgrounds may not have access to the internet at all during this pandemic. It is also likely that teachers may lack relevant ICT skills and knowledge that are required to effectively deliver classes online during a global health emergency, especially in countries where educational systems do not traditionally incorporate ICT in everyday schooling (UNESCO, 2020c).

One thing that is clear is that the impact of COVID-19 pandemic on the education sector in OIC countries poses a unique set of risks to the short- and long-term development. First, it threatens to undo the substantial progress that OIC member countries have achieved in education and literacy over the past two decades. It also jeopardizes the potential of OIC's youth bulge by posing a significant risk to the long-term human capital development opportunities offered by the education sector. Be that as it may, the emergence of COVID-19 pandemic has exposed a myriad of existing shortcomings and lack of policies that are critical



to ensure that education systems in OIC member countries will continue to function sustainably in times of crisis.

This is true, especially in areas including, but not limited to, management of education expenditure and funding, crisis sensitive planning in the education sector, concrete strategies for school closures and reopening in times of crises, distance learning strategies, tools, and infrastructure (especially in the public sector) required to tackle education during a pandemic, tackling the availability of teachers and educational personnel during and following the crisis (especially in the private sector), policies that ensure the health and well-being of marginalized learners, gender sensitive policies to ensure the enrolment of female learners during and after the pandemic, policies minimizing social inequalities ensuing from school closures, and investment in technological infrastructure critical to alternative teaching methods. In the following sections, this report provides a brief, but explicit, list of policy recommendations that may be of value to OIC member countries in order to mitigate the socio-economic impacts of COVID-19 on the education sector.

2.8 Women, Children, Youth, Elderly and People with disability

With already limited national capacities and stress on their health, economic, tourism and social protection systems, the pandemic and its reverberation are expected to exacerbate, expand and increase the existent social inequalities, biases and discrimination in many developing and least developed countries, including the OIC countries. If the numerous social problems caused or aggravated by the COVID-19 are not addressed through effective policy measures, a social crisis in many of these countries may lead to the expansion and increase in disparity, exclusion, burden on the most vulnerable, negative demographic trends, poverty, loss of social cohesion, massive disruptions in education and most critically may result in unhealthy and dysfunctional societies.

This section attempts to highlight the social impacts of COVID-19 on individuals, and different segments of OIC society including women, children, elderly, persons with disabilities and youth, as well as families and vulnerable populations such as migrants, refugees and displaced persons. This analysis will help direct resources and policies to where they are needed the most. In particular, the focus is on the impacts of COVID-19 and how the social situation in OIC countries have evolved and changed since the outbreak of the disease. This would contribute to a better understanding of how societies and governments are managing and coping with COVID-19 and thus supporting their efforts in the design of their social policy responses.

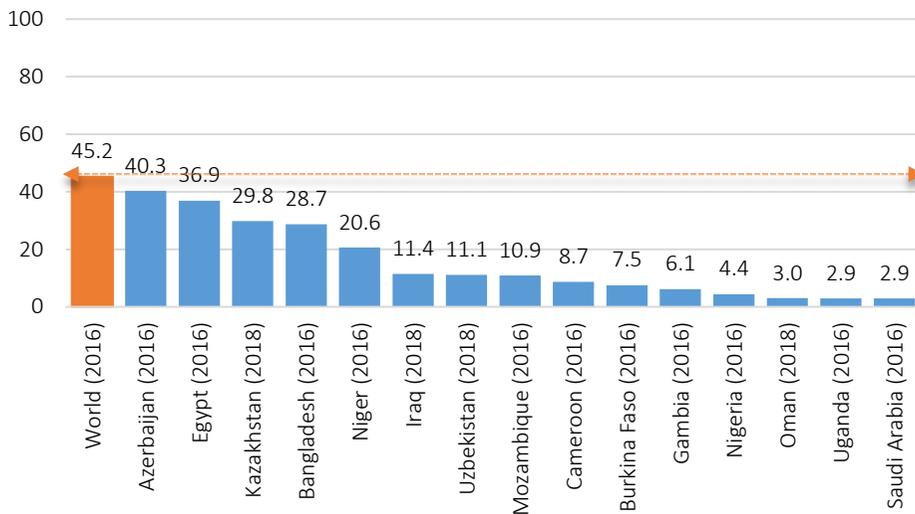
Social Dimension of Poverty and Public Services

The COVID-19 pandemic is deepening and reinforcing the pre-existing social inequalities in society, and amplifying the vulnerabilities in the social, political, and economic systems. The OIC geography is already disproportionately affected by poverty, conflict, internal displacement, migration, and refugee crisis. These prevalent inequalities will become further



intensified once linked with the added burden created by the pandemic. Examining the general social safety framework of the OIC countries shows the extreme susceptibilities in this area. Figure 2.17 shows that even the top OIC countries with extensive social protection schemes were below the world average. The limited social safety nets in the OIC countries means that the social concerns of populations will be heightened due to the lack of measures to provide for their basic needs in times of desperation. This situation is even worse for the disadvantaged and vulnerable populations who now must deal with the consequences of the outbreak of the pandemic with restricted and inadequate resources.

Figure 2.17: Proportion of Population Covered by at Least One Social Protection Benefit, %



Source: SESRIC staff calculations based on data from the Questionnaire for the Mid-Term Review of the Implementation of the OIC-2025 POA and Global SDG Indicators Database of the United Nations Statistics Division.

Another essential element to consider when thinking about the social impacts of COVID-19 is the poverty levels of countries. Studies suggest that countries with higher levels of poverty will be hit harder by the outbreak because of their pre-existing abnormal numbers of vulnerable and disadvantaged inhabitants. The United Nations Economic and Social Commission for Western Asia (ESCWA) revealed in a policy brief on COVID-19 that the Arab region is suffering from job loss at an alarming rate and 8.3 million people will fall into poverty across the Arab states. Moreover, the same brief highlights that violence and social challenges faced by the elderly, youth, children and women are worsening in the world and the Arab region (COVID-19 Economic Cost to the Arab Region, 2020).

A World Bank report on global poverty indicates that even though Sub-Saharan Africa (SSA) has so far been hit relatively less by the outbreak, projections suggest that it will be the region hit hardest concerning increased extreme poverty (Mahler et al., 2020). Twenty-three million of the people pushed into poverty worldwide are forecasted to be in the SSA region (Mahler et al., 2020), with many of them being OIC member countries. Figure 2.18 below displays the



Since the outbreak, the UN added 9 countries to the list of the most vulnerable.

6 out of 9 the countries added to the most vulnerable list are OIC Member States



Benin, Djibouti, Mozambique, Pakistan, Sierra Leone and Togo

Source: UN Appeals for Billions in Coronavirus Aid for Poorest Nations, 2020

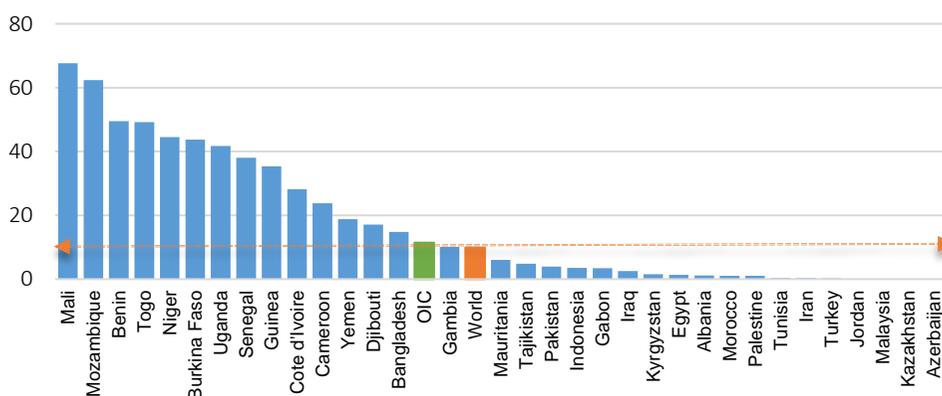
proportion of the OIC population below the poverty line. Fifteen OIC countries had higher proportions of their population below the international poverty line in 2018. These countries will require particular attention as the social issues will be even further aggravated by the socio-economic impacts of the pandemic, pushing millions of people in the OIC countries into poverty and extreme

poverty categories, which will have severe social implications.

This vicious cycle of perpetual poverty exacerbated by the social provisions taken to limit the spread of the virus is causing major societal issues for many OIC member countries, ranging from increasing divorce rates, violence against women and girls, disturbances in education to prejudice towards the elderly, growing youth apathy and inactivity, disregard for migrants and refugees and amongst others the healthy development of children.

Many of the social issues in the OIC member countries are the result of existing or exacerbated underlying economic challenges, which when combined with limited social protection and high or increasing levels of poverty is disproportionately aggravating the negative situation of specific social groups. Therefore, there is a need to better understanding how these populations are affected and what policies and initiatives would serve as a remedy to lift them out of their harmful condition during and in the aftermath of the COVID-19 outbreak.

Figure 2.18: Proportion of Population Below International Poverty Line, %, 2018



Source: SESRIC staff calculations based on data from the Questionnaire for the Mid-Term Review of the Implementation of the OIC-2025 POA and Global SDG Indicators Database of the United Nations Statistics Division



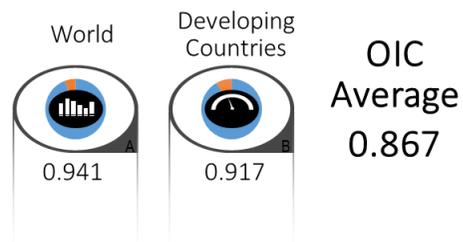
Women, Elderly, People with Disabilities, Children and Youth

The COVID-19 pandemic affects all segments of the populace all around the world and is particularly detrimental to members of those social groups in a society experiencing disadvantaged and vulnerable situations. It continues to disproportionately affect populations, including people living in poverty, older persons, women, youth, children and amongst other persons with disabilities.

Women

Before the COVID-19 pandemic broke out, statistics showed that even with significant improvements in the last decade, in nearly all categories (health, education, decision-making, social life and labour market), women in OIC countries were behind men and falling short of the world average on numerous indicators (SESRIC, 2018). With the pandemic, the concern today is for the women in the OIC member countries who are suffering even more now because of the added economic and social stresses caused by the radical and rapid shift away from normal life.

GENDER DEVELOPMENT INDEX



Source: Human Development Data (1990-2018). The averages shown are for 2018. Unweighted calculation method was used for the OIC average.

Women are faced with increased health risks, lack of economic opportunities, food insecurity, emotional, physical, and mental abuse, as well as a rise in the experience of stigma and discrimination. The Gender Development Index (GDI) for example shows how much women are lagging behind their male counterparts and how much women need to catch up within each dimension of human development. It is useful for understanding the real gender gap in human development achievements and is informative to design policies and programmes. Although the OIC member countries have made significant improvements in their GDI scores in the last decade, the pandemic and its aftermath may jeopardize these

efforts and accomplishments. The OIC average for the GDI is below the world and other developing countries. If the social impacts of the pandemic are not mitigated effectively it may result in the waning of OIC scores on the GDI due to the extra burden placed on women in the face of COVID-19.

VIOLENCE AGAINST WOMEN



Source: SESRIC, OIC Women and Development Report 2018



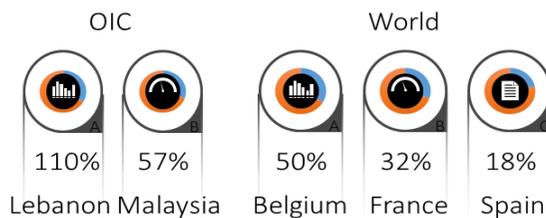
The COVID-19 pandemic is increasing all forms of violence against women. The prevalence of violence against women is already very high, with 1 in 3 women globally having experienced physical or sexual violence at some point in their lives and almost six out of every ten women intentionally killed worldwide are murdered by an intimate partner or other family members (UN Women, 2020). Women in OIC countries when compared with other groups show higher rates of experienced violence.

While violence against women and girls has deeply rooted foundations in unequal gender and power relations predating the outbreak, violence rates and degrees may increase during vulnerable situations, including epidemics. In reference to COVID-19, the increase in violence is being worsened because of forced coexistence, community closures, economic strains, fear of exposure to the virus, increase in harmful traditional practices and amongst others decrease in government services. Governments and women’s organisations have recorded irregular surges of hotline calls and official reports of physical and sexual abuse during social isolation and lockdowns.³

Media reports are documenting an increase in violence against women across the globe due to COVID-19



Call to the Women’s Helplines Surge



Reports from countries in every region suggest that restrictions in movement, social isolation, coupled with increased social and economic pressures are leading to an increase in all forms of violence against women and girls.

Source: The percentages for each country have been collected from various sources. Please see footnote for full details.

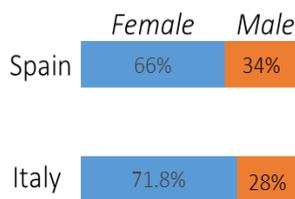
During the COVID-19 pandemic, violence against women and girls may take on new forms. Women could be isolated by their perpetrators, denying them any social interaction with their families, friends, and government officials. In addition, abusers may restrict women’s access to information about protection services and helplines. The increase in physical limitations caused by abusers may be combined with aggravated online violence and stalking. The

³ The percentages for the infographic below have been amassed from various different reports and articles. The numbers are only estimating and do not reflect official reported numbers. Lebanon: <https://www.al-monitor.com/pulse/tr/contents/articles/originals/2020/04/women-children-iran-imprisoned-lockdown-covid19-coronavirus.html> Malaysia: <https://news.un.org/en/story/2020/04/1061132> Belgium: <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic> France and Spain: <https://news.un.org/en/story/2020/04/1061132>



different forms of violence against women whether online or offline could worsen the pre-existing negative condition of women and may result in psychosocial anxiety and lead to increased suicide rates or disorders.

Infection of Health-care Workers in Spain and Italy



Roughly 70% of the global health-care workforce is made up of women, according to an analysis of 104 countries conducted by the World Health Organization.

Source: UN Women, COVID-19: Emerging gender data and why it matters, 2020

Initial reports have identified a number of OIC countries with a significant and serious rise in violence against women. For example, media reports indicate that domestic violence in Bahrain surged 46%, hotlines created for violence against women witnessed a five-fold hike in Tunisia, similar reports are

published on other OIC countries such as Turkey, Egypt, Palestine, Malaysia, Lebanon, Iraq, and amongst others Indonesia, for example, vulnerability to domestic violence, currently experienced by 37% of women in Arab countries, is projected to increase, and existing recourse and protection structures will not be able to absorb the surge in cases due to the social isolation imposed by the pandemic (ESCWA Regional Emergency Response to Mitigate the Impact of COVID-19, 2020). Although the precise numbers at this stage are hard to pinpoint, the commonality of an increasing trend in all forms of violence against women in the OIC countries and the world is evident.

Although violence against women and girls has taken a more central argument with the outbreak due to its sharp increase around the world and in the OIC countries, the socio-economic impact of COVID-19 on women and girls is not limited to violence. Women face a higher risk of exposure to the COVID-19 because most health-care professionals in OIC countries, particularly nurses, midwives, and support staff, are women. For example, women and girls, particularly those in pre-existing hardships, before now were already facing numerous health risks and often did not have access to adequate health services and proper sanitation facilities, which will further hinder their resilience to the impact of this widespread and damaging pandemic. This will make it more difficult for women to access health services of critical importance such as sexual and reproductive services as well as the needs of women for pregnancy, childbirth and postpartum.

Additionally, in terms of the social dimension of poverty and its aggravated impact will disproportionately affect women and girls. More women are projected to fall into poverty which will not only have detrimental impacts on women themselves, but it will lead to income cuts in families and for children. Women in OIC countries form a significant portion of the



informal sector which is indicated as the sector that will be particularly hit by the pandemic and its aftermath, which will leave a sizeable number of women out of income. Finally, women in the OIC countries will be excessively affected by the impact of COVID-19 epidemic on food security and access to technological platforms.

Elderly

As the world wrestles with the COVID-19 health crisis, older persons have become one of its more visible victims. The pandemic spreads and infects persons of all ages and conditions, yet initial research indicates that the elderly and those with underlying medical conditions are at a much higher risk of serious illness or death due to the COVID-19 disease. Besides of its direct and deadly health consequences on the elderly, a number of social issues relevant to older persons have emerged while others are rapidly exacerbated. The present reality highlights that older persons are faced with specific challenges and impediments in the OIC countries due to the pandemic, which requires unique and specific policies to address them effectively.

Unfortunately, the public discourse on COVID-19 being portrayed as an older person disease has had several negative implications on the elderly. Aged-based discrimination in different domains of social life against older people has shown an increase since the epidemic

People over 80 years old are dying at five times the rate of global average

(Statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe). The consequences of discrimination range from increased isolation, stigma, and mistreatment to violations of their right to health and other essential services.

