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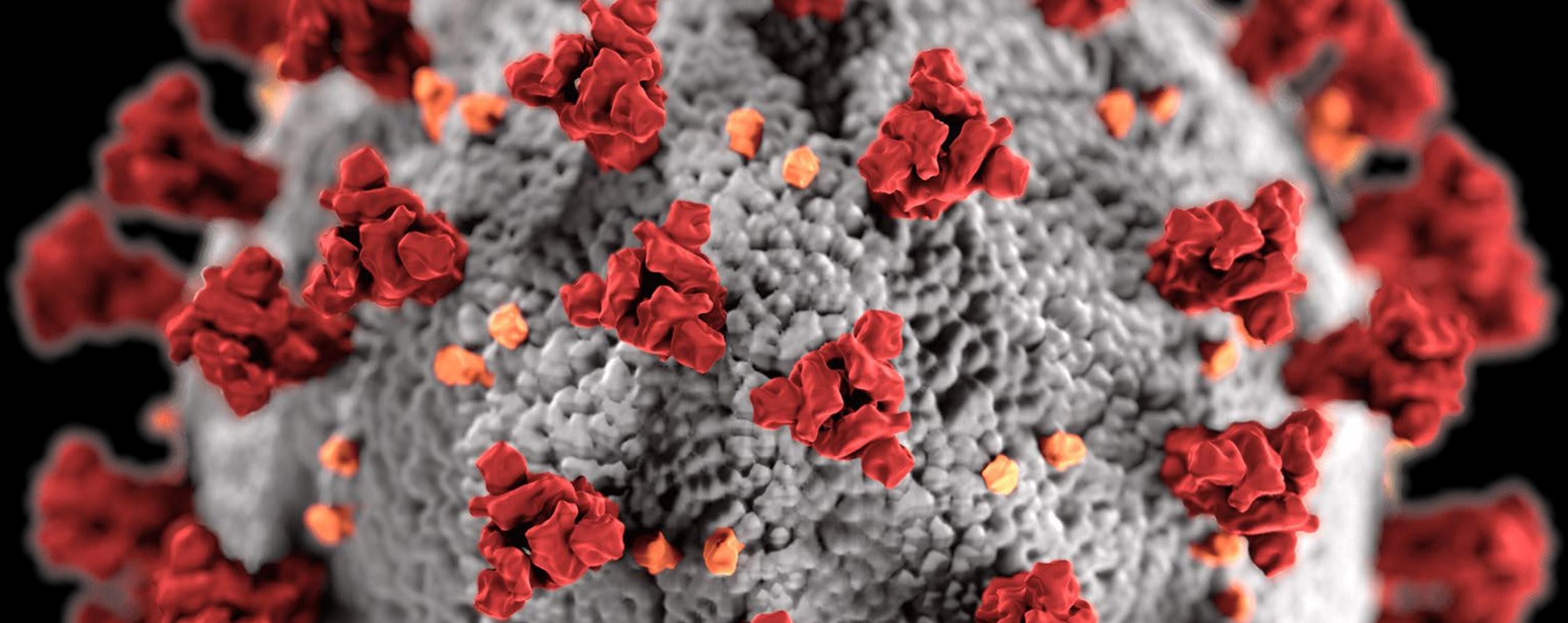
# COVID-19: A long crisis or new normal in developing countries?

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# Long Crisis or New Normal? Global Poverty & COVID-19

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# 1. Introduction

- **Two pandemics** – one gets a lot of attention; one less though rising
  - Our estimate is **100m-500m could fall into poverty** due to the poverty pandemic
  - **Why?** Many people live just above the poverty line; every 10c = 100million people
  - This **could** mean reversal of 10 years of global poverty reduction and 30 years in Sub-Saharan Africa
  - Crucially **depends on income shock & what governments do...**
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# COVID-19 and Global Poverty

	COVID-19 pandemic	Poverty impact
Global attention	High	Initially low and now rising
Impact	Numbers vs coping capacity	Even small losses have high impact near poverty line
Serious/critical cases	Currently 2m? & rising (if 50% hospitalization)	100m-600m people
How to reduce R (transmission)	Lockdown	Open up
Policy until vaccine *	Lockdown, test, trace, etc, etc.	Global funds; national safety nets

