GENDER GAP IN ACCESS TO PALLIATIVE MEASURES ON COVID-19 PANDEMIC AMONG RURAL HOUSEHOLDS IN OGBOMOSO AGRICULTURAL ZONE OF OYO STATE, NIGERIA.

[1]Kayode, A.O, [2]Orimafo P.K and [3]Alabi, A.A
1: Department of Agricultural Extension and Rural Development, University of Ilorin, Ilorin
2. Department of Agricultural Extension and Rural Development, Ladoke Akintola University of Technology, Ogbomoso, Oyo State
3. Department of Agricultural Extension and Rural Development, Osun State University, Ejigbo, Osun State
E-mail Corresponding author: toyinkayode26@gmail.comTel: +2348067309397

ABSTRACT
Coronavirus disease 2019 (COVID-19) is continuing to spread around the world, causing hard times for many economies and sectors, including agriculture. However, the extent to which different gender (male and female) utilize palliative measures from various quarters in Ogbomoso Agricultural zone of Oyo State is unknown. The study therefore examined the gender differences in accessing palliative measures on covid-19 pandemic among rural households in Ogbomoso agricultural zone of Oyo. Multistage sampling procedure was employed to select 90 respondents for this study. The data were obtained with the aid of a questionnaire and data were analyzed using both descriptive (frequency count, percentage and mean) and inferential (Independent sample T-test) statistics using SPSS version 22. The result of the analysis showed that radio (WMS = 2.91) was the major source of awareness of Covid-19 pandemic among the male respondents while religious gathering (WMS = 2.96) was the major source of awareness of Covid-19 pandemic among the female respondents. It was also revealed that female had more access to palliative measures among rural households in Ogbomoso Agricultural zone of Oyo State. The result of independent sample T-test analysis indicated that female had a mean value of (16.22) in respect to their access to palliative measures as against mean value (14.49) recorded by their male counterpart. significant at 5% level. It was concluded that there is gender differences in accessing palliative measures among rural households in Ogbomoso Agricultural zone of Oyo State. Moreover, it was found that female had more access to palliative measures than their male counterparts. There is therefore need for all stakeholders in rural development to expedite efforts to address gender inequality in accessing palliative measures in the rural area since pandemics and outbreaks have differential impacts on women and men. Also, adequate representative and good-quality data is needed which allows for systematic research on equality in accessing palliative measures in the rural area.
Keywords:COVID-19, gender, livelihoods, rural, palliative measures

INTRODUCTION

The World Health Organization (WHO) On March 11, 2020, characterized COVID-19 as a pandemic, pointing to over 3 million cases and 207,973 deaths in 213 countries and territories (World Health Organization, 2020).The infection has not only become a public health crisis but has also affected the global economy, including agriculture. Significant economic impact has already occurred across the globe due to reduced productivity, loss of life, business closures, trade disruption, and decimation of the tourism industry. There has been ample information on the expected economic and health costs of infectious disease outbreaks (Yamey *et al*., 2017, Global Preparedness Monitoring Board, 2019), but the world has failed to adequately invest in preventive and preparedness measures to mitigate the risks of large epidemics.

Pandemics and outbreaks have differential impacts on women and men. From risk of exposure and biological susceptibility to infection to the social and economic implications, individuals' experiences are likely to vary according to their biological and gender characteristics and their interaction with other social determinants. Because of this, global and national strategic plans for COVID-19 preparedness and response must be grounded in strong gender analysis and must ensure meaningful participation of affected groups, including women and girls, in decision-making and implementation. Several studies predict that women are more likely to lose their jobs during the covid-19 crisis, due to their over-representation in highly-affected sectors. Previous recessions have typically hit male-dominated sectors (e.g. manufacturing and construction), while the covid pandemic has hit services (e.g. restaurants, hotels, travel) heavily, which are more female dominated. Alon *et al*. (2020) also discuss how the labour market effects on women (and mothers in particular) are likely to be persistent, since previous research shows that job losses overall, and in recessions, lead to persistent earnings losses (Davis and von Watcher, 2011).

With globalization, urbanization, and environmental change, infectious disease outbreaks and epidemics have become global threats requiring a collective response. Although the majority of developed countries, predominantly European and North American, have strong real-time surveillance and health systems to manage infectious disease spread, improvements in public health capacity in low-income and high-risk countries—including human and animal surveillance, workforce

preparedness, and strengthening laboratory resources—need to be supported by using national resources supplemented with international donor funding. International collective action among governments, non-government organizations, and private companies has been advocated in building and financing technological platforms to accelerate the research on and development response to new pathogens with epidemic potential (Yamey *et al*., 2017, Katz *et al*., 2018). In the case of COVID-19, such cooperation is critical, especially for the development and production of a vaccine. Palliative measures in different forms had been implemented in many quarters, however, there is little information on gender equality or inequality in accessing those palliative measures put in place in cushioning the effects of the Covid-19 pandemic.