Older persons who are quarantined or locked down with family members or caregivers may also face higher risks of violence, abuse, and neglect. Older persons living in precarious conditions – such as refugee camps, informal settlements and prisons – are particularly at risk, due to overcrowded conditions, limited access to health services, water and sanitation facilities, as well as potential challenges accessing humanitarian support and assistance.

In addition to a societal increase in discrimination, the elderly is socially affected by the policies on physical and social distance, forced lockdowns and amongst others the decrease in basic services. Most of the elderly in OIC countries reside with members of their kin; however, as the poverty levels increase, household spending on the elderly will also show considerable reductions. This will lead to inadequate care for the elderly, which may lead to severe outcomes such as death, depression, and other psychosocial problems and disorders. With older persons less likely to be digitally included in the OIC countries, the prolonged periods of isolation could have a serious effect on the mental and physical health of older persons. Social protection can provide a safety net, but the coverage gaps in many of the OIC countries are substantial, with many older persons unable to attain income for their basic

An estimated 66% of people aged 70 and over have at least one underlying condition, placing them at increased risk of severe impact from COVID-19



needs. In light of these social impacts that are emerging for the elderly, the limited health coverage, minimal social safety nets designed for the elderly and amongst others COVID-19 policy responses that do not pay attention to the unique situation of older people, are aggravating older persons social, psychological and physical wellbeing.

Persons with Disabilities

Globally, 1 out of 7 people experiences some form of disability (SESRIC, 2019). Even in the context preceding the COVID-19 pandemic, analysis of the World Health Survey showed that compared to people without a disability, men and women with disabilities are twice as likely to find that the health care facilities and providers' skills are inadequate, they are three times more likely to be denied health care, and four times more likely to be treated negatively in the health care system (SESRIC, 2019).

According to the 2018 United Nations Disability and Development Report, among 43 countries with data, 42% of persons with disabilities versus 6% of persons without disabilities perceive their health as poor (UN, Leaving no one behind: the COVID-19 crisis through the disability and gender lens, 2020). Moreover, the share of COVID-19 related deaths in care homes - where older people with disabilities are overrepresented - ranges from 19% to an astonishing 72% (Coronavirus and human rights: New UN report calls for disability-inclusive recovery, 2020).

Persons with disabilities generally have greater healthcare needs than others. These include standard healthcare needs as well as ones linked to impairments, and therefore, they are more vulnerable to the socio-economic impacts of the COVID-19 disease. The OIC Countries host millions of people with disabilities. These people are in need of basic healthcare services, specialized rehabilitation and other vital community services ranging from care and transport to education. Due to the underinvestment in social security systems and the insufficient number of trained health professionals and rehabilitation units, many people with disabilities in the OIC Countries cannot access such services (SESRIC, 2019). With these pre-existing hardships, people with disabilities in OIC countries will be further burdened as the impact of the outbreak is taking a toll on their economic situation, health condition and social life.

Among those with disabilities, women and girls face systemic barriers to equal opportunity and inclusion, with limited laws, policies, and practices to protect them. Available data suggest that the gap is sizeable compared with men without disabilities: women with disabilities are three times more likely to have unmet needs for health care; three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the internet.

Moreover, women with disabilities are at heightened risk of suffering sexual violence compared to those without disabilities (UN, Leaving no one behind: the COVID-19 crisis through the disability and gender lens, 2020). The COVID-19 crisis exposes these underlying inequalities and exacerbates the situation of women and girls with disabilities. For them, the everyday barriers such as physical accessibility, barriers to implementing basic hygiene



measures, affordability of healthcare, limitations on health insurance, and discriminatory laws and stigma, can be life threatening in the midst of a pandemic.

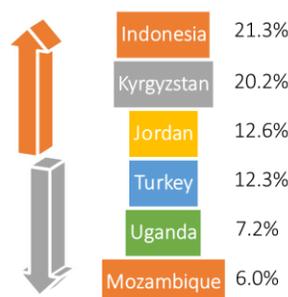
Box 2.1: Pre-existing Negative Experiences of People with Disabilities

1. **Poor health outcomes:** Depending on the group and setting, persons with disabilities may experience greater vulnerability to preventable secondary conditions and comorbidities, as well as untreated mental health conditions.
2. **Lower educational achievements:** Children with disabilities are less likely to start school compared to their peers without disabilities. They also have lower rates of staying in school and of being promoted, as well as lower transition rates to post school education.
3. **Less economic activity:** People with disabilities have lower employment rates than people without disabilities. Where people with disabilities are employed, they commonly earn less than their counterparts without disabilities.
4. **Higher rates of poverty:** As a group and across settings, people with disabilities have worse living conditions and fewer assets. Poverty may lead to disability, through malnutrition, poor health care, and dangerous working or living conditions. Disability may lead to poverty through lost earnings, due to lack of employment or underemployment, and through the additional costs of living with disability, such as extra medical, housing, and transport costs.
5. **Limited independence:** Reliance on institutional solutions, lack of community living, inaccessible transport and other public facilities, and negative attitudes leave people with disabilities dependent on others and isolated from mainstream social, cultural, and political opportunities.

Source: SESRIC, People with Disabilities and Special Needs, 2019

As health emergencies such as COVID-19 place added pressure on national health services, it is important that national authorities establish non-discriminatory ethical medical guidelines to protect persons with disabilities. People with disabilities and their families or care networks must be able to access and continue to receive care and support, and even more intensively during crisis situations such as the current pandemic. Otherwise, the social impacts of the growing poverty, limited social protection schemes and negative societal reactions could severely aggravate the situation of people with disabilities in the OIC countries.

OIC Member States with Highest Rates of People with Disabilities



Source: SESRIC, People with Disabilities and Special Needs in OIC Countries, 2019



Children and Youth

The coronavirus pandemic has resulted in the disruption of every child's and young person's life. All children and youth, of all ages and all around the world, are being affected. Not only are children and youth contracting COVID-19, but they are also amongst the segment of society that is most harshly affected by its socio-economic consequences. According to the analysis of UNICEF, 99% of children and young people under 18 globally live in one of the 186 countries that have in place some form of movement restrictions due to the pandemic. Moreover, 60% of all children live in one of the 82 countries with a full (7%) or partial (53%) lockdown – in total accounting for 1.4 billion affected young lives (Statement by UNICEF Executive Director Henrietta Fore, 2020). Just as in any crisis, the young and the most vulnerable suffer disproportionately in society.

The health and economic stress, and the social impacts of COVID-19 have resulted in disruptions in education, food insecurity, water and sanitization concerns, increasing poverty, unemployment, escalating violence against women and girls and amongst others expanding new modes of negative behaviour. These effects of the pandemic will be excessively felt by

Millions of children could fall into extreme poverty by the end of 2020



Currently, there are 386 million children in extreme poverty and this number is estimated to rise by 42-66 million by the end of 2020

Source: UNICEF, 2020

children and youth in developing countries where access and opportunity arrangements are already fragile and vulnerable.

The OIC countries are home to 31% of the world and 34% of the developing countries total children. In addition, the OIC member countries host 28% of the world's total youth, and this number is projected to reach 30.7% by 2030

(SESRIC, 2020). In this regard, the OIC countries account for a considerable number of impacted children and youth due to its young population demographics. At the same time, many OIC countries have limited social safety nets to ensure that the needs of children and young people are adequately met during and after the pandemic.

In many countries, including OIC member countries, numerous nutrition programmes and initiatives are disrupted or suspended. This will aggravate the already experienced malnutrition and undernutrition by children and young people, especially in the SSA region. The earlier health emergencies have shown that children are at heightened risk of exploitation, violence, and abuse when schools are closed, social services are interrupted, and movement is restricted. When children are cut off from their routine social networks such as schools, playing with their friends and protection services, they naturally resort to digital technology for a path to the outside world.



The expansion of children and young people’s online activity may result in increased risks and harms. Overall, the growing economic concerns combined with social provisions to control the outbreak and its reinfection rates will negatively affect children and young people. It is feared that anxiety, depression and other psychosocial symptoms will arise amongst children due to loss of “normalness”, increasing and rapid poverty, pre-existing vulnerabilities and limited social protection services.

The impact of COVID-19 disease specifically on youth also yields a challenging picture. The impact on youth employment is likely to be severe given that youth (15-24) are already 3 times more likely to be unemployed than adults. According to UNESCO, 165 countries have so far implemented nationwide closures of educational institutions, and several more have implemented localized ones, in total affecting 1.52 billion of children and youth. The situation will have severe consequences in terms of interrupting learning, compromising nutrition, and elevating drop-out rates. In particular, the closures are overly impacting disadvantaged and underprivileged children and youth who have fewer educational opportunities outside of school, a lack of access to remote learning tools and the Internet, and rely on free or discounted school meals for healthy nutrition. Youth in their later years are getting ready to start their lives and the impacts of the pandemic will put added stress and burden on them, which may lead to varying levels of depression, anxiety and increased apathy and inactivity.

All in all, women, elderly, people with disabilities, children and youth in the OIC countries will be disproportionately affected by the pandemic. Limited and weak social protection systems combined with the aggravated poverty brought on by the outbreak will evidently result in the exacerbation of the pre-existing inequalities, difficulties and challenges that these social groups face. In nearly all of the cases, the outcome will be increased violence and exploitation, food insecurity, growing levels of anxiety and depression, fuelling of intolerance and discrimination and amongst others will impact the healthy functioning of society as a whole.

2.9 Social Relations and Behaviours

Although the effects of the COVID-19 outbreak are more visible and projectable in the health and economic sectors, and their impact on disadvantaged and vulnerable populations, the full impact of the pandemic in terms of social relations and behaviours is still not fully discovered. How will the health, economic and societal impacts of the outbreak affect social relationships, such as family cohesion, friends, couples, colleagues, and teacher-student interactions.



What does the “New Normal” entail?

“Any steps to transition towards ‘a new normal’ must be guided by public health principles, together with economic and societal considerations”.

New Normal includes



- That outbreak risks are minimized in high-vulnerability settings – particularly in elderly homes, mental health facilities and people residing in crowded places;
- That workplace preventive measures are established – with physical distancing, handwashing facilities, respiratory etiquette in place;
- That communities have a voice and are engaged in the transition.

Source: WHO, Statement – Transition to a ‘new normal’ during the COVID-19 pandemic must be guided by public health principle, 2020

Questions of whether people will feel more or less connected to others, what are the effects of people working from home within the same context as their children and family members and how are people going to act in public space is still a question of inquiry for experts and researchers. However, certain initial observations can be made about the influence of the epidemic on current and future relations amongst people and their environment. In this context, it is important to highlight and note that the particular context in each country will influence and affect how and to what extent social relations and behaviours are altered, changed or transformed. Yet, a number of common elements that will inevitably show the impact on all countries around the world, including the OIC member countries could be highlighted as follows:

The first element to be considered about the impact of the pandemic on social relations and behaviours is the public provisions taken to control the outbreak. Numerous countries around the world and nearly all OIC countries have taken unparalleled measures to prevent social contact and to slow down the spread of the virus, such as closing schools, shops, restaurants and cafes, banning public events and stimulating or imposing working from home. Initial studies find that social distancing will have subsequent implications on travel, out-of-home activities, change in public transportation patterns and social isolation (Des Vos, 2020).



Moreover, the pandemic has impacted religion in various ways, including the cancellation of worship and pilgrimages, the celebration of religious holidays and closure of religious schools. The decrease in travel will most likely outlast the virus and lead to changing social dynamics such as spending more time with family, staying in close proximity to residence and hanging out with close friends. Online delivery services will increase as people will avoid going in crowded areas in the aftermath of the pandemic. The social values of showing closeness by gestures, handshakes and physical contact will be limited as people will be hesitant of catching the virus. Also, wearing masks in public will become regular. The culmination of these will form what is widely discussed as the “new normal”.

Divorce rates rising globally including in OIC countries due to the COVID-19



Dubai lawyers see a surge in divorce enquiries of more than 30%

Turkish lawyers document a fourfold increase in divorce requests in the last three months.

Source: See Footnote 12.

Another inherent element of social relations and behaviours is to do with the institution of marriage. Rising from the social provisions and the added economic burdens, divorce rates worldwide are on the increase, including in OIC countries. Due to various measures around divorce during the outbreak, such as delaying or suspending services, the exact nature of the issue is still unknown. However, initial reports do indicate a rise in divorces, particularly in countries with extended lockdowns and social isolation provisions⁴. The causes of these increases are multiple and complex. Forced isolation, spending excessive time together, added stress at home due to work and family commitments, violence and abuse, and most importantly economic strains are leading married couples to disintegrate and resort to divorce. This trend is also having a wider societal impact on children and families because it is disrupting cohesive families and it will eventually increase single-parent households in the OIC countries. The effects of the increasing divorce trend due to COVID-19 will be felt disproportionately by children and women.

As the COVID-19 pandemic reshapes the way in which people connect to each other, it has never been more evident that there is a need to bridge the digital divide for the billions of people around the world, including a large number of people in OIC countries. The digitalization of the past decades has clearly shown its risks and benefits during the outbreak. The Secretary-General of the International Telecommunications Union (ITU), which is the UN specialized agency for information and communication technologies, pointed out that a new digital society came into our lives with the pandemic and forced social isolations and lockdowns (UN COVID-19 makes universal digital access and cooperation essential: UN tech

⁴ Turkey: <https://bit.ly/3cUCpLf> Dubai: <https://bit.ly/2XivWOZ>



agency, 2020). Although digitalization had started to become prevalent before the outbreak, the forced and voluntary social isolation brought about an increase in its use. ITU recorded massive surges for videoconferencing and smartphone call ability since the epidemic began.

The emerging digital process will have a two-fold impact on OIC countries. First, OIC countries with broad access to digital technologies will resort to online communication in the ongoing outbreak stage and afterward. In contrast, OIC countries with limited access to online platforms will be divided from their social networks – possibly leading to either increased physical interaction or an increase in anxiety, depression and loneliness due to the experiences of disconnect. The digitization will bring new risks and harms that need careful attention. Online child protection mechanisms will need to be created, updated, and monitored according to children’s needs. The limited physical contact may pave the way for other psychological and social issues such as loss of values, breakdown of social cohesion, exclusion of those without access and amongst others digital addictions. Overall, the required social distancing responses to the pandemic combined with changing relations of people to their work, family, and friends, have resulted in novel trends and norms. Digitization has played a leading role in this process. The future of social relations and their constructive and healthy development will depend on the social policy responses of governments and communities.

2.10 Refugees and Migrants

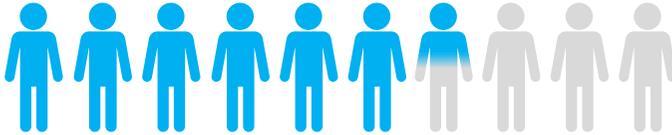
Experts predict that the most devastating impacts of COVID-19 pandemic will be felt in developing low- and middle-income countries that are currently home to some 25.9 million refugees, 41.3 million internally displaced people (IDPs), and 271.6 million migrants - heightening the vulnerability of these marginalized groups to the impacts of the COVID-19 pandemic. This is simply because a majority of low- and middle-income countries do not have an adequate health or humanitarian infrastructure required to deal with a global health pandemic. This is of special relevance to developing OIC member countries because they are currently host to 79.6% of the world’s refugees, home to 58.3% of the world’s IDPs, and destination countries for 74.5 million international migrants.

However, the ground reality is that in times of a global pandemic the needs of vulnerable groups are often the last to be considered in national response measures. For refugees and migrants, this creates a situation of ‘double emergency’, where a health pandemic is likely to worsen an ongoing humanitarian emergency. This ‘double emergency’ situation affects refugees and migrants in three distinct ways.

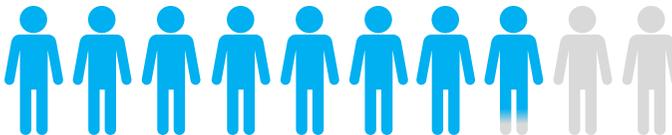
First, it heightens the lethal and destructive direct risks posed by an unprepared health care system on populations with pre-existing vulnerabilities (International Rescue Committee, 2020). For instance, refugees and migrants that live in a camp or camp-like settings are more likely to contract the virus because of their squalid living conditions and the inability to access basic services such as running water, sanitation, and inadequate healthcare which includes,



6.37 out of 10 refugees have come from OIC countries



7.90 out of 10 refugees are hosted by OIC countries



but is not limited to, a shortage of medicines, poor health facilities, lack of medical personnel, and lack of reliable information on the pandemic (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020). It is also difficult to manage treatment, containment, and recovery of patients in camp-like settings because measures such

as social-distancing, maintaining proper hygiene, and isolation are futile without proper medical resources and facilities (WHO, 2018). Outside of camps, poor or homeless refugees and migrants also face severe direct risks because of their inability to afford hygiene products, follow public health advice, and self-isolate/quarantine during COVID-19.

