LATER WILL BE TOO LATE

How extreme levels of hunger have not been averted despite alarms

In 2017, extreme hunger was the defining humanitarian crisis, with four countries on the brink of famine and 30 million people in dire need of food assistance for survival. International outcry led to a late but robust reaction that prevented the descent into full famines in all four countries.

In 2020, the COVID-19 pandemic is the defining global crisis, but the virus brings even greater hunger in its wake. State economies are collapsing, and millions can no longer afford food. More people are experiencing extreme hunger today than in 2017, but no equivalent reaction is on the horizon.

EARLY WARNING VS. TIMELY RESPONSE

In July 2020, Oxfam was raising the alarm about how the COVID-19 pandemic has "added fuel to the fire of an already growing hunger crisis"[1]. Three months later, the necessary political and financial response to address the situation and prevent yet another tragedy is nowhere to be seen.

In May 2017, 30 million people In Northeast Nigeria, South Sudan, Somalia, and Yemen faced severe hunger and famine, as aid donors failed to provide the resources required in UN humanitarian appeals at adequate levels or on a timely basis. At the time, Oxfam Executive Director Winnie Byanyima told the leaders of the G7 countries, "Political failure has led to these crises – political leadership is needed to resolve them…. [T]he world's most powerful leaders must now act to prevent a catastrophe happening on their watch"[2].

Alarm bells had been ringing since 2016, and in February 2017, when the United Nations officially declared famine in South Sudan[3] it was clear the crisis was upon us. The global community had been criticized[4] for reacting too slowly to the 2011 famine in Somalia[5], responsible for the deaths of 260,000 people. When the threat of famine was identified in South Sudan, Northeast Nigeria, Somalia, and Yemen, the international community engaged in massive warnings which finally led to preventing a bigger catastrophe. The international community provided $4.6 billion worth of humanitarian assistance to the four countries in 2017. Although this served to mitigate the catastrophe substantially, the funding only covered 71 percent of the UN humanitarian appeals for

the four countries[6].

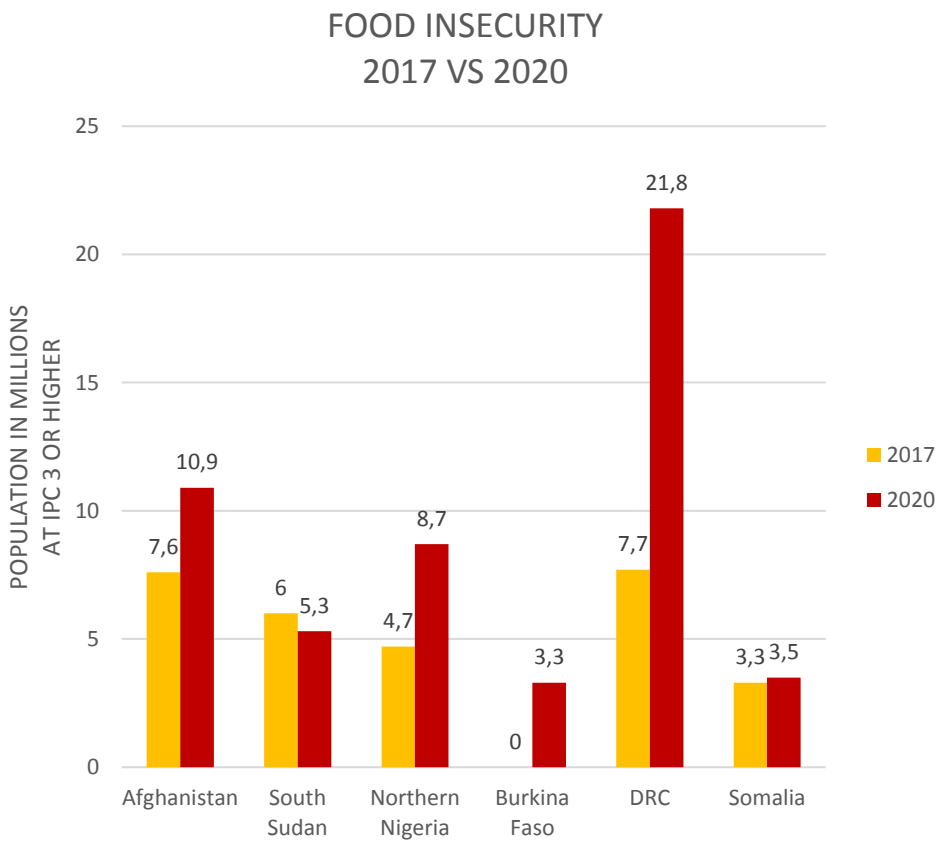
Today again hunger and even the specter of famine exists in some of those same four[7] countries, as well as a number of others including the Democratic Republic of the Congo (DRC), which has also grappled with an Ebola outbreak, Afghanistan, and Burkina Faso, which face acute food insecurity emergencies. This crisis is a result of COVID-19, violent conflicts, economic decline (frequently associated with the previous two factors), and disasters due to natural hazards, with all of these drivers making it difficult for affected people to access assistance or for humanitarian agencies to access the populations in need[8].

