

FINAL TERMS OF REFERENCE

Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to COVID-19

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Abstract

Understanding the role of international development co-operation in supporting national response efforts to the COVID-19 pandemic is crucial to learning lessons and informing future co-ordination and crisis preparedness. This Strategic Joint Evaluation will document the collective response to the COVID-19 pandemic, inclusive of both national and international efforts, with a focus on the role of development co-operation and humanitarian assistance. It will include case studies of select responses, and a thematic focus on equitable access to vaccinations. This study will answer evaluative questions about the overall response effort, covering issues of relevance, coherence, effectiveness and efficiency. It will fill a specific knowledge gap on the collective response of bilateral providers in particular. The evaluation will generate useful lessons and good practices to inform future co-operation and crisis preparedness for governments and development agencies. It will be conducted by the OECD under the auspices of the COVID-19 Global Evaluation Coalition. The evaluation will be guided by Coalition participants through a representative Steering Group, and will follow the principles and values it has established.

1. Context and introduction

The COVID-19 pandemic exacerbated inequalities within and between countries and affected the world's poorest and most vulnerable people most. Beyond the direct health and humanitarian crises, COVID-19 caused devastating socio-economic side effects. It disrupted worldwide trade, pushed 93 million additional people into extreme poverty and put an estimated 24 million learners (pre-primary to university) at risk of not returning to school.¹ It is well documented that progress toward the achievement of the sustainable development goals (SDGs) has slowed, and in some cases reversed course.

In response, the international community provided ambitious support to developing countries to confront the health and humanitarian crises, help mitigate the socio-economic fallout and build back better. The pandemic was an unprecedented test of development co-operation's ability to react quickly, adapt to shifting priorities, mobilise and reallocate resources, and co-ordinate at scale. Understanding the role of international development co-operation in supporting national response efforts is crucial to learning lessons and informing future co-ordination and crisis preparedness.

This Strategic Joint Evaluation is being conducted under the auspices of the COVID-19 Global Evaluation Coalition (the "Coalition"). The Coalition is a collaborative project of the independent or central evaluation units of governments (OECD and non-OECD), United Nations organisations, and multilateral institutions.

The Coalition provides credible evidence to inform international co-operation supporting non-clinical responses to and recovery from the COVID-19 pandemic, helping to ensure that lessons are learned and that the global development community delivers on its promises. The evaluation responds to a strong interest in a high-level evaluation of the overall global response to COVID-19, which was initially expressed by Coalition participants in 2020 and confirmed during a series of learning and planning workshops held in November 2021.

1.1. Relevant studies

In 2021, as a first phase of strategically examining and learning from the overall response, the Coalition conducted a synthesis of early lessons and emerging evidence on the initial COVID-19 pandemic response efforts.² The synthesis findings were presented to development agencies to support actors involved to learn and take actions to improve the ongoing effort.

The evaluation units of individual governments and organisations have launched evaluations and internal reviews of their respective response efforts, many of which are ongoing. Similarly, several global evaluations have been conducted with a focus on different aspects of the international response to COVID-19. These include the Inter-Agency Evaluation of the COVID-19 Humanitarian Response,³ evaluations of the World Bank⁴ and IMF⁵ responses, and the System-Wide Evaluation of the UNDS Response to COVID-19.⁶ MOPAN's Assessment of the Multilateral System and COVID-19⁷ also contains relevant insights.

A number of relevant studies have also been completed or are underway with a focus on vaccines and equitable access. This includes an evaluation of COVAX by GAVI⁸, the WHO's ACT-Accelerator Strategic Review,⁹ the Evaluation of CEPI's COVID-19 Vaccine Development Agreements, the Evaluation of GAVI's Response to COVID-19,¹⁰ and several real-time assessments of UNICEF's support to the COVID-19 vaccine roll out and immunization programme strengthening.¹¹

1.2. National responses to COVID-19

All governments took action to reduce the spread of the virus, test and treat the ill, and mitigate the socio-economic consequences of COVID-19. Pre-existing structural challenges, however, hampered response efforts in many countries. Weak healthcare systems, challenging containment conditions, larger informal economies, and smaller scope for fiscal and monetary policy restricted the ability of many low- and middle-income countries to respond to the multifaceted challenges triggered by COVID-19. The international development and humanitarian community was called on to support and complement national measures.