Second, COVID-19 pandemic also poses an indirect risk to refugee and migrant populations stemming from receding economic conditions (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020). Numerous countries around the world have adopted and/or imposed strict lockdown measures to limit the spread of COVID-19 pandemic. These lockdown measures have had a substantial effect on global and national economies that is likely to also affect their ability to deal with the pandemic and recover from it. Locking down day-to-day businesses poses significant threats to the socio-economic well-being of refugees and migrants – that are commonly employed in the informal sector.

The lack of economic support during this pandemic such as from a loss of income, loss of health insurance, or the lack of social protection can affect entire families that are dependent on daily wages to meet their minimum basic needs. These hardships are further compounded by a variety of legal considerations that are specific to refugee and migrant populations. These include, but are not limited to, delays in receiving legal status in the host country, lack of employment opportunities associated with legal standing, inability to access a host of administrative services such as social protection, food distribution, etc. because of the lack of legal recognition, and more. In some situations, cultural, linguistic, and social differences can also keep migrants and refugees from accessing vital information about COVID-19 or reaching out to authorities. Without an income, proper legal status, and/or access to reliable information, COVID-19 response measures such as travel restrictions, mobility restrictions, and border closures – that are widely in place at present – can also block access to humanitarian assistance for millions of refugees and migrants.



It is important to note here that many of these factors are more likely to affect children, women, and minorities within refugees and migrant groups more deeply. For example, refugee and migrant children face added risks to their overall development due to school closures in response to COVID-19. Refugee and migrant women face a greater risk of domestic abuse while stay-at-home policies are in force. Similarly, refugee and migrant girls face an added risk of physical and mental harm posed by disruption of education, early marriages, child/teen pregnancies, sexual abuse, trafficking, child prostitution, and more. Therefore, a lack of targeted policy measures, awareness, and access to vital services make some refugees and migrants more prone to vulnerabilities arising from not just the pandemic but also the response measures taken by host countries.

And lastly, COVID-19 poses a secondary risk to refugee and migrant populations stemming from fragile political environments in host countries (International Rescue Committee, 2020). The way in which countries and governments around the world have chosen to address and respond to the COVID-19 pandemic has been vastly distinguishable. Where some countries have dismissed the virus as merely a strain of ‘common influenza’, others have resorted to an exaggeration of the adequacy and capability of their national institutions and their response to the pandemic. And while these countries are in the minority, their attitude towards the pandemic determines the level of public panic or hysteria towards COVID-19. Unfortunately for refugees and migrants in these countries, political ambiguity can fuel stigmatization and discrimination against refugees and migrants. This is because in situations where public hysteria is a by-product of misinformation, attitudes towards refugees and migrants are bound to worsen. For example, the World Health Organization finds that even though refugees and migrants pose a low risk of transmitting communicable diseases to host populations, they can be discriminated against for spreading disease (WHO, 2018). Particularly for COVID-19, Norwegian Refugee Council finds that such regressive attitudes can force refugees and migrants from seeking proper treatment or disclosing their health symptoms to medical personnel, putting public health at risk (Norwegian Refugee Council, 2020).

In addition to individual health risks, fragile political environments in host countries (as a result of conflict, lack of political leadership, etc.) can also result in an outright breakdown of its health systems. This means that the government is incapable to formulate prevention and recovery strategies, unequal distribution of healthcare for marginalized and vulnerable groups, inability to monitor and manage COVID-19 cases amongst refugees, migrants, and asylum seekers, and the inability to provide humanitarian health assistance to refugees living in areas that are under the control of insurgents, rebel groups, or armed groups. In such scenarios, it is often the non-profit, humanitarian, or civil organizations – that are already under severe financial and administrative strain – that have to bear the responsibility of managing a pandemic.

Given that COVID-19 has exhausted the healthcare sectors of even the most developed economies, its impact on fragile countries and vulnerable populations will be even greater. At



the same time, it is not possible to successfully respond to, or recover from, COVID-19 without addressing the needs of refugees and migrants – especially for OIC member countries – because, as World Health Organization puts it, “there can be no public health without refugee and migrant health” (WHO, 2018). Along with the impact of the outbreak on specific vulnerable and disadvantaged social groups, the pandemic has also led to changes in social relations and behaviours which is also critical to understand and effectively plan for to mitigate its adverse effects.



CHAPTER 3

Policy Measures by OIC Member Countries

This section highlights national practices in public health safety measures, economic policy response and social policy measures taken by OIC member countries to counter the negative effects of COVID-19 pandemic on their economies and society at large.

3.1 Public Health and Safety Measures

Undoubtedly, healthcare systems are facing the biggest health crisis in a century that requires effective policies to combat the spread of Coronavirus. However, there is no 'one size fit all' kind of policy measures that could be adopted and operationalize especially given the widespread differences in COVID-19 infection and healthcare capacities across the OIC member countries. In general, policy response in OIC member countries and elsewhere has been focused on ensuring access of the vulnerable to diagnostics and treatment; reinforcing the capacities of healthcare systems; finding alternative ways and means to improve surveillance and care; and accelerating the development of diagnostics and therapeutics.

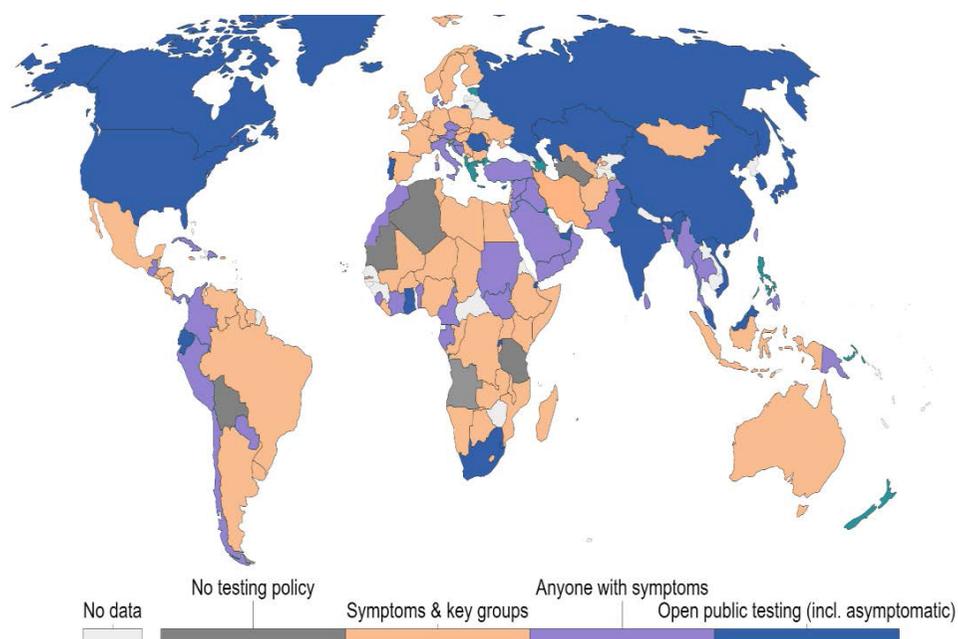
The COVID-19 outbreak has quickly turned into a global pandemic triggering the highest level of public health emergency alert and response measures across the globe. The first and the foremost priority was to contain and mitigate the spread and infection rate of the Coronavirus which lead to widespread public health campaigns to improve personal hygiene habits followed by social distancing measures and lockdowns to curtail the human mobility and hence the risk of getting infected or transmitting the virus to other people. In parallel to these measures, arrangements were made to boost the capacities of health care systems to test, trace and treat the affected people in an effective manner.

Testing has been central to the containment of COVID-19 and the timely treatment of affected people across the OIC member countries and elsewhere. In the early period of COVID-19 outbreak, almost all countries in the world suffered to make necessary arrangements for the diagnostics and procure test kits for infection detection. However, the situation has improved with the passage of time as some member countries have received supplies from the WHO while other member countries started to produce test kits locally. According to the available information, Turkey alone has exported COVID-19 test kits to over 50 countries worldwide (Anadolu Agency, 2020a).



There is also quite a degree of variation among the OIC member countries concerning their approach and policy to conduct tests for the detection of COVID-19 infections. As per the available data on 37 OIC member countries, variations in the national policy response to testing in OIC member countries can be classified into three categories (Map 3.1). The first category includes 16 OIC member countries where COVID-19 infection tests are being conducted for only those who both (a) have symptoms and (b) meet specific criteria (e.g. key workers, admitted to hospital). The majority of these member countries are located in Sub-Saharan Africa with a low level of COVID-19 cases and mortality. The second category includes 17 OIC member countries where testing is done for anyone showing COVID-19 symptoms. These member countries are accounting for the bulk of current COVID-19 infections and fatalities in the OIC group. The last category includes only four OIC member countries namely: Brunei, Djibouti, Malaysia and the United Arab Emirates where open public testing is practiced (e.g. “drive through” testing available to asymptomatic people).

Map 3.1: COVID-19 Testing Policies



Source: Adapted from the OurWorldInData, 14 May 2020.

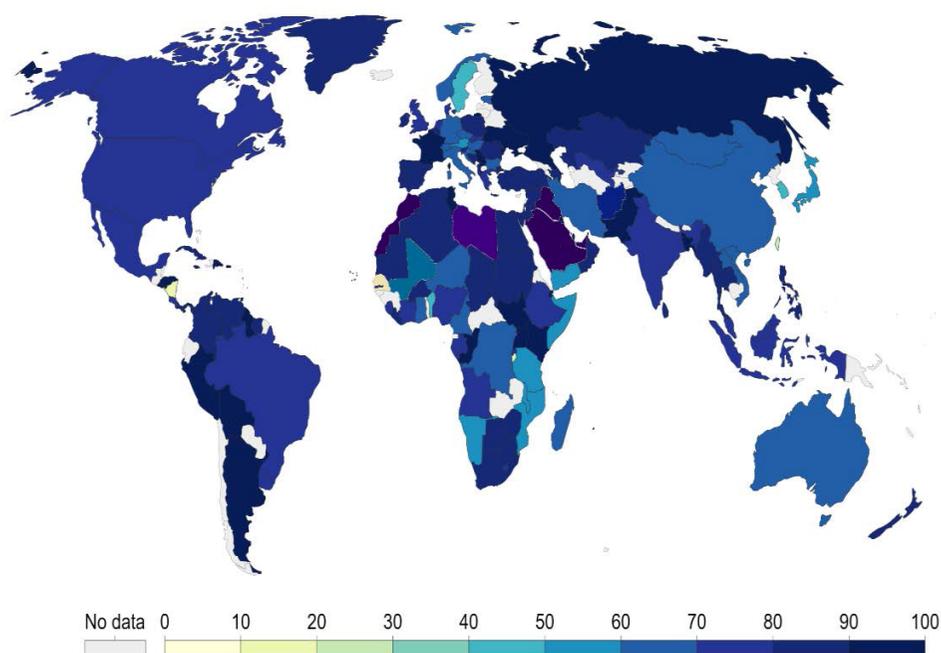
The overall government response to attain a high level of public health and safety outcomes has led to widespread closures of schools and workplaces, borders and imposing lockdowns and curfews to restrict the movement of people and enforce maximum social distancing measures. Although, the true level of effectiveness of these measures is yet to be studied and evaluated, there are some efforts to gauge the overall strictness of these measures by developing a composite index. The Oxford COVID-19 Government Response Tracker (OxCGRT) systematically collects information on 17 indicators related to different common policy



responses governments have taken, scores the stringency of such measures, and aggregates these scores into a common Stringency Index with a value from 0 to 100 (100 = strictest response).

According to this stringency index, the average score in 39 OIC member countries with data was recorded at 82 which indicates that OIC member countries, as a group, have been very efficient in implementing public health and safety measures to contain the COVID-19 infections. At the individual country level (MAP 3.2), the stringency index score was recorded between 80 to 100 in 26 OIC member countries whereas; it ranged between 60 to 78 in 10 OIC members. The lowest stringency index score was recorded in Yemen (54) followed by Benin (58) and Somalia (59).

Map 3.2: Government Response Stringency Index



Source: Adapted from OurWorldInData, 14 May 2020.

Given the fact that COVID-19 pandemic poses a serious threat to the lives of health care workers, OIC member countries have taken appropriate policy measures and protocols to protect the health workers. These measures include the provision of adequate personal protective equipment and training to use them effectively as well as acknowledging the critical role of healthcare workers by offering incentives like additional salaries and making legislative changes to safeguard health workers from violence and harassment both inside and outside healthcare facilities. Since the start of the COVID-19 outbreak, at least 20 OIC member countries have received PPE supplies from the WHO to help their health workers to safeguard against the COVID-19 infections (Table 3.1). On the other hand, some OIC member



countries have increased the production of PPE and Turkey as an example has exported PPE to several OIC and other countries including Somalia, Palestine, UK and the USA.

Table 3.1: OIC Member Countries Received PPE Supplies from the WHO

Region	Countries
South Asia	Afghanistan, Bangladesh, Maldives, Pakistan
Sub-Saharan Africa	Côte d'Ivoire, Djibouti, Gambia, Mauritania, Mozambique, Nigeria, Senegal, Somalia, Sudan, Togo, Uganda
Middle East and North Africa	Algeria, Iran, Jordan, Lebanon, Morocco

Source: WHO 2020b.

As a response to fight against COVID-19, medical aid flows among OIC member countries are ramped up. At the initial stage of the outbreak, such aid is mainly focused on medical supplies and protective equipment. As the COVID-19 outbreak slows down in some OIC member countries, aid flows are expected to include other dimensions such as humanitarian assistance, technical assistance and financial aid. The following selected highlights from a number of OIC member countries provide some good examples of solidarity and intra-OIC cooperation:

- **Qatar** sent medical supplies to a number of OIC countries including Palestine, Lebanon, Tunisia, Iran and Algeria to support their battle against Covid-19 (Anadolu Agency, 2020b).
- **Turkey** delivered aid to at least 57 countries around the globe to help their fight against the Coronavirus outbreak. These countries include a number of OIC countries including Afghanistan, Algeria, Azerbaijan, Albania, Bangladesh, Guinea, Indonesia, Iran, Iraq, Libya, Kyrgyzstan, Lebanon, Mozambique, Somalia, Sudan, Pakistan, Palestine, Tunisia, Uganda, and Yemen (Anadolu Agency, 2020c).
- **Pakistan** has additional stock of the chloroquine tablets that can be used to treat COVID-19 patients. In this respect, the Cabinet of Pakistan approved the export of the drug to a number of countries including some OIC member countries such as Turkey, Saudi Arabia, Qatar, and Kazakhstan. Pakistan will send one million chloroquine tablets to Saudi Arabia, 500 thousand to Turkey, 700 thousand to Kazakhstan, and 300 thousand to Qatar (Anadolu Agency, 2020d).
- **United Arab Emirates** dispatched several cargo planes carrying tonnes of medical supplies and relief material to those in need in several countries from the UK to China. So far, the UAE already sent such aid to some OIC member countries such as



Somalia, Mauritania, Pakistan and Kazakhstan as a gesture of solidarity in the fight against COVID-19 (Gulf News, 2020).

- **Saudi Arabia** generously pledged USD 10 million to the World Health Organization in response to its urgent COVID-19 appeal for help in serving countries with fragile health systems. At the bilateral level, Saudi Arabia extends international aid to a number of OIC countries. For instance, through King Salman Humanitarian Aid and Relief Centre, Saudi Arabia decided to provide essential medical devices and supplies to Yemen and Palestine to combat the COVID-19 pandemic (Arab News, 2020).

Many OIC member countries also reached out to international development agencies and institutions to secure necessary monetary resources to improve their emergency health responses. According to the latest available information, 11 OIC member countries have received financial support worth US\$ 428 million through the World Bank's fast-track facility for COVID-19 response (Table 3.2). These resources will definitely enable the recipient OIC member countries to implement programs and measures to slow and limit the spread of COVID-19 through enhanced detection, surveillance, and laboratory systems, as well as strengthen essential health care delivery and intensive care.

Table 3.2: COVID-19 Emergency Response Projects Funded by the World Bank

Country	US\$ (Million)	Country	US\$ (Million)
Afghanistan	100.4	Kyrgyzstan	12.5
Argentina	35.0	Maldives	7.3
Cabo Verde	5.0	Mauritania	5.2
Cambodia	20.0	Mongolia	26.9
Democratic Republic of Congo	47.2	Pakistan	200.0
Djibouti	5.0	Paraguay	20.0
Ecuador	20.0	São Tomé e Príncipe	2.5
Ethiopia	82.6	Senegal	20.0
Gambia	10.0	Sierra Leone	7.5
Ghana	35.0	Sri Lanka	128.6
Haiti	20.0	Tajikistan	11.3
India	1,000.0	Yemen	26.9
Kenya	50.0		

Source: World Bank, 2020.