And yet today, despite the alarm bells again ringing loudly[9], the response is not up to the challenge. UN Secretary General (UNSG) Guterres has warned that four countries are facing famine risks[10], but there is no adequate reaction. We cannot wait until it is too late, we cannot wait until children are crippled by hunger before we respond; to save lives we must act now.

In all, 55.5 million people in these countries are living in a food crisis or emergency, (i.e. IPC Phases 3-4; see appendix for details on these classifications), with localized famine conditions (known as catastrophe, or IPC 5) affecting 40,000 people in South Sudan and 11,300 in Burkina Faso[11] (See Figure 1 and the methodological note below).

In Yemen, two million people in the south of the country are at IPC 3 (crisis) or higher. There are no current data available about the north. However, in June 2020 the UN Office for the Coordination of Humanitarian Affairs (OCHA) estimated the national food insecure population at 20.1 million[12].

Figure 1. Food Insecure Population 2017 vs. 2020



Sources: Oxfam graph drawing from http://www.ipcinfo.org/ipc-country-analysis/population-tracking-tool/en/, accessed 23 and 29 September 2020; https://www.oxfam.org/en/press-releases/world-faces-unprecedented-famine-threat-g7-should-pay-and-push-peace (for Nigeria and Yemen 2017 figures); https://www.fsinplatform.org/sites/default/files/resources/files/GlobalNetwork_Technical_Note_Covid19_Food_Crises_Sept_2020.pdf (Burkina Faso, Northern Nigeria, and Somalia, 2020); https://www.acaps.org/country/burkina-faso/crisis/conflict (Burkina Faso, 2020); https://reliefweb.int/sites/reliefweb.int/files/resources/BF_OL_2017_Fev-Sept%20version%20finale_0.pdf (Burkina Faso, 2017).

Methodological note

When we discuss people living in acute food insecurity in the seven countries on which we are focusing in this note, we refer to the population considered to be in Phase 3 or higher on the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Scale (see Annex for additional information on the scale). IPC is a partnership of international NGOs (including Oxfam), United Nations agencies, and intergovernmental bodies.

- We use the 2020 peak numbers of people living in acute food insecurity after the start of the coronavirus pandemic as reported on the IPC website[13], as well as the prevalence of acute food insecurity. We have supplemented these figures with data from the Global Network Against Food Crises, a partnership[14] established by the European Union, the Food and Agriculture Organization of the United Nations (FAO), and the World Food Programme (WFP). Our analysis of the number of people living in acute food insecurity in 2017 likewise relied on IPC data[15].
- It is important to note that households are the unit of analysis in IPC surveys, which do not report sex-disaggregated data. Nevertheless, it is well known that crises frequently lead to economic collapse and increased work responsibilities for women and children, particularly unpaid care work at home. In general, women have fewer assets and lower incomes than men. When crises reduce economic opportunities, this leaves women in an extremely vulnerable position and at much greater risk of food insecurity[16].
- For funding gaps (see next section and Table 1) in the response to UN humanitarian appeals, we relied on data from OCHA's Financial Tracking Service[17]. This is the most comprehensive source of data on humanitarian funding. It is updated daily, so we are using the data as reported on 30 September 2020.

