Pacific Aftershocks

Unmasking the impact of COVID-19 on lives and livelihoods in the Pacific and Timor-Leste
This report is a joint effort across World Vision offices and the communities we work with in the Pacific and Timor-Leste.

World Vision staff from its offices in Papua New Guinea, Solomon Islands, Timor-Leste, Vanuatu, Australia and New Zealand contributed to developing, informing and writing this report. World Vision has partnered with communities in the region for over 45 years. We are witness to the deep and often hidden indirect impacts of COVID-19 on lives and livelihoods in the Pacific and Timor-Leste. This report highlights those impacts.

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Front cover: A child at a market in a remote Solomon Islands community, where common products for sale are vegetables, fish, plastic bags, rice, tuna tins, noodles.

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The aftershocks of COVID-19 – its impacts on livelihoods, hunger, and access to healthcare – are devastating communities in the Pacific and Timor-Leste as much as the virus itself, and sometimes to an even greater extent.

This report sheds light on these deep aftershocks and why a once-in-a-generation response is required.
Executive Summary

The aftershocks of COVID-19 threaten to undo decades of development gains across the Pacific region.

World Vision surveyed 752 households in Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu between July and December 2020 to gather first-hand accounts of the impacts of COVID-19 and its aftershocks on communities, families and their children. The findings highlight the human cost of the severe economic recession that has befallen the broader Pacific region since the pandemic, laying bare the region’s vulnerability to future shocks, stresses, and uncertainties.

The health impacts of COVID-19 are well known and are (rightly) front of mind for policymakers in Pacific national governments and donor governments such as Australia and New Zealand. However, our collective response to managing the health issues associated with the COVID-19 pandemic must not be at the expense of addressing the secondary and ongoing impacts of the pandemic on lives and livelihoods.

The physical isolation of the Pacific islands, coupled with their swift response in the early stages of the pandemic, means that they have been able to minimise COVID-19 infections and transmissions. However, the physical isolation of the Pacific islands has been a double-edged sword throughout the COVID-19 pandemic. Limiting freedom of travel is undoubtedly an effective public health response, but the economic fallout from these measures has been severe.

World Vision’s rapid assessment, buttressed by secondary research, shows the pandemic’s knock-on effects – its impacts on livelihoods, food security, and access to healthcare and safe water – are devastating communities just as much as the virus itself, and sometimes in greater measure.

As this timely report shows, the aftershocks of COVID-19 in the region are deep and wide-ranging, devastating communities on a massive scale. World Vision’s rapid assessment shows:

- Almost 60% of households have either lost jobs, lost income, or resorted to alternative sources of income.
- One in five households are skipping meals or eating cheaper meals because they can’t afford a healthy diet.
- 14% of families have sent their children to work to make up for lost income.
- Access to every form of healthcare has decreased since the pandemic.
- Violence against children is increasing, with 80% of parents or caregivers using physical punishment and/or psychological aggression against their children during this period of increased stress.

These are the ‘Pacific Aftershocks’ of COVID-19. They paint a picture of pervasive insecurity – insecure work, insecure access to food and water; insecure access to health care, and an insecure sense of physical and emotional safety. The Pacific’s expanded notion of security (encompassing human security, food security and climate security) provides a holistic framework to address these wide-ranging impacts of the pandemic.

These aftershocks would have been even worse if it were not for a suite of welcome measures from national governments and donor governments to address COVID-19 and its impacts. This includes Australia’s Partnerships for Recovery aid strategy, New Zealand’s development assistance, and a range of economic recovery and welfare packages being implemented by Pacific governments. Despite these efforts, the aftershocks of COVID-19 are still devastating households. More needs to be done.

Children, such as these girls (at left and far right) from the Solomon Islands, are at risk of suffering COVID-19 pandemic aftershocks, far worse than the disease itself.

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A regional crisis like this requires a regional response. A once-in-a-generation, multi-sector, multi-country response and recovery effort is vital to rebuild livelihoods and lives across the region. No single country can do this alone — it requires a collective effort from national and donor governments, faith-based organisations, civil society and the private sector.

The report recommends that the Pacific region’s national and donor governments work together to implement five key actions:

1. **Develop a joint COVID-19 Inclusive, Green Economic Recovery Compact** to rebuild the regional economy in a way that leaves no-one behind and builds resilience to future shocks, stresses and uncertainty.

2. **Implement a flagship initiative to address child stunting, undernutrition and food insecurity** in the Pacific region.

3. **Follow Papua New Guinea’s lead and join the Global Partnership to End Violence Against Children as Pathfinder Countries**, committing to comprehensive action to end all forms of violence.

4. **Commit to achieving universal and equitable access to safe and affordable drinking water** for all communities across the Pacific region by 2030, as well as access to adequate and equitable sanitation and hygiene for all by 2030.

5. **Address the secondary impacts of the pandemic on longstanding infectious diseases and primary health care challenges** such as HIV, TB and malaria, maternal and neonatal health, and child immunisations.

If the pandemic has taught us anything, it is that our economic, social, environmental and health systems are deeply interconnected and, so too, is our recovery. The prosperity of the entire Pacific region depends on the prosperity and recovery of each nation within it. In this sense, investing in the region’s recovery is not only the right thing to do, it is the smart thing to do. Only by rebuilding and recovering together can the Pacific region recover from these aftershocks and thrive on the other side of this pandemic, building resilient societies where no-one is left behind.
Scope
This report focuses on the secondary impacts of COVID-19. The knock-on effects. The indirect effects. Essentially, it focuses on those in the Pacific region which COVID-19 has affected (rather than infected). While the direct health impacts of the pandemic are devastating, they are well-known and constantly evolving. This report attempts to shed light on the socio-economic impacts of COVID-19 – its effect on livelihoods, food security, child protection, and access to water and healthcare – which are arguably just as devastating as the virus itself, but not front-of-mind for policymakers.

Structure
This report is organised in five sections, each focused on the impact of COVID-19 on different aspects of life in the Pacific region. In each section the reality of the situation is explored, its short and long-term ramifications are discussed, and recommendations towards response and recovery are made. The report concludes with recommendations for what the national governments of the Pacific and Timor-Leste and the donor governments of Australia and New Zealand should do to address these aftershocks and support an inclusive, resilient recovery.

Methodology
The report is based on quantitative and qualitative primary data collected from households in Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu as part of World Vision’s Rapid Recovery Assessment. Country-level household data from each of the four household surveys has been aggregated and analysed. This report draws also on secondary sources of information, including journal articles, reports and open data sources.

The following limitations are noted:

- The scope of the rapid assessment covers the four Pacific countries where World Vision works.
- The aggregated findings are not weighted according to the population of the countries.
- The sample size of the rapid assessment varied among World Vision offices as the exercise was carried out in an emergency context with different government policies and restrictions.
Pacific Aftershocks: Snapshot of results

We spoke to 752 households in four Pacific countries...