3.2 Economic Policy Measures

Economic resilience can be defined as the ability of the economy to bounce back given the magnitude of a shock (in this case COVID-19). The degree of resilience of an economy is thus determined by the speed in which the recovery process occurs and when the entire economic activities revert back to their pre-shock level. As OIC countries are affected at varying degrees and intensities from the COVID-19 outbreak, the time required to reach pre-shock level of economic activities is not the same. Nevertheless, policy-makers in OIC countries depending on their available financial resources (excess financial reserves, stocks of sovereign wealth funds etc.), economic structures (e.g. oil exporter or importer, dependency on remittances and tourism) and institutional capacities (e.g. centralized online e-government payment systems, e-customs applications etc.) have implemented a set of economic policies to reduce direct (e.g. lost income and output) and indirect losses (reduction in economic confidence of households, increase in country risk scores etc.) caused by the pandemic and minimize the required time for a full recovery of economic activities. This sub-section provides an overview on economic policy responses of OIC member countries.

The unprecedented nature of the economic shock caused by the pandemic requires each country to take bold actions by developing exceptional policies. While national policies are key to responding to the crisis, cooperation at regional and international levels is also required for an effective response. International and regional organizations including World Bank, International Monetary Fund and Islamic Development Bank started to provide liquidity to the countries that need to finance their policy response. Central banks have also moved aggressively to mitigate the impacts of the crisis by cutting interest rates and injecting liquidity.

Monetary policy interventions are complemented by fiscal stimulus packages to support the vulnerable segments of the economies. In most cases, they are primarily targeted at enhancing the capacities of national health sectors to ensure the availability of medical supplies and expand the healthcare coverage (UNDESA, 2020). However, they also cover support measures to mitigate income losses for various vulnerable segments of the society and stimulus packages to sustain businesses. Tax incentives for affected businesses, deferred loan payments and interest-free loans are among the major policy measures implemented to support businesses, particularly the SMEs.

Many OIC member countries have introduced various economic stimulus packages to mitigate the impacts of the pandemic and restore economic activities (see Box 3.1). Short-term measures are to contain and mitigate the economic consequences, particularly in the form of mass unemployment and bankruptcies. Restoration of economic activities will be only possible after containment measures are lifted and supply networks are re-established, where policies are focused more on demand side dynamics (World Bank, 2020b). In some OIC countries, however, the effectiveness of monetary policies may be low due to weaker financial markets and fiscal measures may not be adequate due to limited fiscal space – the ability to



deploy public funds and resources to counter a large negative shock (Köse, Ohnsorge, and Sugawara, 2018).

Although most of the policy measures resemble across countries, there are also policy responses that differ from country to country due to differences in economic structures.⁵ A significant number of countries, including Algeria, Azerbaijan, Bahrain, Brunei Darussalam, Gabon, Iran, Iraq, Kazakhstan, Kuwait, Nigeria, Oman, Qatar, Saudi Arabia and United Arab Emirates, that rely on exportation of mineral products, which their prices suffer huge losses. These countries experience major revenue losses. Some of these countries have already announced plans to cut or delay non-essential capital spending. For example, **Oman** announced that it will reduce spending in the 2020 budget by 10% (about 5% of GDP). **Saudi Arabia** intends to reduce spending in non-priority areas of the 2020 budget by SAR 50 billion (2% of GDP) to accommodate some of its policy initiatives. **Algeria** announced its intention to lower current spending by 30% and cut the import bill by at least USD 10 billion (6% of GDP).

Relatively higher income countries with better fiscal space are able to provide greater support for SMEs in the form of tax cuts or deferrals, salary payments and other benefits to avoid bankruptcy and to protect employment. On the other hand, policies in lower income countries focused on increasing the funds for the health sector to improve its capacity, donating food and providing assistance to households and local small businesses, supporting the water and electricity bills, lowering and delaying tax payments. As a response to the crisis, most of the lower income OIC countries could allocate an amount that is not exceeding 1% of their GDP, while this share has exceeded even 10% of GDP in some others, such as **Qatar** and **Iran**.

While the fall in oil prices affect significantly the oil exporting OIC countries, opportunities for migrant workers to sustain their job in these and other countries are reduced, leading to a fall in remittances. This is a particular concern for some low-income OIC countries and households that rely on remittances. For example, remittances in **Bangladesh** represent over 5% of GDP, and a majority of migrant workers are based in Gulf countries that are affected by the abrupt decline in oil prices. As a good practice, **Qatar** pays full salaries to migrant workers who are in quarantine or undergoing treatment, but the rights of unemployed migrants due to the pandemic should be equally protected.

Countries that rely on earnings from a few products or sectors such as the garment industry in **Bangladesh** and the tourism sector in **Maldives** (tourism receipts represent about 60% of GDP) are also expected to face significant revenue losses, raising the challenges for funding fiscal policies. As an important tourism destination, **Egypt** has announced EGP 50 billion (USD 3.1 billion, 0.9% of GDP) for the tourism sector, which contributes close to 12% of Egypt's GDP, 10% of employment, and almost 4% of GDP in terms of receipts.

⁵ Policy responses presented in this subsection are obtained from IMF Policy Tracker available at [link](#), if not otherwise stated.



Box 3.1: Economic Policy Responses of OIC Countries to COVID-19

Many OIC countries responded to the COVID-19 outbreak from the economic policy perspective through implementing a wide range of fiscal and monetary policies. Table 3.3 provides a summary as of 27 April 2020, based on information provided by Elgin et al. (2020) and IMF Policy Tracker on COVID-19. Out of the 52 OIC countries for which the data are available, 42 developed and implemented a form of a fiscal stimulus package to sustain and encourage essential economic activities at the first stage and all economic activities in the second stage. In terms of monetary policy intervention, 26 OIC countries out of 52 cut interest rates as a reflection of direct expansionary monetary policy to cope with liquidity restrictions stemming from the outbreak. 19 OIC countries out of 52 announced and injected a monetary stimulus package to heat their outbreak-hit economies. Vast majority of OIC countries (45 out of 52) further used other (indirect) monetary policy measures such as through open market operations, reserve requirements, and central bank lending facilities to support economic activities as a response to the COVID-19 outbreak. As the pandemic affected the volatility of the exchange rate and Balance of Payments such as by curbing exports and fuelling fears of foreign investors that trigger capital flight, 20 OIC countries already implemented a set of monetary policies to stabilize and control the volatility of the exchange rate as well as to ensure and guarantee steady inflow and outflow of foreign exchange.

Table 3.3: Economic Policy Responses of OIC Countries to COVID-19

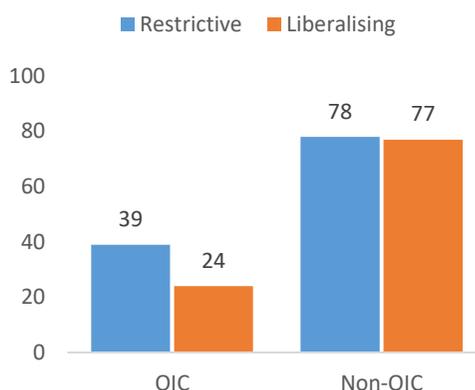
Policy Category	Intervention Type	# of Implementing OIC Countries
Fiscal Policy	Fiscal stimulus package	42
Monetary Policy	Interest rate cut	26
	Monetary stimulus package	19
	Other monetary policy measures	45
Balance of Payments (BoP) and Exchange Rate Policy	Direct monetary policy intervention to control Balance of Payments (BoP) and Exchange Rate	5
	Accompanying monetary policy intervention to stabilize Balance of Payments (BoP) and Exchange Rate	15

Source: SESRIC Staff Analysis from Elgin et al. (2020), April 27 2020 version and IMF Policy Tracker on COVID-19. Note: Total number of OIC Countries with available in the database is 52.



Some countries introduced donation mechanisms to support vulnerable groups through encouraging solidarity in society. This included countries such as **Iraq, Jordan, Lebanon, Morocco, Senegal and Turkey**, among others. Most of the OIC Least Developed Countries approached different regional and international organizations to fund their emergency response plans. For example, in order to finance its USD 120 million costing health response plans in **Sudan**, the European Union announced a support package of EUR 70 Million, the Islamic Development Bank USD 35 million, the World Bank USD 35 million, the UN and international partners are expected to donate USD 9 million and the US government USD 8 million.

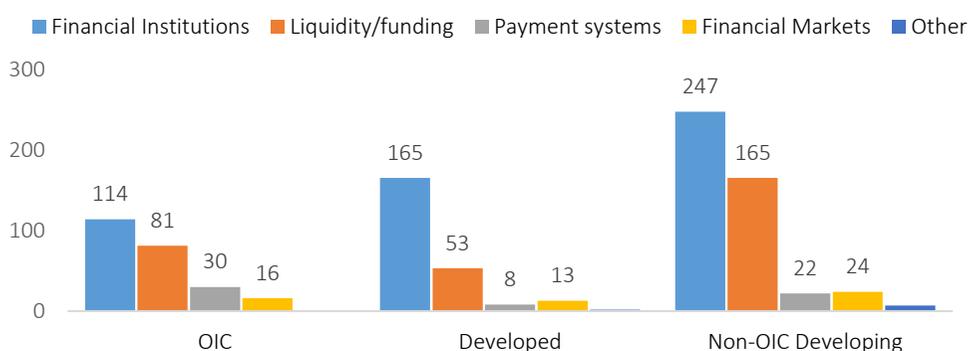
Figure 3.1: Trade Policy Measures



Source: ITC MacMap, updated on 3 May 2020

In terms of trade policy measures, governments enacted temporary trade measures that aim to restrict exports of vital medical supplies critical to tackle the COVID-19 or to liberalize their importation by lowering import duties. Until May 3, 35 OIC countries implemented 39 restrictive and 24 liberalising trade policies (Figure 3.1). The number of liberalising policies in non-OIC countries is almost the same as the number of restrictive policies. There are also a number of measures taken to support the financial sector in response to the pandemic. A summary of policy measures taken by OIC countries and the type of measure in support of the financial sector amid the COVID-19 pandemic is provided in Figure 3.2. Most of the measures are taken to support financial institutions, followed by liquidity/funding measures.

Figure 3.2: Financial Sector Support Measures in Response to COVID-19



Source: World Bank database on COVID-19 Finance Sector Related Policy Responses, accessed on 4 May 2020. Measures taken by EU/Eurozone are counted as one single observation, lowering the aggregate for the developed countries.



OIC countries have put in place various measures to mitigate the negative impacts of COVID-19 outbreak on food security and livelihood of the society. Containment measures, such that closure of nonessential business and restriction of mobility should not hamper the agri-food supply chain. Smallholders farmers which account for most of the overall farmers in OIC should also be supported in terms of their productivity and access to the market. On the consumer side, the most vulnerable groups in the population need to be equipped with social safety nets, so that basic food needs can be fulfilled.

In order to keep the food value chain alive, many OIC member countries have made efforts to remove the key logistics bottleneck. **UAE** for instance recently passed a law aiming at organising the food supplies in the event of crises as well as achieving food sustainability (Wam, 2020). Within the law, registered agri-food suppliers and merchants are required to monitor their inventories and oblige to distribute their food stock during the crisis as directed by the National Emergency Crisis and Disasters Management Authority. The law also allows retailers to get various forms of incentives and facilities, as well as penalties for violators.

To sustain the supply of agri-food products in the country, access to the global market should also be kept open. This is especially crucial for the country which depends mostly on imported products to satisfy domestic food and agriculture demand. During the crisis, trade barriers should be relaxed, allowing easy access to goods from abroad and stabilizing prices. **The Kazakh** government has made a significant effort in this regard by temporarily reducing VAT for agricultural and food products and allowing zero custom duties on essentially important imports (KPMG, 2020).

Many OIC member countries have also provided support to farmers to both enhance their productivity and market the food they produce amid the spread of COVID-19 pandemic. During the containment measures, agriculture activity should be exempted from any constraints to keep the agri-food sector productive. Several countries exempted agriculture-related activities from mandatory lockdown as in the case of **Pakistan**. Some provincial governments in Pakistan keep the agriculture-related sector exempted from lockdown to be able to meet the countries production target (The News International, 2020).

Furthermore, initiatives to boost productivity, such as easing access to production inputs and credits are also necessary. As in the case of **Kazakhstan**, land tax payments for 7,000 producers of agricultural goods are exempted (KPMG, 2020). Similarly the **Egyptian** government passed the moratorium on the tax law on agricultural land for 2 years (Egypt Today, 2020). Monetary and fiscal measures to boost productivity are also in place in Kazakhstan, such as availability of access to loans with the total amount of KZT 170 billion, the ability of farmers to finance their operations through forward contracts (under its future harvest), and fuel subsidy for the next sowing season (KPMG, 2020). In **Turkey**, the debt payments of farmers for a 6 months period (Ergocun, 2020).

It is also important to ensure the access of agricultural intermediate inputs. In **Burkina Faso** for instance, the government purchased agricultural inputs and livestock feed amounting to



CFA Franc 30 billion (ILO, 2020). Cote d'Ivoire in contrast, put in place other measures to maintain the productivity of the sector, such as providing financial support for the agricultural sector (cashew nut, cottonseed oil, hevea, palm oil, cocoa, and coffee) of CFA Franc 250 billion, through price and income support and the provision of goods and services, including fertilizer subsidies and seed distribution (Sy, 2020).

In parallel with various containment measures to control the spread of the disease, measures to scale-up emergency food assistance under the social protection programmes are also enforced in OIC countries. These measures are meant to provide the most vulnerable population with necessities to get through the epidemic. The measures that are already applied in OIC countries are in the form of direct cash-transfer, basic food assistance, or both (see sub-section 3.3 for more details).

Economic Policy Measures of Selected OIC Countries on COVID-19

At the individual OIC member country level, the following summary of economic policies and actions from the selected OIC countries would be illuminating and provide an idea about the availability of a wide range of experiences and national policy practices that could help to enhance intra-OIC cooperation such as through experience sharing and knowledge transfer on building up capacities on economic resilience and policy-making.

Bangladesh

Bangladesh responded to the crisis through implementing a more liberalized trade policy. On March 22 2020, the Government of Bangladesh removed all tariffs and taxes on a list of COVID-19 related products. The aim of the policy was twofold: to ease the access to products related with the COVID-19 in the country and support the vendors and traders (World Bank, 2020c). Another key focus of Bangladesh economic policy response is improving lives of poor people during the pandemic. To this end, the Government expanded the scope of existing transfer programs that benefit the poor. Moreover, through sales of rice at one-third of the market price it aims to help the poor. The Government also announced the allocation of TK 21.3 billion under a housing scheme for the homeless.

Burkina Faso

Burkina Faso revised the 2020 budget to address the socio-economic impacts of the outbreak, requiring the mobilisation of nearly XOF 394 billion (4.5% of GDP). In particular, the establishment of an economic recovery fund for companies amounting to XOF 100 billion and establishment of a solidarity fund benefitting the informal sector (including women) amounting to XOF 5 billion are among important elements of the economic response plan of Burkina Faso. The response plan of Burkina Faso includes several measures to support severely hit sectors such as tourism. The plan also has several measures to ensure that crisis-affected people and businesses get help. For instance, the plan suspends government fees charged on informal sector operators for rent and provides financial support for the water and electricity bills of the most vulnerable social groups.



Indonesia

The Government of Indonesia announced a set of fiscal measures to support the sectors that are affected more from the COVID-19 outbreak. In this respect, on 25 February 2020, the government announced a USD 725 million package with financial incentives to support tourism, airlines and property industries, in addition to further subsidies and tax cuts. In addition to traditional economic policy measures at macro level, through VAT rate reduction, specialized assistance programmes for poor and vulnerable household as well as SMEs, the economic policies of Indonesia aimed to leave no one behind during the outbreak and ensure a speedy recovery by supporting all actors (OECD, 2020d).

Iran

In order to reduce the financial and economic impacts of the outbreak on the economy, the Government announced an economic package that its size represented about 10% of GDP of Iran. Key measures of the package include: moratorium on tax payments due to the government for a period of three months; subsidized loans for affected businesses and vulnerable households; and cash transfers to vulnerable households and unemployed people. With such measures, the economic package aims to cover all segments of the society including businesses, poor and unemployed people.