FUNDING GAP

Once again, the failure of the world's wealthy countries to provide the required resources has meant a scandalously inadequate response to UN humanitarian appeals. At of the end of September 2020, donors have provided just 28% ($2.85b) of the $10.19b requested in the UN Global Humanitarian Response Plan for COVID-19. Breaking that figure down by sector, it falls to 10.6% ($254.4m provided out of $2.4b requested) for food security and a paltry 3.2% ($7.9m provided, $247.8m requested) for nutrition[18]. Appeals for combatting gender-based violence (58%, $29.3m provided, $50.6m requested), protection (27%, $90.8m provided, $336.7m requested million), health (26.6%, $637.7m provided, $2.4b requested) and water, sanitation and hygiene (WASH) (17.2%, $144m provided, $837.5m requested) have fared somewhat better, but these

sectors also face significant funding gaps.

Looking at the countries with serious levels of acute food insecurity, including countries at risk of further deterioration into famine, Table 1 shows that donors have provided **on average less than one-third** (32.1%) of the resources needed to combat the coronavirus and 40% of the required non-COVID humanitarian assistance. Except in Afghanistan, donors have failed to provide even 40% of the requested COVID-related food security funding, and the figure falls below 6% in DRC and Somalia (there was no COVID food security appeal for Yemen). The figure is below 50% for non-COVID food security aid as well, except in Somalia. **The donor response to appeals for COVID-related nutrition assistance is at 0% for five of the countries** and less than 10% for Afghanistan and South Sudan. The low response rates (under 45% for all seven countries) to appeals for COVID-related health assistance are notable. Although the WASH sector has attracted about half of the COVID-related requirements in Nigeria, funding levels are very low everywhere else for both COVID-related and non-COVID assistance.

Between January and September 2020, the number of people in acute food insecurity nearly tripled in Burkina Faso, from 1.2 to 3.3 million. In the same period, the humanitarian response funding requirements increased by 44%, from $295 million to $424.4 million[19]. The country faces serious insecurity, severe flooding, and a significant COVID-19 caseload[20].

Responding to recurrent food crises is hugely expensive and requires massive levels of funding year after year, especially as the number of people living with chronic and acute food insecurity continues to increase. Investments in livelihoods and local food systems are crucial and will support resilience and more sustainable solutions, particularly when combined with social safety nets that help mitigate the effects of shocks. More generally, it is essential that donors as well as aid actors respond according to a Nexus approach, recognizing that there are no humanitarian solutions to complex socio-political crises and providing joined-up short-term emergency response programmes with longer-term social change processes in development, which should contribute to building better, more resilient and sustainable local and national systems that are able to thrive and not simply survive.

Table 1. Humanitarian Funding Gaps[21]

Country	% of total UN Human-itarian Appeal Funded	% of Food Security Appeal Funded	% of Nutrition Appeal Funded	% of Health Appeal Funded	% of WASH Appeal Funded
Afghanistan	Non-COVID: 33.2% ($244m of $735.4m)	Non-COVID: 20.4% ($63.2m of $309.6m)	Non-COVID: 28.8% ($20.9m)	Non-COVID: 14.0% ($8.9m)	Non-COVID: 11.4% ($9.7m)
	COVID: 31.8% ($125.8m of $395.7m)	COVID: 60.9% ($37m of $60.7m)	COVID: 9.3% ($3.9m)	COVID: 13.4% ($14.5m)	COVID: 13.3% ($9m)