From the foregoing, there is need for an assessment of gender differences in accessing palliative measures on covid-19 pandemic among rural households in Ogbomoso agricultural zone of Oyo State. The study was design to:

(1) describe the socio-economic characteristics of the rural family in Ogbomoso agricultural zone of Oyo State;

(2) determine the Sources of awareness of Covid-19 pandemic; and

(3) ascertain the level of access to palliative measures on Covid-19 pandemic in the study area.

METHODOLOGY

The study was carried out in Ogbomoso Agricultural Zone of Oyo State. Ogbomoso Agricultural Zone is made up of five Local Government Areas (LGAs), namely Ogbomoso North Local Government Area (LGA), Ogbomoso South LGA, Ogo-Oluwa LGA, Oriire LGA and Surulere LGA respectively.A Multi Stage Sampling technique was used to select 90 respondents which involves purposive selection of three Local Government Areas (Oriire, Surulere and Ogo-Oluwa) rural in nature. Random selection of 3 wards out of 14 wards from each of the selected Local Government Areas. Ten (10) rural households each from the selected wards were randomly chosen for the study.Data collection from the respondents was mainly through structured questionnaire. Information contained in the structured questionnaire were based on the objectives of the study.

Moreover, sources of awareness of Covid-19 pandemic and access to preventive measures against Covid-19 pandemic were measured on 3-point scale of very often (3), often (2), rarely (1) and not at all (0).The expected mean rank of 3.0 was used to make decisions. Also, the level of access to palliative measures was measured using a five point Likert type scale of Strongly Disagree (1), Disagree (2), Undecided (3), Agree(4), Strongly Agree(5) the weighted mean score was decided and used to rank the measures..Data were analyzed using both descriptive (frequency count, percentage,weighted mean score and mean) and inferential (Independence Sample T-test) .

RESULTS AND DISCUSSIONS

Socio-economic Characteristics of the Respondents

Table 1 below shows the socio-economic characteristics of the respondents. About 40.0% of the respondents were between 41 – 50years in age which has the highest percentage while those in the age range ≤ 30years had the least percentage of 1.1% which means that the age range above between 41 – 50 years is the dominant age of rural families in the study area. The mean age of all the respondents was approximately 50years while that of male and female were 50 and 51 which implies that majority of these respondents are still in their active years and productive age. This finding is in line with the report of Umen *et al.* (2013) which pointed out that many rural dwellers are still in their active and energetic ages and still find pleasure in agricultural activities. The distribution of the households by marital status shows that majority of the respondents were married (92.5%). Moreover, about 95.7% of the male and 93.4% of the female were married. This finding is in collaboration with other findings which established the fact that most rural households are married with the sole aim of child bearing (Apata and Shittu, 2012). The mean value of the household size is approximately 6. This is in line with the report of Nkiru and Elizabeth (2009) which stated that large families appeared to be more participating in local livelihood activities in order to cater for their family needs. The education distribution of the respondents shows that 11.1% of the respondents had no formal educational while the remaining respondents had non-formal and formal education (88.9%). This shows that respondents in the study are not illiterate, the high education level can increase the productivity of the respondents because it has been shown that farmers with high education level will be able to adopt new technologies in production. This agrees with the findings of Mugisha and Alobo (2012) that education improves one's ability to understand and assimilate information. Similarly, this is in support of Nwachukwu *et al.* (2008) who stated that farmers with more years of schooling tends to participate more in agricultural programme (Fadama project) than those with no formal education at all. Majority of the respondents engaged primarily in farming (67.8%; 70.1% male and 60.7% of female). The study corroborates the World Bank (2006) in the work titled "Where is the wealth of nations? Measuring capital for the 21st century" where more than 60.0 percent of their respondents engaged in farming (agriculture-dependent). It was also revealed that majority of the respondents had a mean farming experience of 24 years while male and female respondents had an average farming experience of 24 and 25 years respectively. This shows that farmers in

the study area are very experienced in their production and can make many observations in their productivity level. The farm size distribution of the respondents showed that 50.0% of the respondents cultivated between 1.0-2.0 hectare of land while the remaining 50.0%of the respondents cultivated above 2.0 hectare of farmland. The average farmland cultivated is approximately 2.68 hectares. The small farm size cultivated can result in the yield/output being small thereby affecting the level of productivity and also their income.