... about the impacts of COVID-19 on their lives and livelihoods.

This is what we found:

Loss of livelihoods is the biggest impact of COVID-19

68% of households listed loss of livelihoods as one of the top critical problems facing their community.

59% of respondents had either lost their job, lost income, or resorted to alternative sources of income.

Only half of households surveyed were able to fully meet their food expenses.

Financial hardship is forcing many households to take desperate measures

One in four have already reduced the quantity or quality of their meals.

14.5% of households have sold productive assets such as livestock or equipment.

14% have engaged family members in begging or high-risk jobs.

Children are the forgotten victims of the pandemic and its aftershocks

14% of families sent their children to work to make up for lost income.

80% of parents or caregivers used physical punishment and/or psychological aggression against their children in the month preceding the survey.

8% of children are eating two meals a day or less in the wake of the pandemic.

Access to basic health services has decreased across the board since the onset of COVID-19

76.5% before COVID vs 60% after COVID

79.6% before COVID vs 66.0% after COVID

69.7% before COVID vs 56.6% after COVID

42% before COVID vs 29.4% after COVID

53.6% before COVID vs 41.8% after COVID
COVID-19 and Livelihoods

Key Points

• World Vision’s rapid assessment shows that loss of livelihoods is one of the biggest impacts of COVID-19 in the Pacific region, forcing many households to use the little savings they have, sell assets, or reduce their food intake.

• Almost 60% of respondents have either lost their job, lost income, or resorted to alternative sources of income due to the economic impacts of the pandemic.

• Street sellers and farmers have been the hardest hit. More than half of street sellers (56%) and those working in agriculture and livestock (55%) were fully or severely affected by the pandemic in the two weeks preceding the survey.

The widespread loss of livelihoods in Pacific communities is the first and most consequential aftershock of COVID-19. This section examines the scope of this impact and its far-reaching consequences. Through World Vision’s rapid assessment, we see the cruel choices families are forced to make as their incomes collapse under the pressure of lockdowns, closed markets and disrupted supply chains. The reality of this economic insecurity is borne disproportionately by the most vulnerable — women and girls, people with disabilities, children, the poor and people working in the informal economy. Experts warn that, unless concerted and coordinated action is urgently taken to reinvigorate economies, hard-won development gains could be lost and the Pacific region could face a lost decade of economic progress.  

The Reality

The pandemic has shocked Pacific economies to the core. Vulnerable households have been the hardest hit. Many of the region’s traditional drivers of economic growth — tourism, agriculture, micro-small- and medium-sized business, and remittances from labour mobility — have felt the full brunt of border closures and other measures designed to prevent the spread of COVID-19. These important drivers of Pacific employment and economic activity have been curtailed at the very least, and some have ground to a halt altogether.

Disruptions to supply chains (due to transport limitations, movement restrictions, unavailability of inputs) are a recurring theme, as are collapsing markets (nowhere to sell their produce), triggered by a substantial reduction in demand. The ramifications, however, are far greater for those that generate an income through casual or informal parts of the economy, given they often have less savings and fewer assets to draw on in time of need and no access to social protection.  

In the two weeks preceding the survey, 59% of respondents had either lost their job, lost income, or resorted to alternative sources of income due to the economic impacts of the pandemic. As shown in Figure 1, the economic disruption has been felt across both the formal and informal sections of the four Pacific economies. About one-third of both workers with regular incomes and casual labourers, have been severely or fully affected by the global pandemic. Street sellers, fishermen and farmers have been the hardest hit. More than half of street sellers (56%) and those working in agriculture and livestock (55%) were fully or severely affected by the pandemic in the two weeks preceding the survey. In the fishing industry, 100% of respondents said the pandemic had affected their livelihoods.

Top five reasons for disrupted Pacific livelihoods since COVID-19:

1. Reduced demand for goods/services (29%)
2. No markets operating to sell products (20%)
3. No access to livelihood inputs, such as seeds and materials (18%)
4. Movement restrictions (15%)
5. Transport limitations (10%)
The knock-on effects of this economic shock should not be underestimated. The Lowy Institute forecasts average incomes in the region will not recover until 2028, warning of a ‘Pacific lost decade’ of economic progress unless a multi-year recovery package is urgently adopted. World Vision’s rapid assessment suggests that large-scale economic insecurity is undoing hard-won development gains across the Pacific region and triggering adverse social and economic reactions. For households that are already part of the working poor, essentially living from pay cheque to pay cheque, the consequences are life threatening. Even before COVID-19, average incomes in the region were low. In 2019, the average weekly income in Australia was about $1252, much higher than the average weekly incomes in PNG ($106 per week), Solomon Islands ($67 per week), Timor-Leste ($120 per week), and Vanuatu $80 per week).

As shown in Figure 2, half of households suffering reduced incomes spent the little savings they have to get through the pandemic. In addition, 14.5% of households have sold productive assets such as livestock or equipment, further eroding their longer-term economic security. This may be due to low levels of savings due to financial hardship or limited financial literacy. Essentially, the economic resilience of households in the Pacific is being increasingly eroded with each passing month of the pandemic.

A key challenge is that many households in the Pacific do not have an economic safety net (a welfare system) to rely on in times of hardship like this. It is worth noting that developed countries have, on average, spent 28% of their GDP in the provision of economic stimulus packages, including social protection measures. By comparison, developing country spending has been about 2% of GDP. Timor-Leste has been able to draw upon its sovereign wealth fund and provide extensive social protection benefits, as has Vanuatu. Other Pacific countries have not had the same reserves, entering the pandemic already saddled with significant government debt.

While Australia and New Zealand have relied on strong social welfare spending to create a ‘bridge’ so individuals and businesses can survive the pandemic and thrive on the other side of lockdowns, many Pacific countries have not been so lucky. According to Pacific Trade Invest Australia, one third of Pacific businesses doubt they will survive COVID-19. In addition, Pacific Governments’ fiscal fragility cannot be divorced from the existential threat of climate change, with recurring natural disasters also draining government resources. The impact of Tropical Cyclone Harold in April 2020, for example, compounded the economic shock of COVID-19. Such recurring shocks underscore the need for an economic response that prioritises a ‘green recovery’, with the fundamentals and economic logic of disaster risk reduction models, climate change adaptation and mitigation strategies embedded into the recovery.

As shown in Figure 2, half of households suffering reduced incomes spent the little savings they have to get through the pandemic. In addition, 14.5% of households have sold productive assets such as livestock or equipment, further eroding their longer-term economic security. This may be due to low levels of savings due to financial hardship or limited financial literacy. Essentially, the economic resilience of households in the Pacific is being increasingly eroded with each passing month of the pandemic.