Malaysia

One of the key distinguishing features of the economic response package of Malaysia is its specific focus on SMEs. In this regard, new financing facilities for SMEs have been set up by banks with a reduced policy interest rate. Around 40% of the stimulus package of the government directed to SMEs. The measures also included an enhanced wage support scheme for SMEs (OECD, 2020d). A special relief facility of around USD 500 million in guaranteed funds is made available to help alleviate short-term cash flow problems faced by small businesses (Bank Negara Malaysia, 2020).

Nigeria

The Government of Nigeria introduced a fiscal stimulus package in the form of a COVID-19 intervention fund of USD 1.4 billion that include three main elements: support healthcare facilities, provide relief for taxpayers, and incentivize employers to retain and recruit staff during the downturn. Regulated fuel prices have also been reduced to downsize the economic pressure stemming from the outbreak. The Central Bank of Nigeria also created a USD 139 million targeted credit facility for households and SMEs to reduce the economic impacts of the COVID-19.

Saudi Arabia

Economic policy response of Saudi Arabia paid a special attention to the protection of jobs for citizens and SMEs. On 14 March 2020, Saudi Arabia announced a stimulus package that has a component of USD 13.3 billion for SMEs. The Government pledged to help companies



struggling with wage payments to Saudi employees. Accordingly, companies can request monthly compensation amounting to 60% of the employee's salary for three months (OECD, 2020d). The estimations show that around 1.2 million Saudi nationals are eligible for such a salary support. If the families of those workers are counted, the support scheme is expected to have a direct positive impact on the lives of millions of people in Saudi Arabia. Moreover, the operational costs of companies will be less effected that could pave the way for a speedy recovery of economic activities once the containment measures are eased.

Senegal

As a response to the outbreak, the Government of Senegal has set out an economic support package. The package includes some key elements such as provision of urgent food aid and essential medical supplies; suspension of utility payments for poor; and postponement of tax payments. The country's Ministry of Trade has created an e-commerce platform that provides easy access to websites of SMEs that sell essential goods. The platform facilitates the distribution of necessary food, hygiene and health products, federates the SMEs and encourages more traditional businesses to go online (UNCTAD, 2020c).

Turkey

On 18 March, Turkey launched a USD 15.3 billion 21-point comprehensive stimulus package to cope with the economic shock caused by the COVID-19. The package included a wide range of measures such as deferral of loan payments by companies, new working capital loans for companies, and a reduction of VAT on domestic air travel from 18% to 1% for three months. Also support for wage earners was included into the package such as the minimum wage support and short work allowance (OECD, 2020d). On 31 March 2020, the Government of Turkey started a campaign for public donations to support those affected by the COVID-19. The objectives of the campaign include raising awareness on the impacts of the COVID-19, creating additional public financial resources for safety net payments for those affected from the COVID-19, and forming a centralized reliable mechanism for those who would like to donate.

The above examples are a very condense summary of actions taken by some OIC countries, but all other OIC countries have also implemented a set of economic policies and measures to reduce the impact of the COVID-19 in their economies and support the economic actors and people. These examples and experiences reveal that the OIC countries are taking a proactive stance towards the pandemic by developing different types of economic policy responses targeting the COVID-19 crisis. And they could serve as a source of inspiration for policy makers and therefore would stimulate transfer of knowledge and experiences at the OIC cooperation level.

3.3 Social Policy Measures

The social policy responses of OIC countries are varied and influenced by the extent of the national outbreak. However, many of the OIC countries have implemented either forced or

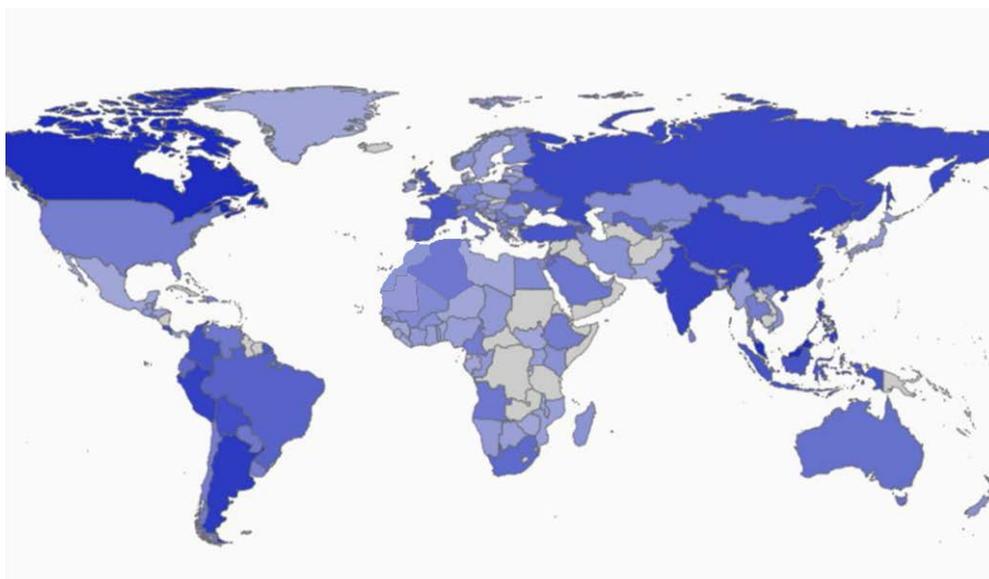


voluntary social distancing measures and more than ten OIC countries implemented either full or partial lockdowns. Aside from the commonly implemented social policies of keeping distance, wearing masks, prohibiting mass gathering and events, different OIC countries have employed a wide range of unique social policy responses to control the spread of the pandemic and mitigate its social implications. This section outlines the social policy measures taken by OIC countries beyond the general and common methods and focusses on the extra or unique social policy responses from various OIC countries.

Social Protection Services

Numerous OIC countries have implemented social safety measures targeting disadvantaged and vulnerable households and social groups. Social protection services carry immense importance, especially in times of dire need. **Tunisia** announced exceptional social help

Map 3.3: Countries with Social Protection Responses



Source: ILO, 2020. Note: Numbers range from minimum number of measures (light blue) to maximum (dark blue).

measures to target its most vulnerable households (FairWear, 2020). The support is available for children, elderly persons, and people with disabilities. The aid supplies cash transfer to those most in need. In a comparable manner, **Egypt** has extended its Takaful and Karama social aid programmes to the most vulnerable (Mabrouk, 2020). Social measures have been implemented by the **Jordanian** Social Security Department including suspension of old age insurance contributions for the private sector until 31 May, an extension of old age insurance coverage to people previously excluded, and allocation of 50% of maternity insurance revenues for the year 2020 to provide in-kind and material assistance to the elderly and sick



(KPMG, 2020). **Oman** implemented social measures to provide cash and in-kind support to the most vulnerable households (OECD, 2020d).

The Public Authority for Consumer Protection (PACP) of Oman launched an initiative aimed at providing low-income households affected by the closure of stores with a weekly grocery kit with essential commodities. **Turkey** has declared that it will support the 4.4 million low-income families with cash aid (Daily Sabah, 2020). The **Malaysian** government has decided to provide cash handouts to the bottom 40% in the low-income category (ASEAN Briefing, 2020). In addition, Malaysia has initiated other social protection programmes to assist its citizens. The Raising Living Standards of Low-Income Households of the Government's Transformation Programme which is amongst one of the initiatives, provides the Penan, the poorest of Malaysia's indigenous groups, with dental treatment and healthcare services, a community feeding programme, education fund and cottage industries for sustainability focused on Penan handicraft. The Malaysian Anjung Singgah Homes programme provides homeless communities in urban areas with temporary housing until they get back on their feet. In Qatar, the Zakat Fund of the Ministry of Endowments and Islamic Affairs (Awqaf) has extended the assistance to the beneficiaries in March 2020 (KPMG, 2020). The financial aid includes monthly support, one-time aid; treatment expenses, tuition fees; debtors, charity basket, and other assistance to ease the social implications of COVID-19.

Community-level Initiatives

Awareness-raising and risk communication are an extremely important foundation of responding to pandemics. A number of OIC countries have taken unique local initiatives to increase awareness and preventative knowledge. In **Indonesia**, the humanitarian community has partnered with the National Disaster Management Agency to set up a "Volunteer Desk" for COVID-19, mobilizing more than 24,000 volunteers throughout the country to raise awareness. **Niger** has taken a local approach combined with tradition and religion. In Niger, customary chiefs are considered the custodians of the country's traditions and customs. As



Community workers in Bangladesh, Photo Credit: Maruf Hasan.

such, they are essential partners for behaviour change and awareness raising. Community leaders in Niger used the local radio, mosque speakers, vehicle equipped with speakers to spread awareness and prevention messages. Community volunteer committees have also been formed to inform people and collect data.



In **Pakistan**, national authorities and the UN has been working with 65,000 religious leaders to promote social distancing and encourage people to pray from home, including by disseminating messages through loudspeakers in mobile vans, often in front of mosques. This has been important during the Holy Month of Ramadan. In Malaysia, social cohesion has been centred on community initiatives to help the elderly and the most vulnerable during the COVID-19 outbreak. Within these initiatives are several programmes. Ready-to-Use Therapeutic Food (RUTF) and Milk Programme, for example, is a community feeding initiative where RUTF and milk are delivered to the Orang Asli indigenous communities in rural areas, helping to alleviate malnutrition in Malaysia.

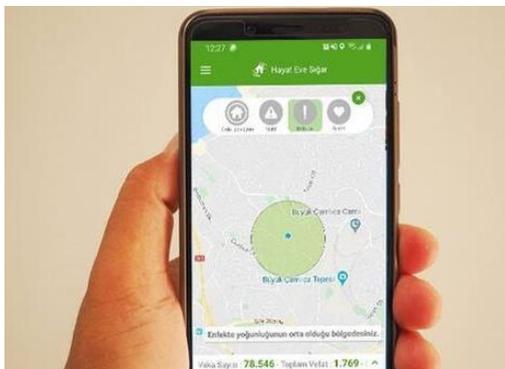
Digital Response and Awareness Raising

Many OIC countries have utilized various digital platforms and online tools to ramp up awareness and risk reduction as well as initiatives to support people's mental and physical wellbeing via online activities, helplines and targeted messaging on social media and television. In **Nigeria**, aid agencies and the government have used awareness and risk communication messages through their strong partnerships with leading TV, radio and print media providers. Live radio programmes with call-in segments are being aired regularly on local radio. Outreach materials have included a series of animation videos, public service announcements, pamphlets and myth busters with Government and community leaders, delivered in local languages. Moreover, they have been handing out information pamphlets that include on a toll-free line and have been distributed across communities and camps for internally displaced people.

An initiative led by youth influencers in **Côte d'Ivoire** utilized channels such as SMS, Viber, Facebook Messenger and WhatsApp to exchange questions and answers about COVID-19 through a "U-Report community". In addition, the Government partnered with UNICEF and phone service providers to ensure that the initiatives are reaching as widest of an audience as possible in Côte d'Ivoire. **Indonesia** has capitalized on the power of WhatsApp by providing its citizens daily updates on the COVID-19 and precautionary measures. **Malaysia** has invested to ensure that access to the internet is free. The government has pledged 600 million ringgits (US\$138 million) to provide free internet from April 1, 2020, during the lockdown period. Another 400 million (US\$92 million) is earmarked to expand the telecommunication network and improve quality.

Qatar has worked with the leading telecommunication companies like Ooredoo and Vodafone to ensure the safety of people by improving the capacity of the existing infrastructure to ensure everyone is better connected while working from home, focusing on doubling the internet speed without any extra charges. Additionally, the Ministry of Education and Higher Education (MoEHE) of Qatar has announced the use of Microsoft Teams and Learning Management System (LMS) applications to enable schools and education institutions to interact with students and parents and deliver digital content to ensure a smooth educational process during the pandemic.





The Ministry of Health in **Turkey** launched an application for smartphones that enabled individuals to detect and monitor the COVID-19 cases in their districts. The application was developed by the Health Ministry in cooperation with the country's telecommunication operators and the Information and Communication Technologies Authority. The application shows the risk level, the density of infected

people and the density of people in isolation at the users' proximate locations. An important feature of the application is the ability to perform an online Coronavirus test with quick and brief questions. The application asks users how they are feeling or if they show any symptoms for the virus, if yes, the application will guide them to the nearest hospital.

Arts and Culture

Beyond the government led social protection support, the community-led initiatives and the digital responses, some OIC countries have utilized the power of arts and culture to raise awareness and assist the wellbeing of its population. Many countries have hosted online events such as celebrity interviews, concerts, cultural shows and amongst others virtual tours of museums and cultural sites. In the **Gambia**, as elsewhere, awareness raising and information sharing often is still a challenge. Myths and false information about the prevention and treatment of COVID-19 tend to spread through social media rapidly. Young people in the Gambia have used poetry to make an effort to change the way youth look at the threats from COVID-19 as they embrace the realities on the ground.

In **Turkey**, COVID-19 messages are reaching new audiences as goodwill ambassadors from United Nations agencies in the country offer to share information from WHO with their followers. Live broadcasts with these popular celebrities are being posted across various social media channels including Instagram and YouTube. In **Malaysia**, various programmes have targeted arts and cultures. The Cultural Economy Development Agency of Malaysia has outlined a recovery package to benefit artists and cultural workers in the performing arts, visual art and independent music sectors. It is also rolling out its "Create Now Funding Programme", which is an immediate response grant for individual artist/cultural workers and collective/arts organizations. It is geared up to prop up practices and operations of Malaysian artists, collectives, and arts organizations during this Covid-19 pandemic.

Education

The socio-economic impacts of school closures due to COVID-19 have an impact on millions of learners across all OIC member countries. At the same time, 46 OIC member countries have pro-actively addressed and responded to school closures by introducing a variety of alternative teaching methods – that can assist children and youth to continue their education



even during a global pandemic (UNESCO, 2020c). Most of such measures will go a long way to reduce the negative impact that school closures are likely to have on the overall development of children and youth.

Yet, even as alternative education delivery measures were implemented under strict time and funding constraints, they are a testament to the ingenuity of OIC member countries' response to COVID-19 crisis. For instance, member countries in Sub-Saharan Africa - that have a relatively weaker internet and telecommunications infrastructure – introduced measures to continue education delivery through television and radio broadcasts and transmissions.

Some countries also combined these measures with online platforms targeted at both, learners, and instructors. Cameroon, for example, has broadcasted daily educational programs on 'CRTV' channel in English and French, with a special focus on exam preparations since April 6th, 2020. In **Chad**, e-learning platforms such as 'EduTchad' and 'GoClass' are assisting primary and secondary students in continuing their learning from home by providing online courses and materials in multiple languages. **Cote d'Ivoire's** e-learning platform, 'Ecole Numerique', also provides pedagogical resources by the Ministry of Education for all school levels. In **Djibouti**, 'Cours Televises' (TV and Radio channels) has been transmitting scheduled classes every day since April 1st 2020; in combination with its e-learning platform 'Menfop' introduced by the Ministry of Education.

Similarly, **Burkina Faso, Gambia, Mali, Mozambique, Niger, Senegal, and Sierra Leone** are also broadcasting educational programs and classes through TV, Radio, or a combination of both during this pandemic. Furthermore, in **Guinea**, online platform 'Ma reussite entre mes main' provides not just online classes but also podcasts, e-books, and self-assessment exercises for learners. This is in addition to the 'M'boore' online courses database and 'Startime' classes broadcasted on TV and Radio for students that are to sit for national examinations. To go one step further, **Nigeria's** Ministry of Education and Task Team responsible for Coordinated Education response to COVID-19 pandemic developed a platform to provide information, guidance, and resources for the continuing education as well as individualized learning of children at home. Whereas, in **Uganda**, the National Information Technology Authority partnered with UNICEF to introduce 'Kolibri' countrywide, a free e-Learning platform to assist children during the school shutdown caused by the COVID-19 pandemic. The platform is available online and offline, with education content approved by the National Curriculum Development Centre (NCDC).

For countries with a relatively better internet and telecommunications infrastructure, delivery of classes and courses has been shifted to online platforms that offer courses, resources, and other paraphernalia required by students to continue studying from home. **Jordan's** 'Noospace', for example, is a unified source for all schools to communicate and organize work between schools, teachers, students and parents through an electronic portal fed by the School Information Management System of Jordan in cooperation with the educational resource repository for teachers. **United Arab Emirates' 'Learning Curve'** is an online platform for professional development which allows teachers to attend training courses online. This



platform is in addition to five other online initiatives aimed at students and parents as well. **Uzbekistan**'s 'Eduportal.uz' was launched by the Ministry of Public Education of Uzbekistan to provide free access to teachers and learners to electronic textbooks, video lessons, tests, virtual laboratories, audio lessons, educational games, lesson plans, exit examination tests and other teaching and learning materials for all grades of primary and secondary school in Uzbek and Russian. And **Qatar**'s Ministry of Education's YouTube channel has a compilation of 1700 online lessons uploaded continuously, allowing students to keep up with their classes from home.