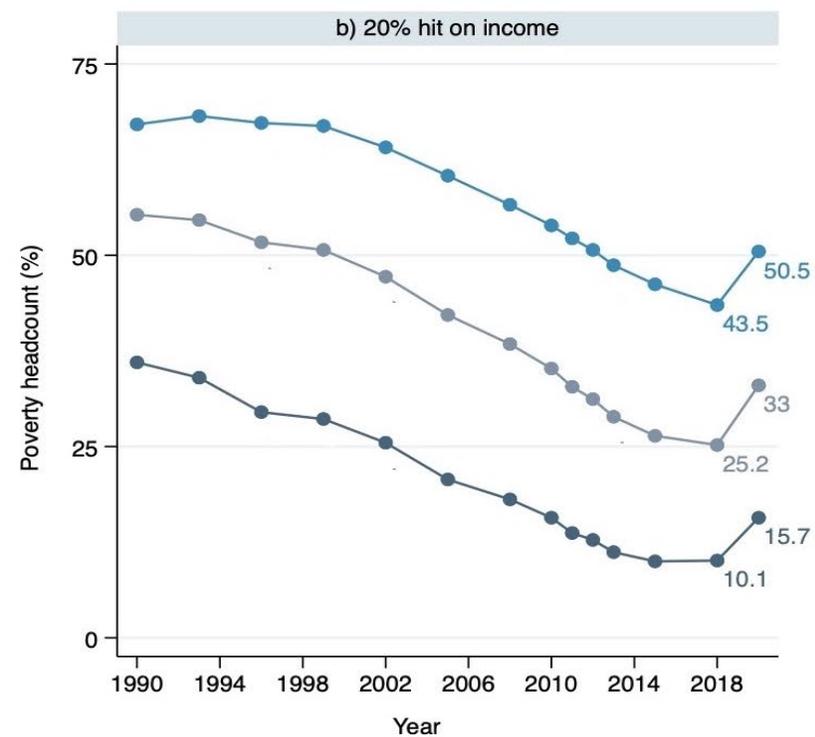
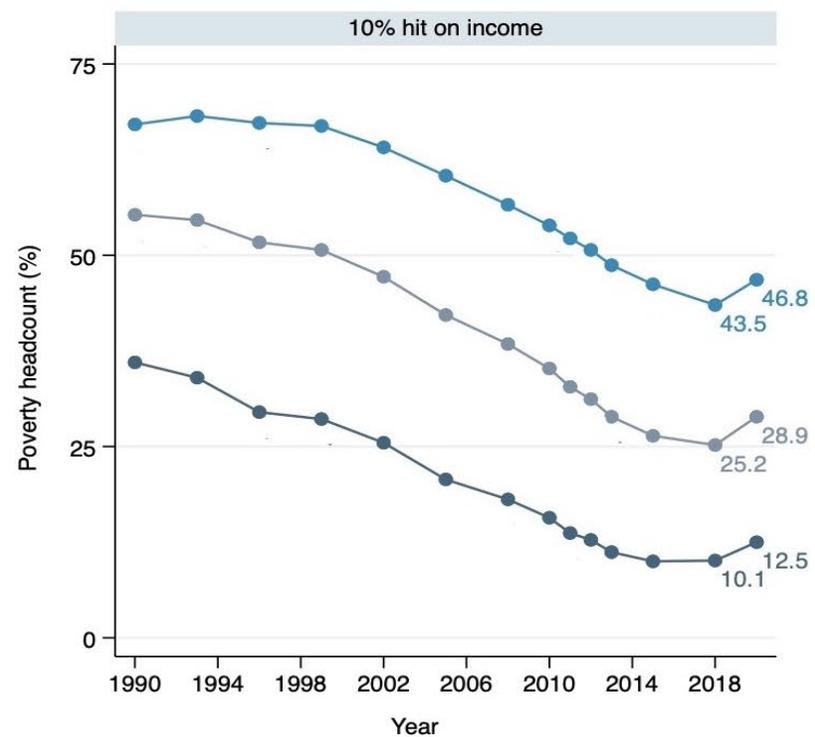
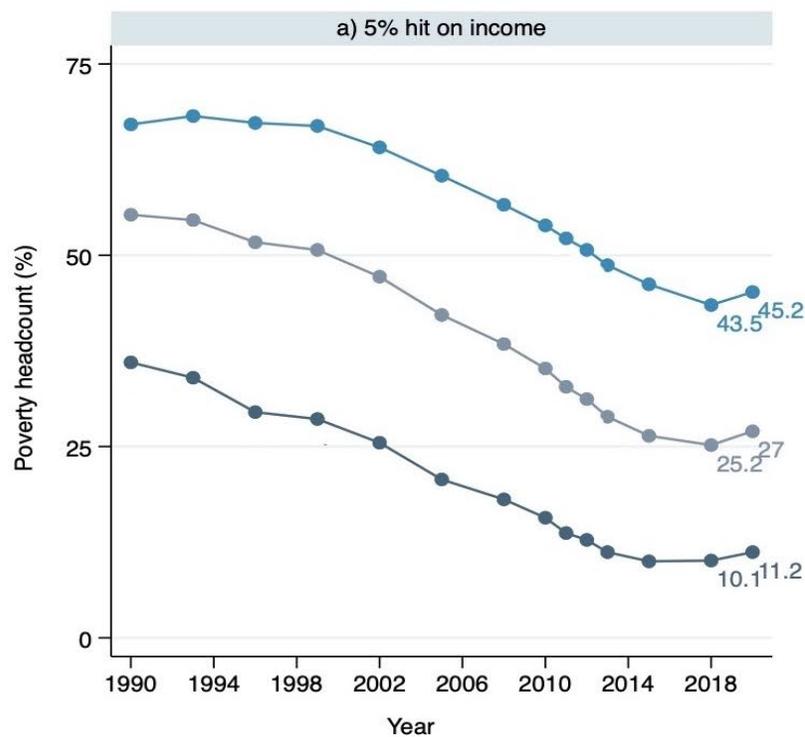
\* = hopefully