World Vision’s rapid assessment shows many households already resort to desperate coping measures. Disturbingly, 24% (or one in four respondents) have already reduced the quantity or quality of their meals because of their loss of income. Begging and other high-risk jobs have also become more prevalent during the pandemic, as has child labour. Around 14% of families have sent their children to work in desperation, to make up for lost household income, as shown in Figure 3. In looking at these widespread ramifications we start to see the true scale and impact of lost livelihoods in Pacific societies.
Response and Recovery

Responding to the economic impacts of the COVID-19 crisis raises many questions for policymakers in national and donor governments alike. How much money should be invested to rebuild the battered economies of the Pacific? Where should fiscal resources be most effectively directed? What sectors of the economy need the most support? World Vision believes the necessary starting point in answering all these questions is the moral imperative to ensure those the pandemic most severely impacts (the poor, small-holder farmers, micro-entrepreneurs and workers in the informal economy) are provided with economic security.

Starting with a focus on the bottom of the economic pyramid is not only the right thing to do, it is the smart thing to do. By rebuilding livelihoods for the most vulnerable, donor and national governments can increase productive capacity, broaden the consumer base, and build resilience across the market system, all while supporting those who need it most. In practice, this means identifying those who are most vulnerable (especially women) and ensuring that recovery interventions respond to the unique barriers and opportunities they face.

In the short-term (during the next six months), urgent work is needed to urgently scale up child-sensitive, gender-responsive and accountable social protection measures (such as cash and voucher assistance and, where this is not possible, food assistance) to help poor families with disrupted incomes meet their immediate needs. In many contexts across the Pacific region, providing assistance in the form of cash and vouchers minimises the distortion to markets while ensuring families do not resort to negative coping mechanisms such as eating less or forcing their children to engage in labour or early marriage. From the experience of World Vision and its micro-finance subsidiary, VisionFund, recovery lending will be key. We have found that lending to support recovery efforts is an effective strategy, with high repayment rates observed in other contexts such as during El Nino and in the aftermath of Taiphoon Haiyan.

To build back better in the medium and longer-term (the next one to three years), a suite of initiatives should be deployed to stimulate the Pacific economy, rebuild livelihoods, and increase economic, social and environmental resilience. An inclusive, resilient and green approach to economic development is the only tenable pathway for the Pacific as it rebuilds from the significant aftershocks of COVID-19. Recovery models should focus on the growth potential of micro, small and medium-sized enterprises, especially in the development of smallholder farming and fisheries across the Pacific. The economic development of these local sectors will go to the heart of the region’s capacity to address rising food and nutrition insecurity, and the related scourge of chronic malnutrition.

Restoring markets and leveraging the power of the private sector to stimulate growth, employment and incomes should also be a priority, but this should be done in an intentionally inclusive way to capture and empower those currently excluded from economic activity. When implementing market-based programming in the thin market context of the Pacific island nations, household engagement and broader outreach to community-based enterprises is important as it is not enough to engage market actors or large private companies alone to generate systemic change. Initiatives are needed that work with the private sector to strengthen business models while also equipping those excluded from the market system (such as women, youth and the ultra-poor) with the skills and knowledge to engage in markets. To promote gender equality, priority should be placed on targeted women’s economic empowerment programs that respond to the different barriers and opportunities faced by women compared to men. Our recommendation for an inclusive and resilient approach to the economic recovery has evolved from more than a decade of World Vision’s experience in value chain programming across 38 countries.
World Vision believes the prioritisation of nature-based solutions is also important to realise economic and environmental resilience benefits. This includes: enacting policies that value natural capital and increase uptake of approaches to food production and landscape management that build resilience; investing in awareness-raising for ministries, departments, development organisations and private sector actors on low-cost regenerative agriculture and landscape restoration approaches that are rapidly scalable; increasing program funding for nature-based solutions; and conducting greater research into low-cost scalable landscape restoration approaches, including indigenous land management practices.

It is recommended that Pacific governments and donor governments work together to realise this inclusive, resilient and green recovery through a cohesive, joined-up strategy. Without a concerted regional effort, the Pacific faces a potential lost decade of economic progress. We cannot afford to let hard-won development gains be undone – now is the time to act to rebuild lives and livelihoods in the wake of the pandemic. Just as regional actors worked together to establish the Pacific Humanitarian Pathway on COVID-19 as an urgent response to the impending pandemic, regional actors should again collaborate on the longer-term recovery effort.

Recommendation:

That all national and donor governments in the Pacific region together develop a joint COVID-19 Inclusive, Green Economic Recovery Compact to rebuild the regional economy in a way that leaves no-one behind and builds resilience to future shocks, stresses and uncertainties.

- This Compact should outline a roadmap or series of commitments from national and donor governments alike to rebuild the regional economy in the wake of COVID-19. At a fundamental level, the Compact should be Pacific-led, to achieve pro-poor, gender and disability inclusion and climate-smart outcomes.
- It should be developed in consultation with local communities, including local leaders, businesses, and NGOs, to ensure the recovery effort is fit-for-purpose for the local context.
- The Compact should prioritise urgent short-term solutions to meet immediate needs like social protection measures (such as cash and vouchers programs), as well as access to finance to protect jobs and livelihoods.
- Over the longer term, it should aim to "build back better" - more inclusive and greener Pacific economies. Investment in inclusive market systems development interventions will ensure recovery efforts both strengthen market systems, while helping to ensure people living in poverty can access, participate in and benefit from a stronger local economy. Targeted approaches to women’s economic empowerment are key to realising a gender-equal future for women and girls.
- Finally, the Compact should build resilience to future economic, social, and environmental shocks, prioritising climate resilience, nature-based solutions and the protection and restoration of environmental assets.
- The Compact will complement existing commitments which focus on economic stimulus, budget support and market systems development by funding specific programs focused on economically empowering the most marginalised.

Women’s economic empowerment should be a priority as donors support Pacific nations, such as the Solomon Islands, to build back better.

Samuel Adifaka / © 2020 World Vision
COVID-19 and Food Security

Key points:

• World Vision’s rapid assessment shows that COVID-19 and its aftershocks are reducing both access to food and the affordability of food, threatening to deepen the nutrition crisis in the region.

• Fresh food and basic food items are increasingly difficult to access, with 40% of households indicating that fresh food was only available ‘at times’ and 5% noting fresh food was unavailable at all times.

• Only 50% of households in the Pacific are able to fully meet their food expenses.  

This section examines the impacts of COVID-19 on food affordability and access in the Pacific region. It finds that the pandemic has disrupted supply chains and food systems, causing massive food price spikes across the Pacific region. Households in all four of the countries reached through World Vision’s rapid assessment – PNG, Timor-Leste, Solomon Islands and Vanuatu – report experiencing a sharp rise in food insecurity as fresh food has become increasingly difficult to access and afford. This is a disturbing pattern that could deepen a nutrition crisis in a region already struggling with high rates of child stunting and undernutrition.