Table 1: Distribution of respondents bySocio-economic Characteristics (n = 90)

Socio-economic Characteristics	Male (n = 67)		Female (n = 23)		Pooled (n = 90)	
	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
Age						
≤ 30	0	0.0	1	4.3	1	1.1
31 – 40	8	12.0	2	8.7	10	11.1
41 – 50	26	38.8	10	43.5	36	40.0
51-60	25	37.2	8	34.8	33	36.7
Above 60	8	12.0	2	8.7	10	11.1
Mean	51		50		51	
Marital status						
Single	2	3.0	1	4.3	3	3.3
Married	62	92.5	22	95.7	84	93.4
Separated	0	0.0	0	0.0	0	0.0
Widowed	3	4.5	0	0.0	3	3.3
Household size (Person)						
1 – 2	1	1.5	0	0.0	1	1.1
3 – 4	2	3.0	1	4.3	3	3.3
5 – 6	40	59.7	13	56.5	53	58.9
Above 6	24	35.8	9	39.2	33	36.7
Mean	6		6		6	
Level of education						
No formal education	8	11.9	2	8.7	10	11.1
Primary school education	34	50.7	8	34.8	42	46.7
Secondaryschool education	18	26.9	11	47.8	29	32.2
Tertiary education	6	9.0	2	8.7	8	8.9
Non-formal education	1	1.5	0	0.0	1	1.1
Primary occupation						
Farming	47	70.1	14	60.9	61	67.8
Herding	2	3.0	0	0.0	2	2.2
Trading	7	10.4	3	13.0	10	11.1
Civil servant	3	4.5	1	4.3	4	4.4
Artisan activities	8	11.9	5	21.7	13	14.5
Years of participating in farming						
≤ 10	6	9.0	3	13.0	9	10.0
11 – 20	23	34.3	4	17.4	27	30.0
21 – 30	29	43.3	12	52.2	41	45.6
Above 30	9	13.4	4	17.4	13	14.4
Mean	24		25		24	
Farm size (Hectares)						
1.0 – 2.0	35	52.3	10	43.5	45	50.0
2.1 – 3.0	23	34.3	8	34.8	31	34.4
3.1 – 4.0	8	11.9	3	13.0	11	12.3
Above 4.0	1	1.5	2	8.7	3	3.3
Mean	2.60		2.91		2.68	

Source: Field survey, 2020

Sources of awareness of Covid-19 pandemic in the study area

Based on the result in the Table 2, the sources of awareness of Covid-19 pandemic identified in the study area in their rank order include friends/relatives (WMS = 2.90), radio (WMS = 2.89), religious gathering (WMS = 2.88), social organization (WMS = 2.84), community leaders (WMS = 2.70), political leaders (WMS = 2.23), Extension agents (WSM = 2.10), NCDC (WMS =

1.97), television (WMS = 1.72), posters (WMS = 1.41), newspapers/bulletin (WMS = 1.26), NGO (WMS = 0.98), social media platforms (WMS = 0.31) and internet (WMS = 0.27).Moreover, radio (WMS = 2.91) was the major source of awareness of Covid-19 pandemic among the male respondents while religious gathering (WMS = 2.96) was the major source of awareness of Covid-19 pandemic among the female respondents. It was revealed that the major sources of awareness of Covid-19 pandemic range from radio, religious gathering, friends/relatives and social organization in the study area. The finding therefore indicates that diverse sources were utilized to create awareness of Covid-19 pandemic.

Table 3.2a:Distributionof respondents by Sources of awareness of Covid-19 pandemic (n = 90)

Sources of awareness of Covid-19 pandemic	Frequency of occurrence					
	Male		Female		Pooled	
	WMS	Rank	WMS	Rank	WMS	Rank
NCDC	1.93	8th	2.09	6th	1.97	8th
Radio	2.91	1st	2.83	2nd	2.89	2nd
Television	1.81	9th	1.48	9th	1.72	9th
Friends/relatives	2.90	2nd	2.91	3rd	2.90	1st
Newspapers/bulletin	1.30	12th	1.13	12th	1.26	12th
Internet	0.24	15th	0.35	14th	0.27	15th
Social media platforms	0.30	14th	0.35	14th	0.31	14th
Community leaders	2.72	5th	2.65	5th	2.70	5th
Social organization	2.85	3rd	2.83	3rd	2.84	4th
Religious gathering	2.85	3rd	2.96	1st	2.88	3rd
Political leaders	2.28	6th	2.09	6th	2.23	6th
Posters	1.40	11th	1.43	10th	1.41	11th
NGO	0.66	13th	1.13	12th	0.98	13th
Extension agents	2.13	7th	2.00	8th	2.10	7th
School management	1.55	10th	1.30	10th	1.49	10th