Somalia	Non-COVID: 65.8% ($516m of $784.3m)	Non-COVID: 73.9% ($208m of $281.3m)	Non-COVID: 45.1% ($63.2m of $140.1m)	Non-COVID: 23.2% ($12.9m of $55.7m)	Non-COVID: 34.1% ($26.9m of $78.9m)
	COVID: 30.2% ($68.1m of $225.6m)	COVID: 5.4% ($3.5m of $64.1m)	COVID: 0% (of $1.8m)	COVID: 37.7% ($18m of $47.6m)	COVID: 2.1% ($0.7m of $32.3m)
Burkina Faso	Non-COVID: 35.5% ($113.1m of $318.4m)	Non-COVID: 36.0% ($45m of $125.1m)	Non-COVID: 23.2% ($6.1m of $26.1m)	Non-COVID: 27.9% ($6.6m of $23.6m)	Non-COVID: 12.6% ($5.4m of $42.7m)
	COVID: 43.4% ($45.9m of $105.9m)	COVID: 30.7% ($16.2mof $52.8m)	COVID: 0% (of $2m)	COVID: 43.2% ($7.4m of $17.1m)	COVID: 3.9% ($0.7m of $17.8m)
DRC	Non-COVID: 21.1% ($379.4m of $1.79b)	Non-COVID: 17.2% ($137.8m of $802.4m)	Non-COVID: 18.8% ($37.8m of $200.8m)	Non-COVID: 3.4% ($5.8m of $169.6m)	Non-COVID: 4.0% ($6.9m of $174.6m)
	COVID: 32.6% ($89.4m of $274.5m)	COVID: 5.0% ($4.3m of $85.6m)	COVID: 0% (of $17.4m)	COVID: 33.6% ($21m of $62.5m)	COVID: 20.3% ($5.5m of $27m)
Northern Nigeria	Non-COVID: 43.4% ($363.3m of $838m)	Non-COVID: 34.8% ($73.8m of $212.2m)	Non-COVID: 2.1% ($2m of $93.4m)	Non-COVID: 8.0% ($6.9m of $86.2m)	Non-COVID: 2.7% ($2.3m of $86.5m)
	COVID: 24.7% ($59.9m of $242.4m)	COVID: 13.7% ($14m of $102.5m)	COVID: 0% (of $10m)	COVID: 14.7% ($7.9m of $53.8m)	COVID: 51.9% ($9.2m of $17.7m)
South Sudan	Non-COVID: 40.8% ($619.1m of $1.52b)	Non-COVID: 44.0% ($282.6mof $642.4m)	Non-COVID: 42.4% ($94.7m of $223.4m)	Non-COVID: 10.5% ($12.9m of $122.6m)	Non-COVID: 11.1% ($14m of $126.8m)
	COVID: 22.2% ($85m of $383m)	COVID: 10.3% ($18m of $174.7m)	COVID: 8.6% ($0.5m of $6.2m)	COVID: 20.2% ($18.5m of $91.4m)	COVID: 20.7% ($9m of $43.4m)
Yemen	Non-COVID: 39.3% (no data available on sectoral allocation) ($1.18b of $3b requested)				
	COVID: 38.0% ($146.6m of $385.7m requested)	N/A	COVID: 0% ($9.6m requested)	COVID: 23.0% ($70m of $304.6m requested)	COVID: 12.6% ($3.5m of $28.2m requested)

Source: UN OCHA Financial Tracking Service, data as of 30 September 2020.

ECONOMIC IMPACT OF HUNGER

Even short-term famines can have devastating long-term impacts on a country and inhibit its economic progress for generations[22]. People affected by chronic hunger and malnutrition face lifelong consequences starting in childhood such as more frequent illness, poor school performance, having to repeat classes or dropping out altogether, having low productivity at work, and lower lifetime earnings. They are statistically more likely to live in lifetime poverty[23].

Child undernutrition has a cost: increased healthcare, additional burdens to the education system, and lower future productivity of a country's workforce. All this means that significant amounts of money are lost each year as a result of previous instances of extreme hunger[24]. We know from past experience that if we are able to ensure food security in low income countries it can lead to a doubling of economic growth, but failure to provide sufficient food has dire economic consequences. The threat of famine has a huge multiplier effect on the current economic crisis the world is facing due to the COVID-19 pandemic.

The current pandemic creates a vicious cycle that affects the food security of the poorest people more heavily than that of people who are better off or live in wealthier countries: low-income people rely on work in the informal sector, day-labour, or remittances[25]. They spend a greater proportion of their income on food, and are less likely to have access to formal safety nets like school meal programs for children's nutrition as education is disrupted by the pandemic. As noted above, women are particularly susceptible to crisis-induced food insecurity[26].

In July 2020, Oxfam was already alerting policy makers and the public that "between 6,000 and 12,000 people per day could die from hunger linked to the social and economic impacts of the pandemic before the end of the year"[27].

The long-term economic impact of famine is dire, but the corollary is that early intervention to prevent famine is, economically, one of the most efficient ways to help a country develop. With sufficient aid we can act now to break the cycle of poverty and hunger, prevent child stunting, and give these countries hope for the future. Early action not only saves lives, but it also avoids decades of harm. If governments are serious about mitigating the economic impact of the pandemic, they should invest now in preventing large segments of their populations falling into extreme hunger.