The Reality

The COVID-19 pandemic has created supply and demand shocks in food systems across the Pacific, but these shocks have disproportionately affected the poor, people with significant health care challenges such as those with TB and HIV, and nutritionally vulnerable groups. Measures to respond to COVID-19 – including physical distancing, school closures and country lockdowns – added extra strain on food systems by disrupting the production, transport and sale of food. As the Australian Centre for International Agricultural Research has found, the COVID-19 shock has reverberated through food systems since its onset in early 2020, exposing and amplifying existing vulnerabilities in the region.

Most people in the Pacific get their food from local markets. World Vision’s rapid assessment shows that since COVID-19, fresh food and basic food items have become increasingly difficult to access. As shown in Figure 4, about 40% of households said fresh food items like vegetables, eggs and meat were only available “at times” and 5% said fresh food items were never available at all times. It is a similar story when it comes to accessing basic food items like rice, bread and flour. These basic items were only sometimes available for 44% of households.

The following table shows the food price changes (%) since COVID-19 in different countries:

<table>
<thead>
<tr>
<th>Country</th>
<th>Food price changes (%) since COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>+3.4%</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>+4.2%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>+5.8%</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>+7.4%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>+17.7%</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>+30.6%</td>
</tr>
</tbody>
</table>

Timor Leste children Floriano, 8, Ronaldo, 12, Sandra, 15, and Noberto, 10, are happy to have chickens because the eggs they produce are a great boost for their health and nutrition.

Jaime dos Reis / © 2019 World Vision
In addition to making food less accessible, COVID-19-related disruptions have also made food less affordable. World Vision’s rapid assessment found that almost half (45%) of respondents could “only partially” meet their food and cooking expenses, as shown in Figure 5. This is due to a perfect storm of reduced incomes and rising food prices as a result of COVID-19.

COVID-19 has triggered a vicious feedback loop that is putting healthy food out of reach for countless Pacific households. Widespread loss of livelihoods and reduced incomes mean there is less money to buy food, at the exact time that food (especially nutrient-rich food) is becoming more expensive and less available due to supply chain disruptions from lockdowns. Rising food prices have a much greater impact on people in low-income countries since they spend a larger share of their income on food than people in high-income countries.

Between February 2020 (before the pandemic) and June 2021, food prices rose in all countries in the Pacific region. Australian food prices rose by an average of 3.4%. This was dwarfed by food price increases in Timor-Leste (17.7%) and Vanuatu (30.6%) – the places that can least afford it. Local and international supply chains have been compromised across the region, forcing up the prices of fresh perishable produce and putting a healthy diet out of reach for many families.

The health of Mariana’s baby Azeli, from Covalima municipality, Timor-Leste, is much improved after giving her superfoods and eggs.

Jaime dos Reis / © 2019 World Vision
If left untreated, COVID-19 could exacerbate the nutrition crisis in the Pacific and scar a generation of the region’s children.

**The Ramifications**

High food prices combined with reduced incomes mean more Pacific households must cut the quantity and quality of their food intake. World Vision’s rapid assessment shows just over half of households have relied on buying cheaper (and often less nutritious) food to get by. About one in three households reported skipping meals and/or reducing portion sizes in response to the food security situation in the Pacific, as shown in Figure 6.

Access to nutritious food is especially critical for children, as it shapes health outcomes throughout life. Access to nutritious food is also critical for pregnant and lactating women, both for themselves and for their babies. Poor maternal nutritional status, including low caloric intake and low pre-pregnancy weight, is linked to low birth weights in infants, which is further linked to higher rates of neonatal illness and higher mortality rates in early infancy.

Even before the pandemic, the Pacific region suffered from the highest rates of child stunting in the world. Child stunting is particularly prevalent in Timor-Leste (50.2%) and PNG (49.5%). Frontier Economics estimates child malnutrition in PNG alone costs the national economy $US508 million each year due to losses in productivity, losses in potential income, and losses from increased health care expenditure.

If left untreated, COVID-19 could exacerbate the nutrition crisis in the Pacific and scar a generation of the region’s children. Addressing child malnutrition is one of the most important development challenges facing the Pacific in the coming decade. Malnutrition can cause permanent, widespread damage to a child’s growth and development. Neuroscience shows the significance of the first 1000 days in laying the foundations of life through brain development. The social and economic consequences of early cognitive impairment are therefore profound, not least the embedding of inter-generational inequality, denying children their fundamental right to development.

**Figure 6: Mechanisms used to cope with reduced food access and affordability**

![Chart showing mechanisms used to cope with reduced food access and affordability]

- **Rely on cheaper food**
- **Skip meals**
- **Reduce portion size of meals**
- **Reduce adult food intake to provide for children**
- **Borrow food**
Response and Recovery

Addressing food affordability is a prerequisite to addressing food insecurity and child malnutrition in the Pacific region. That is why rebuilding livelihoods in the wake of the pandemic should be the top priority, along with stopping the spread of the virus. The recommendation in the previous section – to develop a joint Inclusive Economic Recovery Compact – should be urgently adopted to reverse the economic recession, and increase the purchasing power of households to be able to afford healthy and nutritious food for them and their children.

To avoid the looming nutrition crisis, it is important that Pacific governments and donor governments work together to address both the short- and long-term causes of hunger and food insecurity. This should include a mix of initiatives such as improving the quantity, diversity and safety of food, distributing micronutrient supplements, setting up community and health centres, and providing mothers and caregivers with the information they need to improve nutrition for their families and newborn children.

The diets of pregnant women and infants are at the heart of improving nutritional outcomes in the region. World Vision focuses its child health interventions on the first 1000 days of life, guided by our ‘7–11’ approach. This is an evidence-based combination of seven interventions for pregnant and lactating mothers and 11 measures for newborns and infants.

Recommendation:

That all national and donor governments in the Pacific region work together to develop a flagship initiative to address child stunting, undernutrition and food insecurity in the Pacific region.

- A significant, multi-sectoral effort is required to address the intractable issue of child stunting in the region, which is being exacerbated by the aftershocks of COVID-19.
- The Australian and New Zealand Governments should invest AU$200 million in development assistance as part of this flagship initiative to reduce child stunting.
- The initiative should support a holistic effort to improve food security by:
  - Supporting maternal and child health interventions to ensure children have the best possible start to life.
  - Strengthening the resilience of food systems in the region.
  - Increasing food stocks in the region through expanded storage facilities, including exploring sustainable cold chain development techniques.
  - Scaling up nutrition-sensitive agriculture and stimulate nutrition-sensitive value chains to increase the local production and demand of nutrient-rich foods.
  - Invest in comprehensive school food programs to boost school-based food literacy and nutrition education, including linkages with local production of nutritious foods and regulations concerning snack foods at and near schools.
Even before COVID-19, children in the Pacific region faced significant protection risks. Over 70% or four million children across the region experienced violent discipline at home, including a staggering 2.8 million (75% of the child population) in Papua New Guinea. COVID-19 and its aftershocks are making the situation even worse, adding financial, emotional and social stresses to households which, in some cases, is increasing risks to children’s safety. This section examines the secondary impacts of the pandemic on the safety and wellbeing of children in the Pacific region.