In addition to launching ad hoc or temporary online resources for continuing education, some member countries have also developed extensive roadmaps to help education institutions in navigating through the COVID-19 pandemic. In doing so, they have realized that this pandemic will transform traditional education delivery methods permanently. One such member state is **Turkey**. Turkey's Council of Higher Education prepared a "Road Map for Distance Learning in the Turkish Higher Education System" on 17th March 2020 – one day after suspending all face-to-face education – consisting of five key areas: Legislation, Infrastructure, Human Resources, Content, and Implementation.

In terms of content, the Turkish government co-opted existing courses from three universities to the public through the 'Courses for Higher Education Institutions' platform. These three universities have an active enrolment of 3 million students in various open education programs. In regards to human resources, in 2018, the Council of Higher Education implemented the 'Digital Transformation in Higher Education Project', that trained approximately 6,000 academic personnel on 'Learning and Teaching in Higher Education in the Digital Age', and provided courses to more than 50,000 students across 16 universities on the topic of 'Digital Literacy'. In contribution to building a robust infrastructure for online education, 120 universities across Turkey opened distance learning centres with assistance from the Council of Higher Education. Turkey is also one of the few member countries that have implemented programs for both synchronous and asynchronous delivery of classes.

Furthermore, Turkey attributes its successful implementation of COVID-19 response (in the education sector) to the fact that the Turkish higher education system is under the authority of a central body, with flexible management model that works in tandem with universities. According to Prof. Dr. M. A. Yekta Sarac, the President of the Turkish Council of Higher Education, a combination of a "robust infrastructure, uncompromising implementation of the minimum criteria set for the quality of higher education, processes for diversity, central coordination with an agile and flexible management system, and the ability of Turkish universities to act in a disciplined and fast manner" helped learners across Turkey in continuing their education since 16th March 2020 (Note Verbal sent by the Turkish Council of Higher Education to SESRIC on April 28, 2020).



Refugee and Migrants

Developing low- and middle-income OIC member countries are currently bearing the burden of hosting more than half of the world's refugees and migrants, while also mitigating the impacts of an unprecedented global health pandemic. While it is understandable that many member countries are currently facing this pandemic with insufficient preparation and resources, it is of critical importance to consider the vulnerabilities of refugees and migrants while planning and implementing policy responses for COVID-19. At present, various OIC member countries – in coordination with UNHCR, IOM, and local NGOs – have taken a variety of policy measures that aim to alleviate the challenges posed by COVID-19 pandemic to vulnerable refugee and migrant populations.

In **Turkey**, for instance, the Directorate General of Migration Management (DGMM) has been the main actor responsible for formulating and implementing response measures through official executive decisions and circulars. To disseminate this information, DGMM is working with local municipalities in Istanbul, Konya, and Kahramanmaraş provinces, to produce announcements, pamphlets, and videos for refugees and migrants in multiple languages including Arabic, Farsi, and Pashto for Syrian, Iranian, and Afghan refugees. Among other things, these pamphlets and videos inform refugees and migrants of the following: general information about the coronavirus (COVID-19), preventive measures for individuals, official announcements pertaining to curfews, lockdown hours, and travel restrictions, announcements targeted at specific groups such as youth below the age of 20 and elder population above the age of 65, and relevant authorities that are responsible for assisting refugees and migrants during this pandemic.

In realizing the financial strain that a nation-wide lockdown can have on Syrian refugees and migrants that work in the informal sector, the Turkish government has also introduced measures to increase financial support through cash transfers for 1.7 million Syrian refugees that are currently registered for the Emergency Social Safety Net (ESSN) Programme (Kizilay Kart). For the 63,218 Syrian refugees that are currently housed in 7 refugee camps across Turkey, the DGMM has dedicated resources to introduce measures such as limiting the entry and exit of refugees to and from the camps, checking the body temperature of refugees that have entered or exited from the camp, providing hygiene kits including protective masks, gloves, and cleaning supplies to refugees, disinfecting common camp areas such as playgrounds, and introducing social distancing measures in camps.

As of 3rd May 2020, the Rohingya refugees in 19 refugee camps in **Bangladesh** did not have any confirmed cases of COVID-19. This achievement was made possible by the efforts of the government of Bangladesh, in collaboration with humanitarian agencies across 10 vital sectors: Health; Water, Sanitation, and Hygiene; Communication with Communities Working Group; Nutrition; Food Security; Protection; Education; Site Management Site Development; Logistics; and Gender in Humanitarian Action Working Group and Gender Hub. Each of these



sectors provides an essential service to Rohingya refugees in 34 refugee camps and some selected service examples are as follows:

- (i) Delivering critical assistance and services to the camps such as the WASH sector partners providing soap to 26,525 households, hygiene kits to 7,881 households, and installing 8,554 hand-washing stations in public places, households, and entry points to the camp.
- (ii) Utilizing the services of refugees and volunteers to disseminate messages and information on COVID-19. These volunteers included personnel from the Nutrition sector that oriented 90% of nutrition frontline workers and volunteers on COVID-19 in camps and host communities and trained over 5,000 mothers in camps on how to monitor the nutritional status of children. They also included 6 CiC Gender Officers, 40 volunteers, and 42 women leaders including transgender networks and civil society from the Gender Hub to conduct COVID-19 awareness sessions and partake in community consultations to identify community-based solutions to gender issues related to COVID-19 (primarily targeting women and girls) in 20 camps and host communities in Ukhiya and Teknaf.
- (iii) Establishing Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) in the districts of Ramu and Chakaria and Sadar Hospital and Upazila health complexes for refugees. On 30th April, the Health sector trained the first batch of 19 IPC Master Trainers to draft action plans as part of quality assurance for Infection Prevention and Control (IPC) in their facilities and a further 27 government and NGO staff were also trained for clinical case management for COVID-19. World Health Organization also trained 30 trainees as part of its Mental Health Gap Action Programme to support stress management and deliver psychosocial first aid to refugees and the host community.

In specific reference to migrant workers, there is a very notable lack of data on national social policies that address the needs of migrant workers in OIC member countries. However, almost all OIC member countries have implemented policies for ease of access to testing and treatment for migrant workers in some form or another. For instance, the government of **Malaysia** began offering free testing and treatment for COVID-19 in March 2020. Similar policies are also in place in **UAE** and **Saudi Arabia**. In countries like **Pakistan**, that have experienced large scale return of migrant workers, health measures have been implemented on points of entry to measure the body temperature of incoming migrants, with further case-by-case instruction for quarantine and self-isolation. Similarly, the government of **Indonesia** has dedicated Jakarta, Bali, Makassar, and Medan as entry points for migrants returning home by air and Batam, Tanjung Priok, Benoa, Dumai, and Tanjung Balai Karimun as entry points for migrants returning home by the sea. Each of these entry points has its own dedicated quarantine facility and transit facility for incoming migrant workers before they are allowed to go to their homes.



Even though a majority of OIC member countries have not yet introduced social safety programs specifically for formal and informal migrant workers, many member countries have taken steps towards providing financial support to migrant workers. For example, in **UAE**, the Dubai Labour Affairs Committee has delivered awareness guidelines in five languages to 500 companies across UAE in an effort to ensure health and safety, raising understanding of the risks of COVID-19, and preventative measures. In **Bahrain**, the Labour Market Regulatory Authority announced an amnesty for irregular migrants from April 2020 to December 2020 under which they will not have to pay any fines to apply for a residence permit or leave the country. The Labour Market Regulatory Authority also waived the 'Flexi-Permit' fees for migrants by 60-78%. Flexi Permit allows migrants to work in a non-specialized occupation without a sponsor for one to two years in Bahrain. To help facilitate the hiring of migrant workers, the Authority also waived monthly work permit fees for employers and migrant workers for three months between April and June. In **Tunisia**, the government is working in coordination with the International Organization for Migration to provide economic assistance to migrants. As of 08th May 2020, 39% of migrant workers with children had received financial aid from the Tunisian government.



CHAPTER 4

Policy Recommendations

The impacts of COVID-19 pandemic are not distributed evenly across OIC countries and are not easy to account for as the pandemic still goes on at varying intensities. Nevertheless, the supply and demand shock caused by COVID-19 requires major monetary and fiscal policy interventions to prevent a larger second wave shock, reduce the negative impacts on social groups and recover economic activities. As the economic policy responses of OIC countries vary in terms of type, coverage and target groups such as depending on available public financial sources, number of affected citizens from the COVID-19 and health response capacities, the OIC countries need to develop and implement economic policies by using available instruments in the most effective way.

Similarly, from a social perspective, even though OIC countries have taken various social policy responses to mitigate the negative effects of the epidemic and increase the resilience of its societies, there are still a number of policies that are required to ensure that the disadvantaged and vulnerable are able to access the most needed social services. Amongst others, the societal impact of the COVID-19 and its aftermath, will necessitate social policy responses to alleviate consequences on women and children, young people, the elderly and persons with disabilities as well as the millions of refugees and displaced persons. To address such complex social issues, the combination of structural and systemic government policies, community engagements and the utilization of digital platforms will have to be implemented in tandem with efforts to halt and decrease poverty.

In regards to the above, the following policy recommendations presented at the national and intra-OIC cooperation level would provide a broad guidance for policy makers in OIC countries in their response plans for the COVID-19 outbreak.

At the National Level

- **Protecting and supporting SMEs:** Small and medium sized enterprises account for the bulk of employment and a significant share of output in OIC countries. They are severely affected by the containment measures in the form of lost revenues, accumulated debts and flow of essential inputs and final products. While temporary support measures can be implemented by providing reduction or delay of taxes and charges, rapid access to credits, moratoriums on debt repayments, and grants and subsidies for them to manage their cash flows and survive the crisis; structural



measures should also be taken to facilitate their adaptation into new work processes, to build up their digital infrastructure and to support them in finding new markets in the face of disrupted value chains. This would also contribute to retaining workers and lessening the employment effect of the pandemic.

- **Preserving connectivity for trade and investment:** Despite the widespread restrictions on travel and transportation, it is important to ensure that the flow of essential goods, including medical supplies and agricultural products, is not affected during the containment period. With the loosening of the containment measures, it is necessary to strike a balance between the protection of population and the preservation of production networks. Many countries adopted preventive or liberalising policies to address the health challenges within their borders, but post-crisis period should not entail any additional restriction on the flow of goods and services as well as investment flows. Maintaining connectivity for landlocked countries is particularly critical. Any restrictions to trade should be reviewed to quickly (re)connect producers to markets and consumers.
- **Introducing fiscal stimulus packages that leave no one behind:** Vast majority of OIC countries already developed and implemented some form of a fiscal stimulus package as a response to the COVID-19 outbreak. There is no doubt that they are helpful to reduce the negative socio-economic impacts of the pandemic. Nevertheless, some of them fall short in terms of their coverage of vulnerable groups (e.g. women, workers in informal sectors, youth etc.) or various economic actors (e.g. entrepreneurs, microenterprises, agricultural workers etc.) Moreover, only a few of them paid specific attention to Sustainable Development Goals (SDGs). In this connection, OIC countries need to pay utmost attention that their responses to the crisis through fiscal stimulus packages are inclusive and effective as well as leave no one behind in the society.
- **Implementing proactive and effective monetary policies:** Several OIC countries already took a number of monetary policy measures such as injecting liquidity to reduce the potential negative impacts of the COVID-19 on their economies. Nevertheless, these measures do not always bear the expected results or associate with some adverse effects. In this regard, OIC countries should pay great attention to develop and implement monetary policies that are proactive and effective. All available direct and indirect monetary policy instruments should be considered as an option by OIC countries. In other words, monetary policy interventions should not come later than the market expectations and their effectiveness should be measured regularly to achieve desired outcomes. For instance, injecting money into the economy through cutting interest rates is a two-edged sword that has the potential to encourage economic activities with the risk of increasing the inflation rate and triggering exchange rate volatilities under some circumstances.



- Reducing foreign exchange pressure on the economy such as through developing new credit lines and SWAP agreements:** High economic openness is a risk factor if a country's diversification of export products and financial reserves are limited. In case of a shock such as the COVID-19 pandemic, some highly open OIC economies face increased foreign exchange pressure that their national currencies started to depreciate or they need to devalue the value of their currency later in case of a pegged exchange rate regime. In this context, new external credit lines from lender countries and development partners as well as SWAP agreements with central banks of major economies could help to mitigate the pressure on such OIC economies.
- Easing containment measures:** The first priority of containment measures is to support and protect the health sector to contain the virus and introduce measures that slow contagion. The containment measures are decided by scientific coordination units or pandemic emergency task forces at the national level. Such units usually consist of specialist medical doctors that may have limited knowledge of the entire socio-economic impacts of containment measures such as lockdown or curfew, which hit most vulnerable groups such as informal sector or poor people. An unnecessary extension of restrictive containment measures has the potential to prolong the economic recovery period, trigger poverty and lead to bankruptcies in several sectors. Nevertheless, an early removal of these measures may lead to an increase in the number of new cases. Authorities should strike a balance between containment measures and economic consequences. In this regard, OIC countries need to work out a detailed plan on easing containment measures with the inclusion of senior experts including economists, sociologists, medical doctors and public policy makers.
- Investing in cashless payment systems:** Cashless payment systems have become popular mostly in developed countries even before the pandemic as they reduce the time for payment and physical interaction. Following the outbreak of COVID-19 these systems have become more important since they do not require physical contact with banknotes. Nevertheless, these systems require strong internet connection, sound IT and reliable bank software systems. In this regard, it is important to invest in such systems during the COVID-19 and encourage consumers such as through awareness raising campaigns to use such cashless systems in case of availability.
- Reintegrating workers after the crisis:** The lockdown measures cause underemployment or unemployment in the affected economies. In order to minimize the labour market impacts, there is a need for enhancing employment support and job search services, and providing training opportunities for workers to upgrade their skills. Homestay orders actually offer a great opportunity for e-learning and skills upgrading, which can be subsidized by governments. For those who became unemployed and had no opportunity to obtain new skills, special retraining and upskilling programs can be developed and their reintegration can be supported through job search services for workers and special incentives for employers.



Considering the fact that a bulk of employment in SMEs are informal, in the short-term additional benefits can be provided for affected workers in the form of unemployment insurance and cash assistance.

- **Developing a communication strategy to restore the confidence of economic actors:** Expectations of economic agents are key in decision-making processes about their economic actions. The communication strategy, therefore, plays a crucial role in managing expectations in any market. During a pandemic where uncertainties are extremely high, a clear, direct and effective communication strategy could help OIC countries fix market volatilities, manage expectations and minimize the negative economic consequences of the pandemic in terms of duration and scope. Therefore, a well-developed and transparent communication strategy would help OIC countries give correct, timely and effective messages to economic agents.
- **Keeping domestic food supply-chains functioning:** Restrictions in varying degrees to control the spread of the virus may disrupt the flow of movement of food and agriculture inputs and outputs. Access to food should sufficiently be provided to ensure the continuity of agricultural activities and preventing shock on the supply chains. Any barriers that hinder the supply of food from producer to customer need to be removed. Locally produced foods also need to be prioritized, which will also help rural farmers get their income. This also would assure food supply sufficiency and maintain price stability.
- **Protecting the food needs of most vulnerable groups:** The most vulnerable groups such as poor and new poor populations, small-scale farmers, pastoralists, and fishers and displaced population need to be protected. Identification on the scale of these vulnerable populations is important to get an idea of the degree of people needing assistance. Appropriate budget reallocation, therefore, can be adjusted accordingly for this emergency food insecurity measure. Various social safety nets can be applied such as direct cash transfer, food baskets assistance, or both.
- **Mobilizing local communities to implement social protection schemes:** Delivering social protection might be a challenge for the government in developing countries, due to the low quality of data availability, lack of manpower, appropriateness of program design, and bureaucratic challenge. Therefore, deploying social protection programs should not solely depend on government arms but also employ cooperation and coordination with local communities. This can be critical for the program to scale up and reach its intended target groups, such as hard-to-reach rural areas.
- **Considering social Isolation, physical distancing, and lockdowns as necessary:** The OIC countries need to evaluate their country-context situations and decide on the best way forward in terms of implementing social distance policies. As the spread and trajectory of the virus is still fully unknown, OIC countries need to consider at minimum implementing physical distancing measures to ensure the further spread of the COVID-



19 disease. Particularly for disadvantaged and vulnerable communities, where distancing is much more challenging, policies to enable their distancing is of the outmost necessity.