1.3. Development co-operation and humanitarian assistance in 2020-2021

The early months of the pandemic prompted many expressions of global and regional solidarity, emphasising the need for an increased focus on the impacts – especially secondary socio-economic effects – of COVID-19. In April 2020, OECD Development Assistance Committee (DAC) members issued a joint statement on COVID-19 wherein they agreed to “strive to protect ODA budgets, encourage other financial flows to support governments and communities in partner countries, and invite other development co-operation partners to do the same.” They also agreed to “endeavour to support Least Developed Countries and other countries with specific needs via a coherent and co-ordinated humanitarian-development-peace response”.¹²

Bilateral development agencies adopted different approaches to respond. Support was provided bilaterally, from donor to recipient country (including through multi-bi support at country level), and through core and earmarked contributions to multilateral institutions and funds, including United Nations organisations, the IMF, regional banks, and the World Bank.

While official development assistance (ODA) rose in sixteen DAC member countries in 2020, it fell in thirteen. Some members were able to substantially increase their budgets, rapidly mobilising additional funding to support developing countries to face COVID-19. These increases were able to offset cuts from other countries, and total ODA support reached USD 161.2 billion in 2020, its highest level ever. Initial estimates indicate that DAC countries spent USD 12 billion in 2020 on COVID-19 related activities¹³. In 2021, foreign aid from official donors rose again to USD 178.9 billion, an estimated USD 18.7 billion of which went specifically to COVID-19 activities. Total ODA for COVID-19 vaccine donations amounted to USD 6.3 billion in 2021: USD 2.3 billion for donations of doses in excess from domestic supply, USD 3.5 billion for donations of doses specifically purchased for developing countries, and USD 0.5 billion in ancillary costs.¹⁴

1.4. Equitable access to vaccines and vaccination roll-outs

From early on, equitable access to COVID-19 vaccines was considered a matter of global solidarity and a priority solution to ending the pandemic. This was articulated through both individual and joint commitments. In September 2021, global leaders attending the Global COVID-19 Summit pledged financing, dose donations, and support for country readiness and delivery, all in an effort to enable equitable access to COVID-19 vaccines.

In October 2021, WHO released the Strategy to Achieve Global COVID-19 Vaccination by Mid-2022, setting a global target to vaccinate 70% of the world’s population by mid-2022. As of October 2022, this target has not been met and there remains a significant gap in the share of vaccinated people when comparing low- and high-income countries. Vaccination rates of those vaccinated with at least one dose currently sit at 24% in low-income countries and 73% in high-income countries.¹⁵

The major global initiative formed to help ensure equitable access to vaccines, diagnostics and treatment is the global Access to COVID-19 Tools Accelerator (ACT-A).¹⁶ The ACT-Accelerator has three

pillars (diagnostics, therapeutics and vaccines) and a health systems connector. COVAX is an integral part of the vaccine pillar and is convened by GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO. The COVAX facility includes the COVAX AMC, which aims to ensure that a share of vaccines is made available to low- and high-income countries alike. More than 86% of all contributions to ACT-A pledged to date (and 90% of contributions to COVAX) have come from DAC members.¹⁷

Countries also donated vaccine doses. As those donations were a form of aid in-kind, they were eligible to be counted as ODA. The vast majority of DAC members agreed to apply a price of USD 6.72 per vaccine dose – the weighted average price of vaccines aligned with COVAX – with necessary safeguards.¹⁸ In addition, development and humanitarian partners have worked with national leaders and local communities to support equitable and effective vaccine roll-out in various other ways, including through support to health systems, combating mis- and dis-information, and training and deploying health workers.