## 2. Estimating the poverty impact of COVID-19

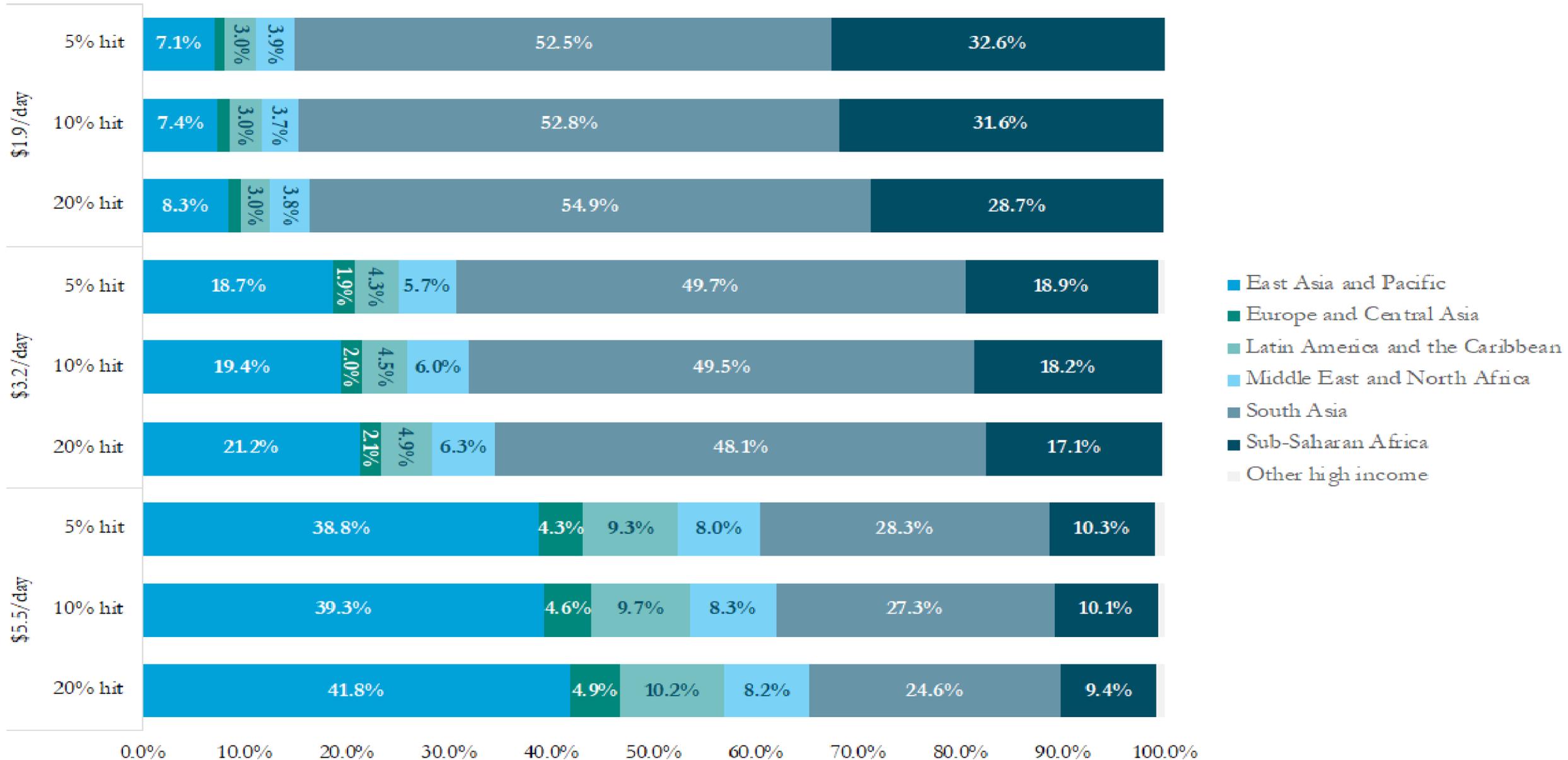
- We assessed how **different contractions to household per capita income/consumption** could impact global poverty using the **World Bank's PovcalNet dataset**.
- We used **three scenarios** of per capita income or consumption contraction as a result of the ongoing COVID-19 pandemic: **5%, 10%, and 20% contraction**
- We capture contractions by **increasing the value of the poverty line** as follows: That is, for a per capita income or consumption contraction of  $x$  per cent, the poverty line  $z$  is adjusted upwardly as  $z / (1 - x)$ .
- We use the **World Bank's US\$1.90, US\$3.20, and US\$5.50 per day poverty lines** which are average for low, lower-middle and upper-middle income countries