The Reality

Vulnerable children are the hidden victims of the COVID-19 pandemic. While the region is united in a shared struggle against an invisible enemy, the serious consequences that will challenge us far beyond the current pandemic – the hidden impacts on children – are not yet front of mind.

Violence against children was already at epidemic proportions in the Pacific region before COVID-19. Seven in 10 children in the Pacific experienced violent discipline at home, and one in 10 adolescent girls in the region experienced sexual violence.

Rates of intimate partner violence in the Pacific region before COVID-19 were also high. Six in 10 women in Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu experienced violence from their partner.

Tragically, many children in the Pacific are living in homes where violence is common. Children can be victims, offenders and witnesses of violence.

**Key points:**

- COVID-19 is a threat multiplier for children in the Pacific region, amplifying the risks of violence, child labour, child marriage and other forms of harm.
- When faced with economic difficulty due to COVID-19, 14% of the households surveyed sent their children to work to make up for lost income.
- Anecdotal evidence suggests increased family stress during the pandemic has led to increased rates of violence against children. World Vision’s rapid assessment shows about 80% of parents or caregivers used physical punishment and/or psychological aggression against their children in the month preceding the survey.

**Figure 7: Estimated number of children experiencing violent discipline at home (pre-COVID-19)**
Since COVID-19, anecdotal evidence and media reports in the region point to even higher rates of violence against children. COVID-19 has disrupted the daily routine of children through school closures, lack of social interaction, loneliness and, for many, increased poverty and poorer nutrition. With many schools closed, children have often stayed at home together with adults who are also adjusting to painful change, including the loss of their livelihoods and food insecurity. Home is not always a safe place for children and young people. Around 85 million more children globally were at risk of physical, sexual and emotional violence in the first three months of the pandemic.

In times of crisis like this, parents and caregivers often resort to negative coping mechanisms such as supporting child labour or child marriage to make up for lost income. As mentioned earlier in this report, 14% of surveyed households in the Pacific reported sending their children to work since the beginning of the crisis, another 14% had sent their children to beg, and 1.5% had resorted to early marriage.

Another negative coping mechanism is using violence in the home. Worryingly, World Vision’s rapid assessment shows 80% of households reported using physical punishment and/or psychological aggression to discipline their children in the month preceding the survey. While most parents and caregivers also used positive parenting techniques such as positive encouragement, timeouts and the silent corner, a significant proportion used methods that are harmful for children, as shown in Figure 8. For example, children were called names such as ‘dumb’ or ‘lazy’ in more than half of households. Physical discipline is also widespread. Children were spanked in half of households. Most disturbingly, in one in 10 households, children were disciplined through beatings, hit over and over again.

COVID-19 has added stresses to households in the Pacific which has exacerbated tendencies to use harmful forms of discipline. The deference to harmful practices highlights the need for national awareness and advocacy about child protection, and explanations of what constitutes violence against children.

The Ramifications

Violence perpetrated against children can have a lifelong impact on their physical, cognitive and social development. In many instances, children who experience violence suffer poor health outcomes, impaired cognitive development and increased financial vulnerability, and also display anti-social and aggressive behaviour, continuing the cycle of violence into the next generation.

Emotional and behavioural consequences can be seen quite early in the child’s life. In addition to the deep, personal cost of violence, there is a macro-economic cost as well. UNICEF estimates violence against children costs the Asia-Pacific region around US$160 billion or 2% of the region’s entire GDP. This cost is likely much greater now due to the risk multiplier effect of COVID-19. Adopting a preventative approach while also developing services that respond to violence against children is important, not only to reduce the human consequences of such violence but also to tackle the related economic costs.

Figure 8: Methods used to teach and discipline children since COVID-19

![Figure 8: Methods used to teach and discipline children since COVID-19](image)
The Response and Recovery

Childhood violence is preventable. Indeed, emerging research indicates not only do proven interventions to prevent violence against children exist, but there is a growing global consensus that violence against children must no longer be tolerated.

As a child-focused organisation, World Vision urges the governments of the Pacific, including both national and donor governments, to make children a central focus of building back better in the wake of the pandemic. Investing in children brings a triple dividend of development benefits: it immediately improves the lives of vulnerable children, builds their health, capacity and productivity for future life stages, and lays the foundations for strong development outcomes for the next generation. Unless we act now to address the pandemic’s impacts on children, the echoes of COVID-19 will permanently damage our shared future.

It is critical that positive parenting and child protection programming (including standalone programs and programs that integrate child protection) is scaled up where they exist and established where there are gaps. Increasing community awareness is key, as is strengthening child protection services such as helplines, response services, law enforcement, and shelters. Child protection programming is notoriously underfunded, both by donors and national governments. For example, just 0.1% of Australian Aid in 2017 was spent on programs specifically designed to end violence against children. National governments and donor governments alike need to prioritise children’s safety in this upcoming COVID-19 recovery phase.

The good news is that proven solutions exist. NGOs, community organisations, churches and faith leaders have been working tirelessly to prevent and address violence against children. There are proven models, such as World Vision’s Channels of Hope, MenCare (PNG) and Men’s Behaviour Change (Vanuatu), already implemented in Pacific countries to prevent and reduce violence against women and children. Approaches like these can be scaled across the Pacific to protect children and promote positive, equitable and healthy relationships.

The Government of PNG recently joined the Global Partnership to End Violence Against Children, becoming the first Pathfinding Country in the South Pacific. Becoming a Pathfinding Country means making a formal, public commitment to comprehensive action to end all forms of violence against children. It is recommended that all countries in the Pacific, including Australia and New Zealand, become Pathfinding Countries, ensuring their national policies and (where appropriate) their aid programs have an intentional focus on protecting the safety and well-being of children, the most vulnerable members of our communities.
Recommendation:

That all national and donor governments in the Pacific region join the Global Partnership to End Violence Against Children as Pathfinder Countries. This would involve making a formal, public commitment to comprehensive action to end all forms of violence through domestic policy, foreign policy and (where relevant) international development assistance. It would also involve:

- Developing an evidence-based and costed national action plan to reduce violence against children in the next three to five years.
- Consulting with children to target initiatives on the issues that are most important to them.
- Changing harmful societal norms, which can target gender, ability level, age and other indicators to reduce violence and prevent it from occurring in the first place.
- Supporting parents and caregivers with skills, information and support, including through home visits, group activities in community settings, and other evidence-based programs.
- Creating and/or enforcing laws that ban the violent punishment of children.