SA = Strongly Disagree; A = Agree; U = Undecided; D = Disagree; SD = Strongly Disagree
Source: Field survey, 2020

Categorization of level of awareness of Covid-19 pandemic

Table 3showed the distribution of respondents by categorization of level of awareness of Covid-19 pandemic. Based on the finding, about 63.3% of the respondents were aware of Covid-19 on moderate level, 20.0% of the respondents were aware of Covid-19 at high level while 16.7% of the respondents were aware of Covid-19 at low level. Moreover, more of female respondents were aware of Covid-19 both at moderate and high level respectively.

Table 3 : Distribution of respondents by Categorization of level of awareness of Covid-19 pandemic (n = 90)

Categorization of level of awareness of Covid-19 pandemic	Male (n = 67)		Female (n = 23)		Pooled (n = 90)	
	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
Low	12	34.3	3	13.0	15	16.7
Medium	42	62.7	15	65.2	57	63.3
High	13	19.4	5	21.8	18	20.0
Mean	27.82		27.52		27.74	
Standard dev.	5.947		4.601		5.610	

Source: Field survey, 2020

4. Level of Access to Palliative measures on Covid-19 in the study area

Based on the result in the Table 4, the level of access to Palliative measures on Covid-19 pandemic identified in the study area in their rank order include donation of protective gadgets (face masks, hand sanitizers, etc.) (WMS = 2.83), donation of food items (WMS = WMS = 2.08), innovative strategies to ensure continue and access to education (remote learning and expansion of digital connectivity) (WMS = 1.66), free trainings and seminars (WMS = 1.41), free data and SMS (WMS = 0.99), donation of clothing materials (WMS = 0.87), Given loans/ Working capital finance (WMS = 0.84), cash transfer to poorest and vulnerable groups (WMS = 0.83), financial support from government/financial

institutions (WMS = 0.81),free and Safe transportation scheme (WMS = 0.46), social insurance (WMS = 0.42), job protection (WMS = 0.40), workers income/salary (WMS = 0.40), free access to electricity supply (WMS = 0.27), appropriately designed public works (WMS = 0.26), tax relief (WMS = 0.19), wage subsidies (WMS = 0.09), employment guarantees/retention (WMS = 0.07) and debt relief (WMS = 0.07). Moreover, it was revealed that most of the respondents had more access to protective gadgets (face masks, hand sanitizers, etc.), food items and Innovative strategies to ensure continue and access to education (remote learning and expansion of digital connectivity) as palliative measures on Covid-19.

Table 4:Distributionof respondents by level of access to Palliative measures on Covid-19 pandemic (n = 90)

Palliative measures on Covid-19 pandemic	Frequency of occurrence					
	Male		Female		Pooled	
	WMS	Rank	WMS	Rank	WMS	Rank
Donation of protective gadgets (face masks, hand sanitizers, etc.)	2.84	1st	2.83	1st	2.83	1st
Cash transfer to poorest and vulnerable groups	0.70	8th	1.22	6th	0.83	8th
Financial support from government/financial institutions	0.67	9th	1.22	6th	0.81	9th
Donation of food items	2.10	2nd	2.00	2nd	2.08	2nd
Donation of clothing materials	0.78	6th	1.13	9th	0.87	6th
Given loans/ Working capital finance	0.73	7th	1.17	8th	0.84	7th
Free trainings and seminars	1.34	4th	1.61	4th	1.41	4th
Free and Safe transportation scheme	0.43	11th	0.52	10th	0.46	10th
Free access to electricity supply	0.25	14th	0.32	15th	0.27	14th
Appropriately designed public works	0.22	15th	0.35	13th	0.26	15th
Social insurance	0.43	11th	0.39	12th	0.42	11th
Free data and SMS	0.84	5th	1.43	5th	0.99	5th
Job protection	0.36	13th	0.52	10th	0.40	12th
Employment guarantees/retention	0.09	18th	0.00	17th	0.07	18th
Wage subsidies	0.12	17th	0.00	17th	0.09	17th
Tax relief	0.13	16th	0.35	13th	0.19	16th
Debt relief	0.09	18th	0.00	17th	0.07	18th
Innovative strategies to ensure continue and access to education (remote learning and Expansion of digital connectivity)	1.60	3rd	1.83	3rd	1.66	3rd
Workers income/salary	0.49	10th	0.13	16th	0.40	12th