EARLY WARNING TOOLS EXIST

The failure to translate early warning into early action is not limited to the case of Somalia in 2011. Ahead of the 2016 World Humanitarian Summit, the international community committed to "addressing the humanitarian financing gap"[28], stressing the critical importance to shift the focus from response to prevention and mitigation and to recalibrate financing modalities accordingly. Similarly, the START network focuses on developing new funding instruments that enable humanitarians to mobilise collaboratively and predictably, to manage risks rather than to react to crises[29]. New commitments to early warning mechanisms[30], anticipatory crisis financing, and early action have been taken by international actors, including the World Bank, United Nations, the International Committee of the Red Cross, and other global organizations. This included the development of the Famine Action Mechanism (FAM) – the first global

mechanism dedicated to supporting upstream interventions in famine prevention, preparedness and early action[31] – but this has remained largely non-functional and mostly conceptual.

Although investing in early-warning systems on the assumption that improving the accuracy and reliability of early-warning information will enable earlier action sounds technically sensible, huge delays persist as today's crisis demonstrates. Ultimately, an effective response depends on a political decision to prioritise prevention and to release funds early[32].

URGENT NEED FOR POLITICAL ACTION

The political nature of crises – how a food system can trap "millions of people in hunger on a planet that produces more than enough food for everyone"[33] or the political grievances at the heart of conflicts – is well known.

The United Nations Security Council Resolution 2417[34], adopted on 24 May 2018, officially recognised the link between conflict and hunger and established food insecurity – including conflict-induced famine – as a threat to international peace and security. While conflict is not the only cause of hunger, looking at the countries of current concern, Yemen, Democratic Republic of Congo (DRC), Afghanistan, South Sudan, and Burkina Faso for example – the connection between the two is striking.

Many of the contexts that illustrate the intersecting trends of food insecurity, violations of international norms, lack of access to health care, and COVID-19, are not just centers of poverty; they also have the potential to create significant political instability in a given country, leading to possible security challenges. However, famine and food insecurity are not inevitable outcomes of these trends, but rather reflect political decisions taken by states and non-state actors.

The more than 55 million people on the brink of starvation today urgently need financial support and unimpeded access to humanitarian assistance. More decisively, they need to be confronted with a formidable increase in political will to invest in peace and resolve on-going conflicts. Today, again, we are facing a grave humanitarian crisis, yet humanitarian aid alone cannot solve it: there is an urgent need to 1) respond to the warnings and adequately fund the response as well as 2) support the UNSG's call for a global ceasefire, and to implement the subsequent UNSC resolution 2532[35] (2020), demanding a cessation of hostilities and engagement in ensuring a long-lasting, inclusive peace. Finally, it is essential to support and invest in social protection systems that provide long-term support to those in chronic need and can scale up in response to crises.

Decision makers, States and conflict parties must act unwaveringly to implement both UNSCR 2417 (2018) and UNSCR 2532 (2020). The opportunity to push the world's warring parties, as well as reluctant multilateralists, toward peace is not yet lost, and now is the time to act to prevent the death of millions.

RECOMMENDATIONS

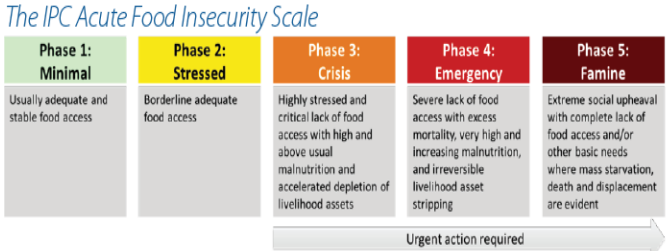
Just as in 2017, donors' present failure to adequately respond to the early signs of a food security emergency is making the situation catastrophically worse. As it did three

years ago, and again three months ago in its paper “the Hunger Virus”, Oxfam is sounding the alarm and calling for immediate humanitarian and political action.