Child Protection in Action

Violence against women and children can be prevented. There are proven models, such as World Vision’s Channels of Hope for Gender and Channels of Hope for Child Protection, which work through existing faith-based networks to promote healthy, positive relationships. In Vanuatu, for example, World Vision works with churches and Sunday schools to teach respectful relationships and non-violence through biblical teachings about the value of women and children. Teachers, parents and religious leaders have embraced the program. Development Facilitators run the Gudfala Laef Sunday school program. Through songs, local stories, and interactive play, they teach children about healthy gender relationships so they grow up to think differently and to be less accepting of violence inside relationships. Between 2014 and 2018, 100 teachers were trained to implement these Sunday school programs in their own congregations, reaching 1500 children.
Along with access to a safe and effective vaccine, access to water, sanitation and hygiene facilities (WASH) is the next best thing to prevent the spread of COVID-19. This section examines the state of WASH in the Pacific region and how limited access to clean water has hampered efforts to stop the pandemic and ease the burden on health systems from waterborne diseases. To build capacity to respond to future health pandemics, it is recommended that access to clean water and sanitation be prioritised as part of the regional recovery effort.

The Reality

People in the Pacific have the lowest rate of access to clean drinking water in the world, and access to sanitation is below that of sub-Saharan Africa.42 This was confirmed by World Vision’s rapid assessment which shows the average Pacific household has five members and only half of Pacific households have enough water to meet their needs. Many households across the Pacific have limited access to clean water for hygiene and sanitation practices including handwashing, bathing and cleaning.

As shown in Figure 9, more than 40% of respondents do not have access to adequate water for drinking, cooking, and personal and household hygiene needs which increases the risk of waterborne and infectious disease. Only 53% of Pacific households have enough clean water to fully meet their handwashing needs – the first line of defence against the spread of COVID-19. In the Solomon Islands this figure is 12% and in Papua New Guinea it is 19%.

This is particularly problematic as access to water, as well as to hygiene supplies, is key for the prevention and the control of COVID-19. Without having water and cleaning materials, households are unable to adequately bathe, wash their hands and clean their homes, which increases the risk of spreading the virus. Lockdown restrictions and school closures mean that household members are spending more time at home, placing additional pressure on already scarce water supplies.

**Key points:**

- World Vision’s rapid assessment shows that half of Pacific households do not have enough water to meet household needs including hygiene practices such as handwashing – the first line of defence against the spread of COVID-19
- More than 40% of Pacific households surveyed do not have enough safe, clean water for drinking and cooking
- Poor access to water, sanitation and hygiene infrastructure in healthcare facilities across the Pacific further places patients, their families and healthcare workers at risk of contracting and spreading COVID-19

**Figure 9: Availability of water for key daily activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Full access</th>
<th>Partial access</th>
<th>No access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing</td>
<td>53%</td>
<td>37%</td>
<td>9%</td>
</tr>
<tr>
<td>Bathing and personal hygiene</td>
<td>53%</td>
<td>37%</td>
<td>4%</td>
</tr>
<tr>
<td>Household cleaning and hygiene</td>
<td>50%</td>
<td>41%</td>
<td>9%</td>
</tr>
<tr>
<td>Toilet</td>
<td>48%</td>
<td>34%</td>
<td>18%</td>
</tr>
</tbody>
</table>
The pandemic is a stark reminder of the need to invest in WASH infrastructure as a priority in the Pacific region.

Healthcare facilities also play an important role in the prevention and treatment of diseases such as COVID-19 but poor WASH infrastructure places patients, their families and healthcare workers at risk of contracting and spreading disease. Data from the World Health Organisation and UNICEF\(^4\) shows that in 2019:

- 18% of healthcare facilities surveyed in the Solomon Islands, Papua New Guinea and Vanuatu had no water source or that the water source was an unprotected well or spring. This figure was 27% for the Solomon Islands.

- 20% of healthcare facilities surveyed in the Solomon Islands and 14% in Timor Leste did not segregate, safely treat or dispose of waste.

Hygienic practices in healthcare facilities are further hampered by lack of access to hygiene products such as masks, hand sanitiser and soap. In 2020, when COVID-19 cases appeared in Papua New Guinea, the Port Moresby general hospital launched an appeal to businesses and the public for donations of face masks, gloves, soap, protective face shields, and hand sanitiser.\(^4\) Other hospitals across the country also requested support. The pandemic is a stark reminder of the need to invest in WASH infrastructure as a priority in the Pacific region.
The cost of not having access to clean water, hygiene and sanitation is borne disproportionately by women and girls, and people with disabilities.

The Ramifications

If access to clean water and sanitation in Pacific communities does not improve, then the region will continue to be vulnerable – not only to contracting waterborne diseases and respiratory illnesses but also to being infected by COVID-19, as well as impacts to water availability and quality due to climate change. World Vision’s National Director for PNG, Heather Macleod, told the Guardian in August 2020 that without widespread access to clean water “our people cannot wash their hands and protect themselves against the spread of COVID-19 and other diseases”.

The cost of not having access to clean water, hygiene and sanitation is borne disproportionately by women and girls, and people with disabilities. In order to fulfil their responsibilities of cooking, laundry, cleaning and bathing family members, women, girls and people with disabilities may be required to travel far to collect water, especially those that live in remote areas. In rural areas of Fiji, for example, women travel up to 90 minutes a day to access water.

Within their home, people with disabilities are less likely to have access to bathing and latrines. A study focused on Vanuatu, found that despite needing water, people with disabilities were less likely than people without disabilities to collect water themselves to use for bathing or sanitation because of fears for their safety – the distance to the nearest water source, abuse from others and inaccessible terrain.

For women and girls, beliefs in Vanuatu about menstruation and taboos mean that they must collect their own water for bathing and washing their reusable menstrual products, and use separate latrines and bathing shelters. With limited access to a decent sanitation facility and water and space for bathing, women and girls face several barriers related to their personal hygiene. These issues are compounded for women and girls with disabilities.

The Response and Recovery

The pandemic has exposed the poor state of water, hygiene and sanitation across the Pacific region. WASH services are essential to safe and resilient responses to disease and zoonotic outbreaks including COVID-19 and adherence to Infection Prevention and Control norms and standards. To better prepare for future disease outbreaks, and to address the pervasive scourge of water-borne diseases, there needs to be a steep change in access to clean water and sanitation across the region.

In the short-term (the next six months), a rapid response in homes and schools is needed to help curb the spread of COVID-19 in Pacific nations. Priority should be placed on increasing the supply of clean water, repairing existing or installing new handwashing facilities, and providing soap, hand sanitizer and masks. Immediate investment in WASH infrastructure should be accompanied by community and school outreach to raise awareness of basic hygiene practices to prevent the spread of COVID-19.

In the medium and longer-term (during the next one to three years), renewed investment in strengthening healthcare facilities and water systems is important. In healthcare settings, efforts should prioritise providing hygiene facilities such as incinerators, establishing reliable operation and maintenance systems for WASH, and training healthcare workers in infection prevention and control standards.