SA = Strongly Disagree; A = Agree; U = Undecided; D = Disagree; SD = Strongly Disagree
Source: Field survey, 2020

Categorization oflevel of access to palliative measureson Covid-19 pandemic

Table 5showed the distribution of respondents by categorization of level of access to palliative measures on Covid-19 pandemic.Based on the finding, about 71.1% of the respondents had access to palliative measures on Covid-19 pandemic on moderate level, 16.7% of the respondents had access to palliative measures on Covid-19 pandemic at high level while 12.2% of the respondents had access to palliative measures on Covid-19 pandemic at low level. Moreover, more of female respondents had access to palliative measures on Covid-19 pandemic at high level. Given that a large part of gender inequality is driven by unequal division of labour within the household, the extent to which men pick up some of these tasks during confinement could lead to shifts in societal norms (Alon *et al*., 2020; Hapucheck and Petrongolo, 2020). This has potential to counter some of the losses experienced by women during this crisis. An additional factor that could counter the setbacks to women is that businesses may become more open to flexibility and remote work, which may help with balancing of family and work obligations (Alon *et al*., 2020).

Table 5: Distributionof respondents by level of access to Categorization of level to palliative measureson Covid-19 pandemic

Categorization of level to palliative measureson Covid-19 pandemic	Male		Female		Pooled	
	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
Low	6	9.0	**5**	**21.7**	**11**	**12.2**
Medium	51	76.1	**13**	**56.6**	**64**	**71.1**
High	10	14.9	**5**	**21.7**	**15**	**16.7**
Mean	14.22		17.00		**14.93**	
Standard dev.	6.719		5.745		**6.567**	

Source: Field survey, 2020

Hypothesis

H0: There is no significantdifference in the level of access to palliative measures on Covid- 19 pandemic between male and female respondents

Mean difference in the level of access to palliative measures on Covid-19 pandemic

Table 6showed the result of independent sample t-test analysis between male and female as regards the level of access to palliative measures on Covid-19 pandemic. Based on the finding, the male had a mean of 14.49 while the female had a mean of 16.22 as regards the level of access to palliative measures on Covid-19 pandemic. The mean difference was found to be 1.725. Though the mean difference between male and female respondents was not significant but women seems to have more access to palliative measures from various quarters (federal, state, local government, NGOs, individual, religious bodies) than their male counterparts. It has been hypothesized that women are more likely to be affected during the covid-19 crisis, due to their over-representation in highly-affected sectors. Previous recessions have typically hit male-dominated sectors (e.g. manufacturing and construction), while the covid pandemic has hit services (e.g. restaurants, hotels, travel) heavily, which are more female dominated (Alon *et al*., (2020). Given the unequal division of childcare and household tasks before the crisis, this would translate into a large increase in the burden on mothers. Consistent with the aforementioned assumption, Alon *et al*. (2020) reiterated how the labour market effects on women (and mothers in particular) are likely to be persistent, since previous research shows that job losses overall, and in recessions, lead to persistent earnings losses (Davis and von Watcher, 2011). Based on this development, women are expected to benefit from various palliative measures than their male counterparts.

Table 6: Result of independent sample T-test analysis showing Mean difference in the level of access to palliative measures on Covid-19 pandemic

Group Statistics

Sex	N	Mean	Std. Deviation	Std. Error Mean
Male	67	14.49	5.552	.678
Female	23	16.22	8.924	1.861

Access to palliative measures on Covid-19 pandemic						
	F-Value	Df	Mean Difference	F- value	T-value	p-value
	3.736	88	1.725	3.736	1.088	0.056

CONCLUSION

This paper assessed gender differences in accessing palliative measures among rural family in Ogbomoso Agricultural zone of Oyo State. It was found that female had more access to palliative measures than their male counterparts.

RECOMMENDATIONS

There is need for all stakeholders in rural development to expedite efforts to address gender inequality in accessing palliative measures in the rural area since pandemics and outbreaks have differential impacts on women and men.

Adequate representative and good-quality data is needed which allows for systematic research on equality in accessing palliative measures in the rural area.

It is also necessary for all stakeholders in rural development to produce sound evidence from rural area in the developing countries and to suggest a model which helps to identify paths of reducing inequality in resources sharing. This will reduce environmental and social costs, and allow for sustainable development and improved livelihoods in developing countries.

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