# Global poverty estimates

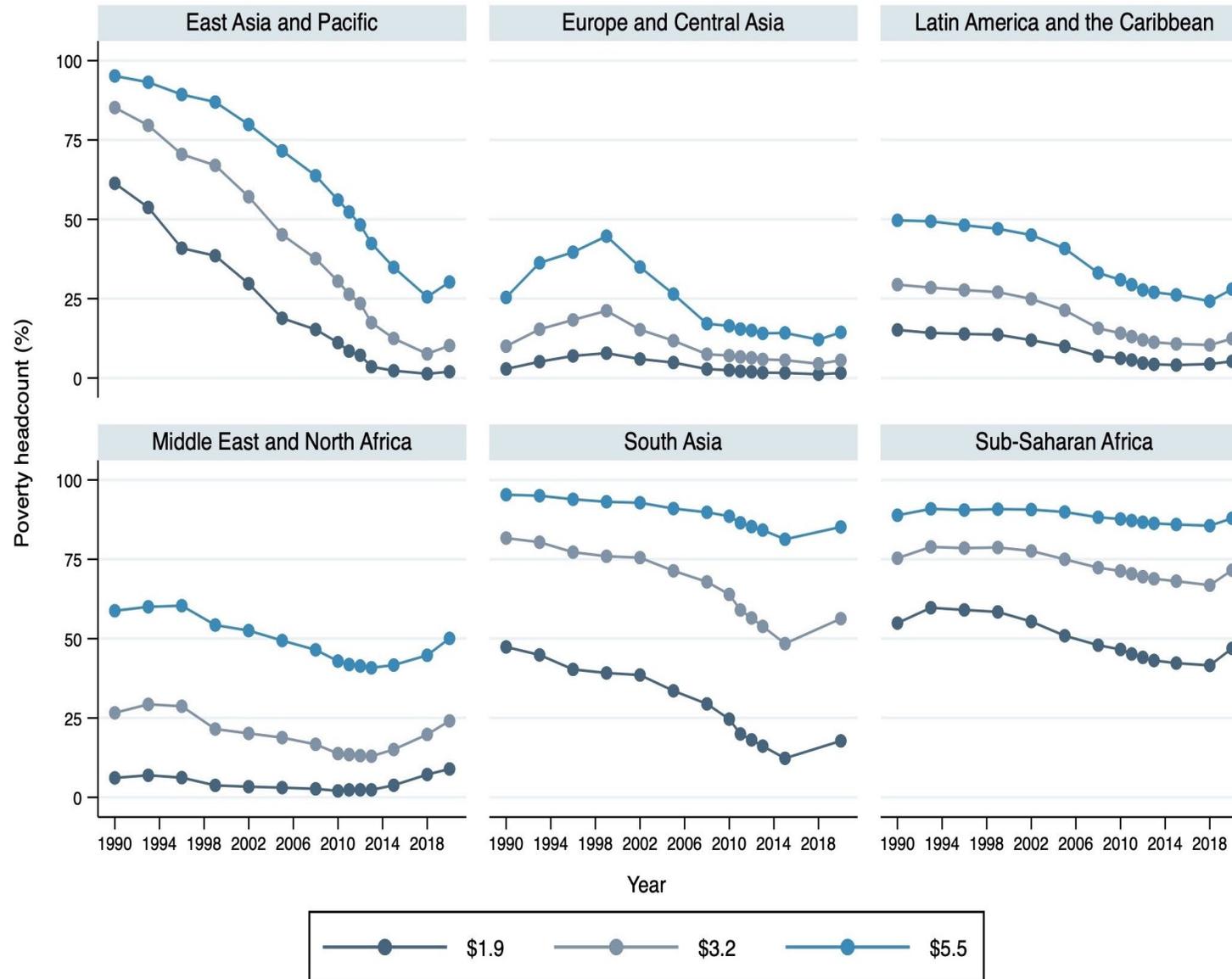
Contraction	People living in poverty (millions)			Additional people living in poverty (millions)		
	\$1.9/day	\$3.2/day	\$5.5/day	\$1.9/day	\$3.2/day	\$5.5/day
	5%	844.1	2,033.8	3,399.5	84.9	135.3
10%	940.8	2,176.9	3,524.4	181.6	278.4	248.6
20%	1,178.1	2,479.9	3,799.3	419.0	581.4	523.5