It calls on relevant actors to:

- Provide adequate levels of funding for food assistance (in the form of cash or commodities as is most appropriate to the context) and life-saving support now, before more people face severe food insecurity or famine;
- Break the links between conflict and hunger and uphold UNSCR 2417 by allowing unfettered humanitarian access, so that people can move safely to reach aid – and humanitarian agencies can reach them in turn – and ensuring the protection of civilians in all military action;
- Invest in gender just, resilient food systems: Governments must commit to a high-level meeting at the UN Committee on World Food Security to co-ordinate measures to put fairer, gender just, resilient, and sustainable food systems at the heart of the post-pandemic recovery;
- Scale-up investments in small-scale and agro-ecological food production, ensure producers earn a living income by establishing minimum producer prices and other support mechanisms, and ensure workers earn a living wage;
- Commit to respond earlier to warning signs of future crises before they escalate, for example through anticipatory funding;
- Build people’s ability to cope better with future crises. Even without conflict, these countries will remain vulnerable to future food crises – including those from climate change – so it is essential to invest in livelihoods recovery, resilience building, and disaster risk reduction activities;
- Support robust and inclusive social protection systems as a key requirement to ensure food security for chronically food-insecure people and to scale up in future crises. Social protection systems can ensure support is given to women in otherwise gender-blind responses;
- Collect sex-disaggregated data on humanitarian needs so as to better address the different needs of women, men, girls, and boys. Action is also needed to address discrimination faced by women food producers on issues such as access to land, information, credit, and technology.

ANNEX: THE INTEGRATED FOOD SECURITY PHASE CLASSIFICATION SYSEM



The Integrated Food Security Phase Classification (IPC) is an initiative aimed at improving food security and nutrition analysis and decision-making. Governments, UN agencies, non-governmental organizations, civil society groups, and other relevant actors all use the IPC classification and analytical approach to measure the severity and

magnitude of acute and chronic food insecurity and acute malnutrition situations in a country. IPC employs internationally-recognized scientific standards. The goal of IPC is to provide decision-makers with a rigorous, evidence- and consensus-based analysis of food insecurity and acute malnutrition, to inform emergency responses as well as medium- and long-term policy and programming. Oxfam is one of the partners engaged in IPC.

Evidence requirements for IPC Phases 1-4 are the same for the purposes of classification and estimation of populations: evidence is required on at least two indicators for food consumption or livelihood change reflecting current conditions. In addition, at least four up-to-date pieces of evidence on contributing factors, such as agricultural production, market prices, or shocks should be available. This evidence has to be at least 'somewhat reliable', i.e. data collection has followed international standards but has limited representativeness, or data was collected before the current (agricultural) season.

For IPC Phase 5 (famine) classifications evidence requirements are stricter. Reliable evidence is required on at least two of the three of outcomes of nutritional status, mortality, or food consumption and livelihood change. However in typical famine situations it is not possible to conduct good quality, high representative surveys due to volatility of the situation and often problematic humanitarian access.

As a result with IPC it is also possible to classify a Famine Likely situation with somewhat reliable evidence on the same outcomes. For any Famine classification all available evidence needs to be at or above Famine thresholds and indicate widespread mortality and acute malnutrition levels, as well as large-scale food deprivation.

Source; IPC, Understanding the IPC: Q&A, http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Q_A.pdf.

NOTES

[1] https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621023/mb-the-hunger-virus-090720-en.pdf;jsessionid=9DE36A57852F50B8680C6A1D1C9D2DD4?sequence=1

[2] https://www.oxfam.org/en/press-releases/world-faces-unprecedented-famine-threat-g7-should-pay-and-push-peace

[3] https://news.un.org/en/story/2017/02/551812-famine-declared-region-south-sudan-un#.WZXyX1WGOM8

[4] https://www.bbc.co.uk/news/world-africa-22380352

[5] https://www.oxfam.org/en/research/dangerous-delay

[6] Food Security Information Network, *Global Report on Food Crises 2018,* Rome, FSIN, https://docs.wfp.org/api/documents/WFP-0000069227/download/?_ga=2.70077783.696744930.1601914700-1881597763.1596803250

[7] The four countries in 2017 were: South Sudan, Nigeria, Yemen and Somalia. Today, most of the food-insecure population in Somalia is at IPC 3.