It is recommended that Pacific governments, donor governments, and NGOs renew their commitment to address inequalities (in terms of gender and location) in accessing clean water and sanitation and hygiene information and products in the region. By combining efforts, we can speed up development gains across the region. We cannot afford to lose the cumulative impact of efforts in WASH to date. A harmonised, joined-up approach to addressing resilient WASH infrastructure is needed now, more than ever.

Naomi, support staff member at World Vision Papua New Guinea for 10 years, keeps the office clean to protect others from COVID-19.

Nelson Kiri Kuruikuru / © 2020 World Vision
Recommendation:

That all national and donor governments in the Pacific region commit to achieving universal and equitable access to safe and affordable drinking water for all communities across the Pacific region by 2030, as well as access to adequate and equitable sanitation and hygiene for all by 2030. This ambition, in line with existing commitments under the Sustainable Development Goals, will build the capacity of Pacific communities to combat current and future disease outbreaks.

This should include:

- Construction of WASH facilities for communities, schools and health centres across the region, starting with those most in need
- Coordinating WASH infrastructure financing to minimise gaps and ensure 100% coverage
- Strengthening national-level systems and policies for WASH

Case study: Curbing the spread of COVID-19 in PNG through water, sanitation and hygiene

World Vision’s COVID-19 Response Project in Papua New Guinea aims to improve child protection in four communities while also providing 11 schools with water, sanitation, hygiene and health facilities such as water tanks and child-friendly handwashing stations. Funded by the New Zealand Government, the project also involves educating communities on how to keep safe from COVID-19.

“World Vision officers came to our school and ran training and awareness sessions and helped to educate teaching staff about primary health care and proper hand-washing techniques to curb the spread and transmission of COVID-19 and other diseases,” said Ms Christina Baria, health teacher-in-charge at Arawa Primary in Bougainville.

“This was really helpful and helped teach us about the many ways COVID can be transmitted and we were then able to teach our students. We are very grateful to World Vision for selecting Arawa Primary to be a part of this project,” Ms Baria added.

Importantly, the messages on hygiene and COVID-19 prevention are being passed on by students to their families.

“I went home and told my siblings and parents about the ways in which COVID can be contracted, and I have encouraged all my family members to practise good and healthy hygiene habits,” reported Kesia, a grade 8 student.
While the direct health impacts of COVID-19 are well known, its secondary impacts on health have largely gone under the radar. The pandemic and measures to contain it have reduced access to primary healthcare services across the region, including undoing hard-won gains in combatting HIV, malaria, tuberculosis, and maternal and child mortality, child immunisations and malnutrition. The full scope of these secondary impacts is not yet known – given a lag in diagnosis and treatment. This section outlines potential implications for the long-term health security of the region and makes the case for a renewed, holistic focus on health.

The Reality

Since the onset of COVID-19, household access to every form of health service in the Pacific has decreased. World Vision’s rapid assessment found access to hospital services has decreased by about 17%, access to community health centres, maternal centres and outreach services each decreased by 13%, and even access to traditional medicine centres has decreased by 12% (see Figure 10).

This is startling given that not all households would have had access to such health services before the pandemic, and now even fewer are able to be diagnosed or treated at health facilities. Access has decreased largely due to measures put in place to contain the spread of COVID-19. The introduction of rules and regulations have led to changes in the delivery of vital healthcare services to children and their families. Mobile health services, a recent solution for reaching isolated communities, have been impacted by rules around social distancing.

Front-line delivery has also been affected by shortages in human resources and concerns from health workers. In Papua New Guinea, a strike organised by nurses in March 2020 highlighted concerns from healthcare workers about their own safety, a lack of adequate personal protective equipment and staff shortages sparked by the need to quarantine some health workers. Some healthcare workers in Papua New Guinea had to be quarantined after exposure to COVID-19 or became infected through inadequate safety measures.

Figure 10: Access to basic health services since COVID-19

<table>
<thead>
<tr>
<th>Service</th>
<th>Before COVID</th>
<th>After COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to hospital services</td>
<td>76.5%</td>
<td>60%</td>
</tr>
<tr>
<td>Access to community health centres or clinics</td>
<td>79.6%</td>
<td>66.9%</td>
</tr>
<tr>
<td>Access to maternal centres</td>
<td>69.7%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Access to outreach services or mobile health teams</td>
<td>42%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Access to traditional medicine centre</td>
<td>53.6%</td>
<td>41.8%</td>
</tr>
</tbody>
</table>
Since the pandemic, children and their families have not been able to receive the level of healthcare services they could before the pandemic.

In good news, most respondents to World Vision’s rapid assessment (72%) said they received adequate and regular updates on COVID-19. The most common channel for receiving these updates was broadcast media such as television and radio (94%), followed by family members (45%), friends (40%), text messages (35%) and social media (29%). Only 13% got their COVID-19 updates from the websites of trusted organisations. These findings highlight the importance of informal channels of communication in the Pacific, which will be an important factor to consider in the design and delivery of the COVID-19 vaccine rollout in the coming months.

Research undertaken by World Vision PNG sheds some light on the role of health care workers in the vaccine rollout. A study revealed that, among non-health workers surveyed, more than half said they trusted information about vaccination to come from health authorities and healthcare workers, and that most preferred to receive information about the vaccine directly from healthcare workers.

The same report also revealed 42% of healthcare workers were not willing to have the COVID-19 vaccine. Healthcare workers have concerns related to vaccine safety and development, and nearly one third of them are concerned about at least one conspiracy theory related to vaccines. Anecdotal evidence suggests vaccine hesitancy is also significant in other Pacific countries and a study of 33 countries outside of the Pacific showed vaccine hesitancy ranged from 23-97%.

The Ramifications

Prior to the pandemic, many Pacific communities already found it difficult to reach healthcare centres such as hospitals, community clinics and maternal health clinics. This is compounded by inadequate resourcing, with PNG for example only having a ratio of 11 health professionals per 10,000 people. For rural communities, finding safe and reliable transport, navigating poor roads (particularly in bad weather and inaccessible terrains such as river crossings) and travelling long distances are just some of the barriers to access healthcare. COVID-19 is reducing access even further.

Lower levels of healthcare because of COVID-19 could have long-term implications for health security in the Pacific region. Since the pandemic, children and their families have not been able to receive the level of healthcare services they could before the pandemic. Health conditions would have materialised or worsened in the meantime, but many are going undiagnosed and untreated due to perceived risks around COVID-19.