- **Strengthening health emergency preparedness and response mechanism:** Emergency health response is at the heart of effectively tackling outbreaks and pandemics like COVID-19. In this regard, all OIC member countries need to make sure that they have nationally consistent, coordinated and effective emergency preparedness and response programmes with necessary institutional arrangements and sufficient resources.
- **Addressing health workers' shortages:** Insufficient health workforce is underpinning the low capacity of healthcare systems in OIC countries to test, trace and treat COVID-19 infections. In the short term, efforts should be made to reassign, train and equip the existing staff to provide the intensive care services to the severe COVID-19 cases. However, the shortage of health workers is a chronic problem that requires coherent policy responses like establishment and enhancement of capacities of the National Health Service Commission for training, recruitment and management of health workforce and establishing cooperation with all stakeholders to increase investment in health education and training institutions. Furthermore, there is also a need for scholarship programs to attract more students in health professions and cross-country mutual recognition of medical diplomas, certificates and degrees. OIC member countries also need to develop proper incentive packages and schemes to attract the local health workers that have migrated and settled abroad.
- **Investing in health infrastructure and promoting local production of critical equipment:** The majority of OIC member countries are lacking basic health infrastructure like ICU beds and ventilators to treat the severe COVID-19 cases. This state of affairs is caused by the low budgetary allocations for the health sector and it needs to be changed drastically across the OIC member countries. Diagnosis and treatment of COVID-19 are heavily dependent on the availability of test kits, PPE and therapeutics which are not easily available in many OIC member countries. Pharmaceutical and medical companies in OIC countries should be encouraged to produce more affordable essential medicines and equipment locally. To do so, member countries must develop and implement policies such as grants, subsidies, land, tax and duty exemptions for imported inputs to decrease the cost of manufacturers and facilitate the local production.
- **Increasing financing for healthcare services:** Healthcare seeking behaviours in developing countries are mainly shaped by the affordability of health care services. As most of the healthcare expenditures are financed through out-of-pocket payments in the majority of OIC member countries, there is an urgent need to increase investment and pre-payment and risk-pooling health insurance schemes for the payment of health



expenditures. Furthermore, OIC member countries should also make efforts to facilitate Intra-OIC investment in the health sector and enhance collaboration with international development agencies like WHO, UNICEF and World Bank to benefit from their expertise and financial contribution to build health infrastructure.

- **Improving water, sanitation and hygiene (WASH) measures:** The importance of personal hygiene is well established for the effective containment of COVID-19 infections. However, there are considerable issues in the provision of these services in many OIC member countries as the access to water and sanitation services remained very low especially in low and middle income countries located in Sub-Saharan Africa and South Asia region. Therefore, OIC member countries need to make concerted efforts to secure necessary financial resources to make the necessary investment in water and sanitation infrastructure to ensure wider access to water and sanitation services in both urban and rural areas.
- **Promoting e-Health services:** The emergence of COVID-19 and the adoption of drastic public safety measures to ensure social distancing have made the e-Health services even more desirable across the world. Doctors in many OIC member countries are helping patients remotely through virtual counselling. However, e-Health capacities in many OIC member countries are very limited due to poor IT infrastructure and literacy. Some of these bottlenecks could be addressed through investment in infrastructure and by raising public awareness about the availability and usefulness of e-Health services. In order to overcome the funding constraints, public-private partnership models can be utilized in moving forward to build infrastructure and to advance specific e-Health programmes.
- **Enhancing capacities of National Statistical Offices to collect critical data:** The emergence of COVID-19 has refocussed the issue of weak statistical capacities across the developing world. As many of these countries are struggling to collect and report the data on COVID-19 infections, fatalities and recoveries as well the total number of health workers affected by the COVID-19 pandemic. The lack of these critical statistics hampers the consistent and well-founded decision making and response plans.
- **Complementary planning should be prioritized to overcome COVID-19 and mitigate its aftereffects:** It is undeniable that the pandemic has affected every aspect of an individual's life, ranging from health and economy to social, cultural, and religious elements. Therefore, it is critical that when OIC countries are planning their social response, they use the complementary approach with other sectors such as fiscal policies, legislations, and health measures.
- **Expanding and ensuring that the disadvantaged and vulnerable have access to adequate social services:** Most often pre-existing conditions make certain social groups more vulnerable and susceptible due to their inherent unequal standing in the first place. Therefore, OIC countries need to fund and expand greater access to social services for



women, children, youth, elderly and persons with disabilities. Without such social safety measures, these groups will become further engrained in poverty and psychosocial distresses. The targeted social support for older persons and persons with disabilities who have limited, or no social protection is critical. The pandemic will cause these individuals to be more isolated and financially unstable.

- **Expansion of helplines, psycho-social counselling, and access to information for women experiencing violence:** The pandemic will have detrimental effects on violence against women and girls. Trends and reports from around the world are already showing a surge in all forms of violence against women and girls. Special helplines and information sharing opportunities should be created for women trying to escape their abusive situations. Most commonly, the abusive situation has long-lasting and adverse effects on women and children. Psycho-social counselling should be provided via telephone and face-to-face when necessary to help victim overcome their traumatic experiences and integrate back into productive social life.
- **Funding shelters and safe accommodation options for survivors of violence:** Most often when women are abused, they do not leave their adverse situation due to lack of resources to meet their basic needs. OIC countries should ensure that there are shelters and safe accommodation options for women and children who need to escape their abusers. This should be implemented during and after the pandemic. It is important to have such options during forced cohabitation and during lockdowns as women might be more vulnerable than usual.
- **Complementing fiscal and social policies with community-based interventions:** Many people live without a social safety net in OIC countries, and nothing shakes their already volatile situation more than a crisis. The spread of the coronavirus has exposed vulnerable segments of society, prompting communities to rally around them in support. The pandemic has highlighted the importance of local engagement in terms of building resilient, aware, and precautious communities. The OIC countries need to utilize the power of traditional and religious leaders as well as local influencers to increase awareness, to follow the regulations and to support each other in dire times. Strong local communities will also enable OIC countries to mitigate the impact of the virus after its life cycle ends. Empowering local governance actors through financial and technical support to municipalities and local councils and enhancing partnerships with grassroots civil society organizations will further safeguard effective service delivery and outreach to vulnerable groups.
- **Making sure that youth voices are heard and taken into consideration:** COVID-19 affects all segments of the population, with young people playing a key role in the management of this outbreak and the recovery following the epidemic. Though much is still unknown on how the disease affects young people, it is important for youth opinions and voices to be heard. If youth are not guided with sound social policies,



their isolation, inactivity, and hardships will have severe detrimental effects on the rest of society. Therefore, it is important for OIC countries to be inclusive and considerate of the needs and changing landscapes of young people's lives.

- **Eliminating prejudices, discrimination, and biases:** The pandemic has resulted in the intensification and aggravation of various forms of discrimination towards the elderly, women, and children. OIC countries should employ the power of social media, local influencers, and other platforms to decrease and halt the various types of discrimination faced by vulnerable social groups, especially the elderly and women in the midst of the outbreak.
- **Protecting children from online and offline abuse:** The OIC countries with most vulnerable children will feel the socio-economic impact of COVID-19 the hardest. Many already live in poverty, and the consequences of COVID-19 response measures risk plunging them further into hardship. The UN reports massive spikes in cyber-crime that has appeared with the digital shift in the COVID-19 crisis. Within this changing digital world, children are particularly vulnerable to online issues. The OIC countries need to rapidly devise guides for parents and caregivers on how to enable children to safely use the various digital platforms. At the same time, the pandemic has increased violence against children, particularly in their dwellings. Policy measures to identify and assist these children are of critical importance for their healthy development and for their productive contribution to society in the future.
- **Supporting persons with disabilities:** The COVID-19 crisis exposes these underlying inequalities and worsens the situation of women and girls with disabilities. For them, the everyday barriers such as physical accessibility, barriers to implementing basic hygiene measures, affordability of healthcare, limitations on health insurance, and discriminatory laws and stigma, can be life threatening in the midst of a pandemic. Persons with disabilities and their families must be able to continue receiving the same level of care and support, and even more intensively during emergency situations such as this pandemic, so that they are able to continue living an independent life. Governments and education providers need to ensure that distance learning platforms are safe and accessible for girls and boys with disabilities, including those with developmental and intellectual disabilities. Specific support should also be provided for caregivers, including access to psychological support.
- **Providing psycho-social support to families and married couples:** The pandemic has had negative impacts on families and married couples. The burden and strain on social systems, economic sectors, and social provisions to halt the spread have resulted in various forms of problems for families and married couples. Divorce rates around the world and in OIC countries have started to increase which requires particular attention as this could have long term negative implications for the demographic trends and health of societies. The OIC countries need to established psycho-social mechanisms



for couples and families experiencing problems to protect the social cohesion of communities and the healthy development of children.

- Reshaping the way in which ‘education’ is conceived:** The COVID-19 pandemic and its impact on the education sector has raised questions about the sustainability of the traditional education models currently being followed in countries across the world. While a majority of OIC member countries have managed to take their education sectors online, in one way or another, this is a temporary solution to a problem that has exposed a dire need for reshaping the way in which education is conceived - especially for ongoing and future emergencies. In reshaping the current education model, OIC member countries need to pay special attention to developing innovative learning methods that include a revision of old-school curricula, anticipating the needs of learners in congruence with the human capital needs of the country, investing in IT infrastructure for the education sector, bridging the ‘digital divide’ in the education sector, and cultivating a culture of ‘learning’ outside of traditional learning spaces. This can also allow member countries to re-design educational programs to be considerate of the needs of marginalized students and learners. For instance, member countries can develop targeted individual learning curricula for disabled students, cater to nutrition, health, and psychosocial needs of poorer students as part of their educational needs, and ensure the continuity of learning for female students that are unable to attend face-to-face schooling for social, cultural, or economic reasons, and more.
- Understanding the futility of applying a ‘one-size-fits-all’ approach to mitigating and recovering from the impacts of COVID-19:** It is an indisputable fact that OIC member countries vary in the quality of their educational infrastructures, level of national development, national expenditure on education, and even their educational attainment levels. At present, various member countries are also at different stages of the COVID-19 crisis, ranging from those that have already experienced the peak of the pandemic and are now moving towards the normalization of operations to those that are just beginning to experience the impacts of the pandemic. This means that the education sectors of each member state are vulnerable to a distinct set of risks posed by COVID-19. At this point, OIC member countries need to realize the complexity of the situation and find country specific solutions to address the needs of their education sectors and learners that are in consideration of the resources that they have and the stage of the pandemic that they are currently experiencing.
- Commit to sustaining investment and fiscal support for the education sector:** Countries around the world often divert fiscal resources to critical sectors in times of global emergencies. For the COVID-19 pandemic specifically, countries across the world have diverted fiscal resources from their education sectors to their health sectors. However, it is of critical importance that OIC member countries continue to invest and financially support their education sectors during and after this pandemic. Not doing so can



jeopardize the quality of educational resources in member countries, which are bound to have detrimental long-term impacts on their overall development.

- **Encouraging multi-sectoral and multi-stakeholder approach to mitigate the impacts of COVID-19 on the education sector:** Adopting a multi-sectoral and multi-stakeholder approach to respond to the COVID-19 pandemic offers two important benefits for education sectors in OIC member countries. One, emphasizing on a multi-stakeholder approach can improve educational funding and investments, which can improve the state of education infrastructure in a country. Secondly, by emphasizing on a multi-sectoral approach, OIC member countries can catalyse innovation in the education sector and seamlessly implement preventative or prescriptive measures in response to crises across a host of institutions uniformly. In engaging stakeholders from diverse sectors such as the private sector, civil society, academia, sub-national actors (such as municipalities), technology providers, and others, OIC member countries can go beyond the typical government-funded or non-profit backed approach to education.
- **Developing an integrated COVID-19 response that addresses specific needs of refugees and migrants:** Refugees and migrants are vulnerable to being overlooked in national COVID-19 response plans because of their social and economic marginalization. It is critical that refugees and migrants are included in every phase of COVID-19 response from prevention and detection, distribution of resources, containment and treatment, measures concerning safe working and living conditions, and long-term recovery measures. For OIC member countries, this means a revision of asylum and migration policies that make basic services inaccessible to refugees and migrants, create language and cultural obstacles for refugees and migrants in approaching authorities for COVID-19 related services, make services unaffordable for refugees and migrants, legal/administrative policies that perpetuate discriminatory attitudes against refugees and migrants, arbitrary security policies that threaten refugees and migrants with forced returns, detentions, and arrests, and policies that endanger the human rights of refugees and migrants.
- **Including refugees and migrants in policies for the mitigation of economic impacts of COVID-19:** COVID-19 response measures such as nation-wide lockdowns and introducing travel/mobility restrictions have had an inadvertent impact on vulnerable refugee and migrant populations around the world. For refugees, migrants, and their families, the loss of economic support and/or income is proven to have immediate lethal repercussions. Therefore, it is important for OIC member countries to introduce and extend social protection mechanisms to refugees and migrants immediately. These mechanisms can include support through social safety nets, in the form of cash, goods, or services transfers allowing refugees and migrants to sustain their basic needs such as food, housing, transportation, etc. OIC member countries should also encourage employers to retain migrant workers by offering them incentives such as subsidies, reduction in hiring costs, employment taxes, etc. and help migrant workers



with limited visas or lack of legal documentation in retaining or registering their legal statuses in the host country without any fear of criminal action.

- **Normalizing the inclusion of refugees and migrants as part of official public communications:** As discussed in the previous sections, in the COVID-19 pandemic refugees and migrants in various societies have been subjected to racism, xenophobia, and discrimination that is fuelled by unfounded fears and misinformation. These attitudes are partly responsible for the exclusion of migrant and refugee populations from crisis response programs. In order to deter hostile attitudes and acts against refugees and migrants, it is important for OIC member countries to not just proactively discourage racism and xenophobia, but to also normalize the inclusion of refugees and migrants in their COVID-19 related public communications. Member countries should emphasize on the fact that refugees and migrants are an integral part of any host country's society and are equally deserving of the benefits offered by COVID-19 response measures.

At Intra-OIC Cooperation Level

- **Forming an OIC Economic Policy Coordination Committee on COVID-19 to have joint concerted efforts:** The COVID-19 pandemic is a crisis like no other that requires a comprehensive and coordinated policy response. The outbreak has the potential to set back intra-OIC cooperation such as on trade and tourism. OIC countries are rich in terms of the availability of a wide range of experiences and best-practices in terms of economic policy responses. In order to prepare a roadmap for concerted efforts at the OIC cooperation level and coordinate joint economic policy responses, forming a coordination committee would be important with the participation of the OIC member countries and relevant OIC institutions. Such a coordination committee could also be an enabler for intra-OIC cooperation such as through allowing for experience sharing and knowledge transfer on economic resilience and economic policy-making in responding COVID-19.
- **Reducing tariffs and non-tariff barriers to enhance intra-OIC trade:** The COVID-19 hit intra-OIC trade activities severely. In order to minimize the impact of the outbreak on intra-OIC trade, a set of temporary measures can be developed such as reduction or suspension of tariffs and non-tariff barriers at least for a designated period. Such temporary measures during the pandemic have also potential to affect the post-COVID-19 trade relations among OIC countries positively. In this regard, an urgent extraordinary meeting at the OIC level can be organized to brainstorm on the possible ways of developing a joint plan to promote intra-OIC trade during and after the pandemic.
- **Strengthening regional cooperation for supply chain:** Although disruptions in global value chains (GVCs) have led to questioning global economic integration and raised the



expectations for a major reshuffling of the global production network, it is vital to keep supply chains working. OIC countries may create partnership to advance regional integration by establishing production networks closer to end users in the region. OIC countries have significant complementarities in various economic sectors and this crisis could be an opportunity to tap on this potential. This would require a high level political commitment and a well-coordinated implementation mechanism. In the end, this would not only strengthen regional collective resilience, but also safeguard socio-economic stability, employment and livelihoods at the regional level.

- **Enhancing international cooperation to keep international food trade open:** There is enough food for everyone for the whole year as reported by FAO (2020b) for the current and projected main crop production throughout the year. Therefore, exporting countries should continue to provide their commodities to the global market, while the importer countries could lower their trade barriers to facilitate the free-flowing trade. This would ensure the global agri-food trade remains running, even with logistical challenges. In the time of the crisis, countries should work together to ensure the stable food supply for everyone thereby preventing undesirable derivative problems such as food crisis
- **Easing visa policies to revive intra-OIC tourism:** Tourism and transport sectors are amongst the most severely affected sectors during the COVID-19 outbreak in OIC countries and elsewhere. Intra-OIC tourism cooperation will require several years to recover in order to reach pre-COVID-19 levels. In this regard, OIC countries need to discuss possible ways of easing visa policies at least for a designated period to revive intra-OIC tourism. As some OIC countries already started to remove containment measures, early planning of such policies and ensuring coordination at the OIC level would be critically important.
- **Considering debt relief and restructuring for OIC countries with Least Developed Country (LDC) status:** Currently, 21 OIC countries have LDC status. The containment measures (e.g. lockdowns and spending testing) and financial measures (e.g. tax deferrals for companies) taken by such countries as a response to COVID-19 pandemic have increased the pressure on their limited public financial resources. Consequently, most of their outstanding international debt payments will not be on time. These countries, therefore, need immediate debt relief and restructuring measures to increase their fiscal spaces. As one of the largest international organization in terms of membership, the OIC could play a key role in transmitting the voice of its member countries particularly with LDC status during such difficult times to multilateral institutions and debtor countries on debt relief and restructuring issues. In this regard, an OIC level meeting can be organized to brainstorm on the collective position of the OIC.