# Where will the new poor live?



# Poverty estimates by region



## Comparable Studies on \$1.90 Poverty

	Sumner, Hoy, and Ortiz-Juarez (2020)	Lea (2020)	Mahler et al. (2020)
Forecast method	Upwards adjustment of poverty line	GDP Growth semi-elasticity of poverty	Contraction applied to interpolated household surveys
Shock assumed	5%	IMF WEO forecasts	IMF WEO forecasts
<b>New poor (\$1.90 poverty line)</b>	<b>84.9m</b>	<b>72.0m</b>	<b>61.9m</b>

What kind of contraction is forecast in IMF WEO (April 2020) where world's poor live?

- 10 countries = 65% of global \$1.90 poverty (472.6m); average GDP growth pc forecast in 2020 = **-1.9%**;
- We expect the household consumption per capita contraction among the poor/near-poor to be **bigger than the GDP contraction**, especially so in the poorest countries.

### 3. Health or economic crisis?

- Developing countries generally have a **lower proportion of higher risk people in terms of age (>70 years)**, hence the **economic shock may be more significant**
- However: much **weaker health systems**; higher COVID-19 death rates potentially linked to **poverty, ethnicity, pollution, and malnutrition**; unknown link to TB, HIV, chronic malaria, and respiratory problems due to indoor cooking
- Is a lockdown the only option and **feasible in high density urban areas or when people neither have income nor access to food?** Dingel and Neiman (2018, p. 6) estimate how many jobs can be done at home: only 5% in Mozambique, 25% in Mexico vs 40% in US or Finland

## 4. Long Crisis or New Normal?

- Currently **no vaccines for any corona viruses** and immunity after infection not yet guaranteed. **What if COVID-19 has no vaccine** or one that is less than 100% effective?
- The pandemic will proceed in waves, perhaps six to ten waves. **Even if a vaccine is discovered, rolling it out to the entire global population of 7.8bn would presumably take 5-10 years.** No guarantee everyone would get the vaccine and **whether it would be publicly funded in all countries**
- COVID-19 could be a **'super accelerator'** of existing changes – e.g. remote working could lead to Baldwin's tele-migrating in tradeable services; acceleration of automation on health grounds

## 5. A set of policy questions

- **Global policy questions** – beyond additional ODA and technical assistance; what role for global public goods or ‘global solidarity fund’; New Bretton Woods; Note: IMF 100+ requests for funds
- **National policy questions** – e.g. safety nets, usual cash transfers or pay-to-stay-home (UBI?) and pay-to-test? Oil-to-cash: Good time to replace highly regressive fossil fuel subsidies with poverty transfers given oil prices?
- **All depends on length of crisis?** If it is a new normal, then an opportunity for new global architecture – all pay in, pay out by need; new governance (see Glennie et al., 2020)
- **New public debt beyond the immediate crisis** (weaker exports/remittances/extractives/tourism/capital flows & higher spending) >> **austerity or higher taxes soon? (and on whom – richer groups/capital?)**

## 6. Conclusions

- Likely to be a **substantial poverty impact** of COVID-19
- **Looking further ahead: questions of if/when a vaccine**, its effectiveness, who gets it and who doesn't (who pays), time to roll it out to 7.8bn

**Three scenarios** for global poverty:

- **Best case: A 100% effective vaccine is developed** within two years, gets publicly funded and rolled out globally – universal coverage in perhaps five to ten years
- **New normal case: A 100% effective vaccine is developed** within two years and rolled out globally – **universal coverage in rich countries and out-of-pocket payment in developing countries** leads to separation between those vaccinated and those who aren't; issuance of 'immunity passports'; different labour markets, citizenship status, etc.
- **Long crisis case: No vaccine is ever developed or only a partially effective one**, better treatment drugs perhaps become available – waves of COVID-19 continue until immunity levels rise sufficiently to slow transmission