A study by The Lancet warns efforts to combat endemic diseases such as TB, HIV and malaria could be derailed as Pacific health systems pivot to COVID-19. In just one year, COVID-19 has undone more than a decade’s progress in the fight against TB. Similarly, UNICEF reports COVID-19 is disrupting child vaccine campaigns, the distribution of insecticide-treated bed nets and the delivery of services for common childhood illnesses like diarrhoea and pneumonia. Disturbingly, “these disruptions could result in significant increases in preventable child mortality across the globe.”
Covid-19 has snapped health systems back into focus. It has also revealed the glaring gaps in domestic health coverage in the Pacific

– Lowy Institute, 2020

The Response and Recovery

As the Director-General of the WHO said “COVID-19 is not just a global health emergency, it is a vivid demonstration of the fact that there is no health security without resilient health systems, or without addressing the social, economic, commercial and environmental determinants of health”.

The pandemic has exposed the fragility of health systems across the Pacific, underfunded and under-resourced systems, and systems ill-equipped to cope with infectious disease outbreaks, let alone a pandemic. There is an opportunity to build back better health systems in the Pacific in the wake of the pandemic.

An immediate response is needed to ensure that COVID-19 is contained and that vaccines are distributed in an equitable, safe and timely way so health services can resume. This is already underway. In addition to supporting the logistical rollout of the vaccine (the supply chain side), focus is also needed on the demand side (the trust chain) to address vaccine hesitancy and build confidence in the COVID-19 vaccine and the institutions delivering it, including leveraging off informal communication channels as mentioned earlier in this section. This is critical to improve take-up rates. While the vaccine is rolled out, priority should also be placed on providing healthcare facilities with basic medical supplies and equipment needed immediately to respond to COVID-19 including hygiene products, testing kits and personal protective equipment.

A longer-term strategy is needed, however, to strengthen health systems to better cope with the pandemic while maintaining provision of basic healthcare for children and their families. Over the medium and longer-term (the next one to three years), action should be taken to address the secondary health impacts of the pandemic. Without a concerted regional effort, health gains in areas such as HIV, TB and malaria will be undone. We cannot afford to lose these development gains. It is time to act rapidly and in a united front.

Recommendation:

That all national and donor governments in the Pacific region together develop a COVID-19 health response strategy to address the secondary impacts of the pandemic on longstanding health challenges such as HIV, TB and malaria. This should include:

• Reopening and expanding access to essential health services, especially for those most vulnerable and at risk, by rapidly mobilising community health workers
• Improving community education and awareness of pre-existing health challenges as well as COVID-19
• Scaling up the distribution of long-lasting insecticide-treated nets to prevent malaria infections
• Implementing holistic responses to manage HIV and TB, including primary prevention, preventing transmission, and providing treatment, care and support
We cannot afford to lose these gains in combatting HIV, TB and malaria. It is time to act rapidly and in a united front.
Calls to Action: Recommendations for Recovery

The scale and severity of the aftershocks of COVID-19 in the Pacific region demand a regional response. A once-in-a-generation, multi-sector, multi-country effort is needed to rebuild livelihoods and lives across the region. No single country can do this alone – it requires a collective effort from national governments and donor governments alike. That is why World Vision calls on every government in the region, including the donor governments of Australia and New Zealand, to work together to deliver five key initiatives.

1. Develop a joint COVID-19 Inclusive, Green Economic Recovery Compact

This Compact should outline a roadmap or series of commitments from national and donor governments alike to rebuild the regional economy in the wake of COVID-19. At a fundamental level, the Compact should be Pacific-led, to achieve pro-poor, gender and disability inclusion and climate smart outcomes.

- It should be developed in consultation with local communities, including local leaders, businesses, and NGOs, to ensure the recovery effort is fit-for-purpose for the local context.
- The Compact should prioritise urgent short-term solutions to meet immediate needs like social protection measures (such as cash and vouchers programs), as well as access to finance to protect jobs and livelihoods.
- Over the longer term, it should aim to ‘build back better’ - more inclusive and greener Pacific economies. Investment in inclusive market systems development interventions will ensure recovery efforts both strengthen market systems, while helping to ensure people living in poverty can access, participate in and benefit from a stronger local economy. Targeted approaches to women’s economic empowerment are key to realising a gender-equal future for women and girls.
- Finally, the Compact should build resilience to future economic, social, and environmental shocks, prioritising climate resilience, nature-based solutions and the protection and restoration of environmental assets.

2. Invest in a flagship initiative to address child stunting in the Pacific region

A significant, multi-sectoral effort is required to address the intractable issue of child stunting in the region, which is being exacerbated by the aftershocks of COVID-19. It is recommended that the Australian and New Zealand Governments invest AU$200 million in development assistance as part of this flagship initiative to improve child nutrition in a region plagued by some of the highest rates of child stunting in the world. The initiative should support a holistic effort to improve food security by supporting maternal and child health interventions, strengthening the resilience of food systems in the region, and by scaling up nutrition-sensitive agriculture to increase the local production of nutrient-rich foods.

3. Join the Global Partnership to End Violence Against Children as Pathfinder Countries

Following the example of Papua New Guinea, all Pacific governments should become Pathfinder Countries in the movement to end violence against children in the region. Risks to children’s safety have been exacerbated by the impacts of COVID-19, so it is more important than ever to renew commitments to protecting those most vulnerable in the region – children. Becoming a Pathfinder Country would involve making a formal, public commitment to comprehensive action to end all forms of violence through domestic policy, foreign policy and (where relevant) international development assistance.
4 Commit to universal Pacific access to WASH by 2030

That all national and donor governments in the Pacific region commit to achieving universal and equitable access to safe and affordable drinking water for all communities across the Pacific region by 2030, as well as access to adequate and equitable sanitation and hygiene for all by 2030. This ambition, in line with existing commitments under the Sustainable Development Goals, will build the capacity of Pacific communities to combat current and future disease outbreaks. This should include:

- Construction of WASH facilities for communities, schools and health centres across the region, starting with those most in need
- Coordinating WASH infrastructure financing to minimise gaps and ensure 100% coverage
- Strengthening national-level systems and policies for WASH

5 Address the secondary health impacts of the pandemic on HIV, TB and malaria

Without a concerted regional effort, health gains in the Pacific in areas such as HIV, TB and malaria will be undone due to the aftershocks of COVID-19. Action is needed to address these significant but hidden impacts and protect the developments gains already made. This should include reopening and expanding access to essential health services, increasing awareness of health challenges beyond COVID-19, and ramping up efforts to prevent and treat HIV, TB and malaria across the region.

World Vision urges the Australian and New Zealand governments to work together in COVID-19 recovery efforts, contributing to a brighter future for Pacific children.

Anita Marques / © 2021 World Vision
Children in the Pacific have the most to gain from a once-in-a-generation response to the COVID-19 aftershocks.

Klezer Gaspar / © 2020 World Vision
‘The COVID-19 pandemic has had a devastating socio-economic impact on our Blue Pacific region, exposing systemic vulnerabilities, and wiping out decades of development gains. Together, we must ‘build back better’ to ensure inclusive, healthy, secure, and prosperous communities and countries.’

– The Honourable Kausea Natano, Prime Minister of Tuvalu and Chair of the Pacific Islands Forum 2021