- Supporting the efforts and comprehensive response package of the Islamic Development Bank Group (IsDB):** As the financial arm of the OIC, the Islamic Development Bank Group has a number of facilities and options to extend financial support to OIC countries in case of a shock or crisis. In this respect, the IsDB announced a support package of USD 2.3 billion titled ‘Strategic Preparedness and Response Plan (SPRP)’ that aims to support member countries’ efforts in preventing, containing, mitigating and recovering from the impact of the COVID-19 pandemic. Moreover, such a package would support OIC countries to achieve a number of SDGs such as alleviating poverty and provide momentum in reaching 2030 targets. OIC countries that are willing to benefit from such a support package are recommended to fulfil the technical and financial application requirements set by IsDB. Moreover, OIC countries with available excess sources are encouraged to extend additional support to IsDB in its endeavours to support sustainable development in OIC countries during such unprecedented times. Strengthening such a solidarity spirit among OIC countries during these difficult times is one the strongest ways of responding COVID-19 at the OIC cooperation level.
- Using online tools and conference systems to continue OIC-level fora:** The COVID-19 has changed the business as usual. International gatherings have to be cancelled or postponed due to the high-risk factor. Nevertheless, this should not constitute an excuse to stop OIC level planned activities or meetings. The planned gatherings of OIC and relevant OIC institutions can be executed through IT solutions such as video-conference systems that allow the participation of dozens of people at the same time from all over the world. Moreover, additional gatherings (e.g. workshops, training sessions, capacity building programs) can be organized to discuss and brainstorm on topics that are important for OIC countries such as on how to reduce the negative economic impacts of COVID-19 on vulnerable groups or implement health emergency plans during a pandemic.
- Working within the framework of intra-OIC Cooperation to pool together resources and knowledge on COVID-19:** The COVID-19 pandemic is a worldwide issue that requires the cooperation of states, regional and international organizations to work together. Intra-OIC cooperation should be utilized to share experiences, best practices and scientific knowledge on the progress of the virus. There should be various committees established in the field of science, private and public sector amongst OIC countries to find ways and means to increase their effectiveness in their social response to the pandemic. The OIC countries now more than ever before need to preserve their connectivity and ensure intra-OIC communication.
- Establishing OIC Scientific Council:** The emergence of COVID-19 underlines the need for an OIC Scientific Council to assist and advice OIC member countries and the OIC General Secretariat in developing a fast and coherent response to prevent and mitigate



disease outbreaks. Building on the expertise and best practices of relevant health regulatory and monitoring authorities in OIC member countries and the available scientific evidence, this council could prove to be an excellent platform to discuss, evaluate and promote appropriate disease outbreak response plans and containment strategies along with providing inputs for the public communications and identifying bottlenecks in emergency health response mechanisms and infrastructure. Such a council could be established within the framework of OIC-15 Dialogue Platform on Science and Technology comprising leading OIC member countries in science and technology.

- **Activating the OIC Vaccines Manufacturers Group:** Given the shortage of critical therapeutics and curative medicines to contain and treat COVID-19 infections in many OIC member countries further highlights the importance of OIC level initiatives like the OIC Vaccines Manufacturer Group. If implemented in its true spirit with the active participation of all relevant stakeholders OVMG could be instrumental in developing national pharmaceutical industries to ensure an adequate supply of essential medicines and vaccines; and encourage the OIC-wide collaboration to ensure self-reliance in the provision of essential medicines and scaling up production of pharmaceuticals including vaccines.
- **Spearheading the implementation of OIC-SHPA 2014-2023:** The OIC-SHPA 2014-2023 provides an excellent framework of cooperation to improve the capacities of healthcare systems in OIC member countries by promoting South-South transfer of knowledge and expertise and sharing of best practices across the Islamic world. In order to spearhead the implementation of SHPA, OIC member countries should mobilize financial resources and operationalize the Health Implementation Unit (HIU) at the OIC General Secretariat to facilitate the functions of the Steering Committee on Health to monitor implementations of the decisions of the Health Ministers and coordinate actions with the lead country coordinators pursuant to the implementation plan of the SHPA.
- **Collecting and analysing data during and after COVID-19:** To track the progress and implications of the social policies taken, sex and age disaggregated data will be vital for OIC countries. There should be a systematic and workable data collection method. The OIC institutions and member countries should cooperate to create such a data bank on the social impact of COVID-19 to ensure standardization and practicability.
- **Knowledge sharing in the education sector is crucial to mitigating and recovering from the COVID-19 pandemic:** Knowledge sharing is a crucial modality for intra-OIC cooperation in mitigating and recovering from the COVID-19 pandemic, especially for developing countries. In the education sector, OIC institutions such as ICESCO and COMSTECH can spearhead knowledge sharing measures that can help member



countries in implementing effective and innovative policies and programs to respond to COVID-19. Moreover, if intra-OIC institutions can efficiently spearhead knowledge sharing and management during (and after) the COVID-19 pandemic, their efforts can help member countries navigate similar crises in the future.

- **Extending mechanisms to harness Islamic social finance for funding COVID-19 Response:** The existing gap in funding needed in member countries facing COVID-19 crisis can be bridged by the use of innovative sources of financing. In this context, Islamic social finance can be a sustainable source of funding for OIC member countries. For both, the duration and aftermath of the COVID-19 crisis, sources of Islamic social finance such as insurance (Takaful), Islamic Waqf, microfinance instruments such as Qard al Hasan (interest-free loan), Zakat (mandatory alms), and Sadaqah (voluntary alms), and multi-agency non-profit loans (IsDB, ISF, etc.) can help finance preparedness measures, provide immediate healthcare funding for vulnerable populations, and finance recovery programs. Islamic social finance can play a significant role in funding COVID-19 response efforts at a national level; with direction from intra-OIC institutions including IsDB, ISF, and in collaboration with international agencies.



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Annexes

Annex I: Macroeconomic Indicators

	Current Account Balance			Inflation		
	2019	2020 - I	2020 - R	2019	2020 - I	2020 - R
Afghanistan	8.6	0.2	4.9	2.3	4.5	4.7
Albania	-7.6	-6.4	-11.2	1.4	2.0	2.4
Algeria	-9.6	-11.9	-18.3	2.0	4.1	3.5
Azerbaijan	9.2	10.0	-8.3	2.6	3.0	3.3
Bahrain	-2.9	-4.4	-9.6	1.0	2.8	2.6
Bangladesh	-2.7	-2.1	-2.2	5.7	5.5	5.5
Benin	-5.1	-5.8	-5.3	-0.9	1.0	-0.8
Brunei Darussalam	4.3	12.0	-1.3	-0.5	0.2	0.9
Burkina Faso	-4.4	-4.0	-4.3	-3.2	1.4	3.2
Cameroon	-3.7	-3.5	-5.7	2.5	2.2	2.8
Chad	-4.9	-6.1	-12.9	-1.0	3.1	2.2
Comoros	-3.8	-7.4	-5.7	3.3	1.4	3.0
Côte d'Ivoire	-2.7	-3.8	-3.3	0.8	2.0	1.2
Djibouti	24.7	0.6	-0.8	3.3	2.0	2.9
Egypt	-3.6	-2.8	-4.3	13.9	10.0	5.9
Gabon	-0.8	1.0	-8.4	2.0	3.0	3.0
Gambia	-5.4	-13.1	-9.8	7.1	6.5	6.8
Guinea	-13.7	-17.7	-22.9	9.5	8.3	8.5
Guinea-Bissau	-10.2	-3.7	-7.4	0.3	1.3	0.9
Guyana	-40.3	-18.4	-20.4	2.1	3.4	1.8
Indonesia	-2.7	-2.7	-3.2	2.8	3.3	2.9
Iraq	-1.2	-3.7	-21.7	-0.2	1.0	0.8
Iran	-0.1	-3.4	-4.2	41.1	31.0	34.2
Jordan	-2.8	-6.2	-5.8	0.3	2.5	0.2
Kazakhstan	-3.6	-1.6	-6.8	5.2	5.2	6.9
Kuwait	8.9	6.8	-10.2	1.1	2.2	0.5
Kyrgyz Republic	-9.1	-8.3	-16.6	1.1	5.0	10.6
Lebanon	-20.6	-26.3	-12.6	2.9	2.6	17.0
Libya	-0.3	-11.6	-6.6	4.6	8.9	22.3
Malaysia	3.3	1.9	-0.1	0.7	2.1	0.1
Maldives	-26.1	-15.7	-23.1	1.3	2.3	1.5
Mali	-4.2	-5.5	-3.7	-0.6	1.3	0.6
Mauritania	-10.6	-20.1	-17.4	2.3	3.4	3.9
Morocco	-4.2	-3.8	-7.8	-0.1	1.1	0.3
Mozambique	-42.2	-66.7	-68.8	2.8	7.6	5.2
Niger	-13.2	-22.8	-13.5	-2.5	2.2	4.4
Nigeria	-3.8	-0.1	-3.3	11.4	11.7	13.4
Oman	-5.2	-8.0	-14.2	0.1	1.8	1.0
Pakistan	-5.0	-2.6	-1.7	6.7	13.0	11.1



Qatar	2.4	4.1	-1.9	-0.6	2.2	-1.2
Saudi Arabia	6.3	1.5	-3.1	-1.2	2.2	0.9
Senegal	-9.1	-11.1	-11.3	1.0	1.5	2.0
Sierra Leone	-13.9	-10.5	-14.3	14.8	13.0	15.5
Somalia	-13.7	-7.7	-11.4			
Sudan	-14.9	-12.5	-15.2	51.0	62.1	81.3
Suriname	-10.7	-5.8	-12.0	4.4	5.8	27.9
Tajikistan	-3.3	-5.8	-7.7	7.8	7.1	8.1
Togo	-4.3	-5.5	-5.4	0.7	2.0	2.0
Tunisia	-8.8	-9.4	-7.5	6.7	5.4	6.2
Turkey	1.1	-0.9	0.4	15.2	12.6	12.0
Turkmenistan	5.1	-3.0	-1.4	5.1	13.0	8.0
Uganda	-9.5	-10.5	-9.7	2.9	3.8	3.9
United Arab Emirates	7.4	7.1	1.5	-1.9	1.2	-1.0
Uzbekistan	-5.6	-5.6	-9.4	14.5	14.1	12.6
Yemen	-7.4	1.4	-2.8	10.0	35.5	26.7
OIC	-1.1	-2.0	-4.2	6.5	8.2	6.5

Source: 2019 and 2020-R from IMF WEO April 2020 and 2020-I from IMF WEO October 2019. "R" is to denote revised estimations, "I" is for initial estimations.



Annex II: Timeline of OIC countries imposing nation-wide school closures in response to COVID-19 pandemic

2020	OIC Member Countries
26-Feb	Bahrain, Iran
01-Mar	Kuwait
02-Mar	Lebanon
03-Mar	Azerbaijan
07-Mar	Iraq
08-Mar	UAE
09-Mar	Saudi Arabia
10-Mar	Qatar
11-Mar	Albania
12-Mar	Algeria, Maldives
14-Mar	Afghanistan, Pakistan
15-Mar	Jordan, Oman
16-Mar	Burkina Faso, Egypt, Gabon, Guyana, Kazakhstan, Kyrgyzstan, Libya, Mauritania, Morocco, Palestine, Senegal, Sudan, Suriname, Syria, Tunisia, Turkey, Uzbekistan
17-Mar	Bangladesh, Cote d'Ivoire, Guinea-Bissau
18-Mar	Cameroon, Gambia, Malaysia, Somalia
19-Mar	Mali
20-Mar	Chad, Comoros, Djibouti, Togo, Uganda
23-Mar	Mozambique, Niger
25-Mar	Guinea, Indonesia, Yemen
26-Mar	Nigeria
30-Mar	Benin, Brunei Darussalam
31-Mar	Sierra Leone

Source: UNESCO data on the Global monitoring of school closures by COVID-19.



Annex III: Country Classifications

OIC Member Countries (57):

Afghanistan	Gabon	Maldives	Sudan
Albania	Gambia	Mali	Suriname
Algeria	Guinea	Mauritania	Syria*
Azerbaijan	Guinea-Bissau	Morocco	Tajikistan
Bahrain	Guyana	Mozambique	Togo
Bangladesh	Indonesia	Niger	Tunisia
Benin	Iran	Nigeria	Turkey
Brunei Darussalam	Iraq	Oman	Turkmenistan
Burkina Faso	Jordan	Pakistan	Uganda
Cameroon	Kazakhstan	Palestine	United Arab Emirates
Chad	Kuwait	Qatar	Uzbekistan
Comoros	Kyrgyz Republic	Saudi Arabia	Yemen
Cote d'Ivoire	Lebanon	Senegal	
Djibouti	Libya	Sierra Leone	
Egypt	Malaysia	Somalia	

* Syria is currently suspended from OIC membership.

Non-OIC Developing Countries:

Angola	Dominica	Madagascar	São Tomé and Príncipe
Antigua and Barbuda	Dominican Republic	Malawi	Serbia
Argentina	Ecuador	Marshall Islands	Seychelles
Armenia	El Salvador	Mauritius	Solomon Islands
The Bahamas	Equatorial Guinea	Mexico	South Africa
Barbados	Eritrea	Micronesia	South Sudan
Belarus	Ethiopia	Moldova	Sri Lanka
Belize	Fiji	Mongolia	St. Kitts and Nevis
Bhutan	Georgia	Montenegro	St. Lucia
Bolivia	Ghana	Myanmar	St. Vincent and the Grenadines
Bosnia and Herzegovina	Grenada	Namibia	Swaziland
Botswana	Guatemala	Nauru	Tanzania
Brazil	Haiti	Nepal	Thailand
Bulgaria	Honduras	Nicaragua	Timor-Leste
Burundi	Hungary	Palau	Tonga
Cabo Verde	India	Papua New Guinea	Trinidad and Tobago
Cambodia	Jamaica	Paraguay	Tuvalu



Central African Republic	Kenya	Peru	Ukraine
Chile	Kiribati	Philippines	Uruguay
China	Kosovo	Poland	Vanuatu
Colombia	Lao P.D.R.	Romania	Venezuela
Democratic Republic of the Congo	Lesotho	Russia	Vietnam
Republic of Congo	Liberia	Rwanda	Zambia
Costa Rica	FYR Macedonia	Samoa	Zimbabwe
Croatia	Panama		

Developed Countries (39):**

Australia	Germany	Lithuania	Singapore
Austria	Greece	Luxembourg	Slovak Republic
Belgium	Hong Kong	Macao SAR	Slovenia
Canada	Iceland	Malta	Spain
Cyprus	Ireland	Netherlands	Sweden
Czech Republic	Israel	New Zealand	Switzerland
Denmark	Italy	Norway	Taiwan
Estonia	Japan	Portugal	United Kingdom
Finland	Korea, Rep.	Puerto Rico	United States
France	Latvia	San Marino	

** Based on the list of advanced countries classified by the IMF.



Annex IV: Geographical Classification of OIC Member Countries

Sub-Saharan Africa (21): OIC-SSA

Benin	Gambia	Nigeria
Burkina Faso	Guinea	Senegal
Cameroon	Guinea-Bissau	Sierra Leone
Chad	Mali	Somalia
Comoros	Mauritania	Sudan
Côte d'Ivoire	Mozambique	Togo
Gabon	Niger	Uganda

Middle East and North Africa (19): OIC-MENA

Algeria	Kuwait	Saudi Arabia
Bahrain	Lebanon	Syria*
Djibouti	Libya	Tunisia
Egypt	Morocco	United Arab Emirates
Iraq	Oman	Yemen
Iran	Palestine	
Jordan	Qatar	

*Syria is currently suspended from its OIC membership.

East and South Asia and Latin America (9): OIC-ESALA

Afghanistan	Guyana	Maldives
Bangladesh	Indonesia	Pakistan
Brunei Darussalam	Malaysia	Suriname

Europe and Central Asia (8): OIC-ECA

Albania	Kyrgyzstan	Turkmenistan
Azerbaijan	Tajikistan	Uzbekistan
Kazakhstan	Turkey	





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