[8] https://apnews.com/article/265e32c878846616c37936c927348d11

[9] https://www.oxfam.org/en/research/hunger-virus-how-covid-19-fuelling-hunger-hungry-world#:~:text=Learn%20more&text=COVID%2D19%20is%20deepening%20the,die%20from%20the%20disease%20itself; https://www.wfp.org/news/wfp-chief-warns-hunger-pandemic-covid-19-spreads-statement-un-security-council

[10] https://apnews.com/265e32c878846616c37936c927348d11

[11] See https://www.acaps.org/country/burkina-faso/crisis/conflict

[12] https://reliefweb.int/sites/reliefweb.int/files/resources/Extension%20Yemen%20HRP%202020_Final%20%281%29.pdf

[13] www.ipcinfo.org

[14] www.fightfoodcrises.net

[15] See https://policy-practice.oxfam.org.uk/publications/on-the-brink-as-famine-looms-world-leaders-must-pay-up-and-deliver-political-so-620268

[16] See for example, FAO, Gender, Food Security and Nutrition in Protracted Crises, 2016, http://www.fao.org/3/a-i6630e.pdf; see also FAO et al., The State of Food Security and Nutrition in the World, Rome, 2020, http://www.fao.org/3/ca9692en/online/ca9692en.html#

[17] https://fts.unocha.org/

[18] According to the United Nations' Committee on World Food Security, food security means that "all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.". See https://www.ifpri.org/topic/food-security. In contrast, nutrition security exists when, "in addition to having access to a healthy and balanced diet, people also have access to adequate caregiving practices and to a safe and clean environment that allows them to stay healthy and utilize the foods they eat effectively." See https://www.nutri-facts.org/content/dam/nutrifacts/media/media-books/RTGN_chapter_02.pdf, pp. 26-27.

[19] https://fts.unocha.org/countries/36/summary/2020; https://reliefweb.int/report/burkina-faso/burkina-faso-plan-de-r-ponse-humanitaire-2020-sommaire-ex-cutif-janvier-2020

[20] https://reliefweb.int/report/burkina-faso/burkina-faso-grip-triple-crisis-armed-conflict-covid-19-and-floods

[21] The figures in this table reflect the data reported by the UN OCHA FTS on 30 September 2020. The FTS is updated on a daily basis.

[22] See John Hoddinott and Bill Kinsey, Child Growth in the Time of Drought, Oxford Bulletin of Economics and Statistics 6(4): September 2001, 409-436.

[23] John Hoddinott et al., Adult consequences of growth failure in early childhood, Am J Clin Nutr. 2013 Nov; 98(5): 1170–1178.

[24] The World Bank, Repositioning nutrition as central to development, Washington, 2006.

[25] https://www.oxfam.org/en/press-releases/remittances-yemen-plummet-needs-surge-amid-war-and-coronavirus

[26] FAO, Gender, Food Security and Nutrition in Protracted Crises, 2016, http://www.fao.org/3/a-i6630e.pdf; FAO et al., The State of Food Security and Nutrition in the World, Rome, 2020, http://www.fao.org/3/ca9692en/online/ca9692en.html#

[27] https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621023/mb-the-hunger-virus-090720-en.pdf;jsessionid=9DE36A57852F50B8680C6A1D1C9D2DD4?sequence=1

[28] https://reliefweb.int/sites/reliefweb.int/files/resources/%5BHLP%20Report%5D%20Too%20important%20to%20fail%E2%80%94addressing%20the%20humanitarian%20financing%20gap.pdf

[29] https://startnetwork.org/anticipation-and-risk-financing

[30] https://www.theguardian.com/global-development/2020/aug/11/covid-to-displace-more-than-a-million-across-the-sahel-new-tool-predicts

[31] https://www.worldbank.org/en/programs/famine-early-action-mechanism

[32] https://www.chathamhouse.org/sites/default/files/public/Research/Energy%2C%20Environment%20and%20Development/0712pr_bailey.pdf

[33] https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621023/mb-the-hunger-virus-090720-en.pdf;jsessionid=9DE36A57852F50B8680C6A1D1C9D2DD4?sequence=1

[34] http://unscr.com/en/resolutions/doc/2417

[35] http://www.unscr.com/en/resolutions/doc/2532

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For further information on the issues raised in this paper please email advocacy@oxfaminternational.org

OXFAM

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