2. Evaluation value add, objectives and scope

2.1. Evaluation purpose and value add

The purpose of this evaluation is to document the collective response of international development and humanitarian assistance providers to COVID-19, inclusive of efforts to support equitable access to vaccines and vaccination roll-outs. By analysing the effectiveness of the response at the country-level, inclusive of national, bilateral and multilateral efforts, it will provide a system-wide perspective not covered by other analyses. In particular, the evaluation responds to a knowledge gap concerning the overall response of bilateral donors. It will assess how different approaches have fared in terms of enabling co-ordination, aligning limited resources to needs, and responding in a timely manner.

The goal is to generate credible evidence and draw lessons to support development co-operation providers and partners in ongoing response and recovery efforts, and to inform future co-operation and crisis preparedness. It will build on and complement ongoing evaluation, research, and synthesis work from the COVID-19 Global Evaluation Coalition and beyond.

2.2. Key users and expected impact

The primary anticipated users of the evaluation are the policy and decision makers of humanitarian and development agencies, and advocates for improving the effectiveness and impacts of development co-operation. This includes the intended beneficiaries, local communities and governments of partner countries, as well as multilateral organisations, UN agencies, bilateral donors and other actors who provided critical support to low- and middle-income countries during the COVID-19 pandemic. Additionally, the evaluation will inform the public, thereby strengthening accountability for results.

The results and findings from the evaluation will advance learning, contribute to informed decision-making, support policy development and programme delivery, and inform future crisis preparedness. By covering the responses of multiple actors, and in multiple contexts, the evaluation will enable a more nuanced (and useful) drawing of lessons that can guide both individual and collective action.

2.3. Objectives

The evaluation has three objectives:

1. Document the collective response to COVID-19 of state and non-state actors with a focus on where support was concentrated, how, and why.

2. Answer evaluative questions of relevance, coherence, effectiveness and efficiency about the overall response effort.
3. Generate useful lessons and good practices to inform future co-operation and crisis preparedness for governments, communities, development agencies and others.

2.4. Scope

The evaluation will assess the collective international development and humanitarian assistance response to COVID-19, including both the direct and indirect impacts of the pandemic.¹⁹ The evaluation is global in scope, covering all efforts in countries and territories eligible to receive official development assistance.²⁰ It will be inclusive of various types of co-operation including south-south and triangular co-operation.

While all development co-operation and humanitarian assistance is in scope, emphasis will be placed on bilateral responses, which are relatively under-evaluated compared to the responses of UN and multilateral institutions.

The period of focus is 1 January 2020 to 31 December 2021. This will be complemented by an analysis of longer term trends in international co-operation to contextualize the assessment of COVID-19.

Due to the global nature of the pandemic, the evaluation cannot feasibly assess, in-depth, the responses of all actors nor the overall response in all ODA-recipient countries. Instead, subsets of both providers and partner countries will be selected for case study.

Other limitations of the evaluation – and mitigating measures – will be detailed in the inception report.

Thematic focus on equitable access to vaccines and vaccination roll-outs

Equitable access to vaccines and vaccination roll-outs will be a key focus of the evaluation. The study will look at both support for equitable access to vaccines (doses), and support for equitable and effective vaccination roll-outs (including communication and capacity strengthening work). The evaluation will look beyond support to COVAX (which is the subject of a separate evaluation) and the bilateral supply of doses, to also look at issues related to manufacturing and supply, delivery, health system capacities, communication, and combating mis- or disinformation. It will examine the role of all providers of vaccine-related development co-operation and humanitarian assistance (including non-DAC providers).

Given the prominence of vaccination-related efforts in broader responses, questions on equitable access to vaccinations will be embedded in each evaluation question.

3. Evaluation questions

Below are the main evaluation questions to be answered, developed based on the Coalition's Shared Evaluation Framework,²¹ and in consultation with the COVID-19 Global Evaluation Coalition. Please consult *Annex A* for a list of indicative sub-questions.

The Evaluation Team will prepare an evaluation matrix during the inception phase of the evaluation. The matrix will map all questions against data collection and analysis methods, indicators, and data sources. The matrix will represent the evaluation's main analytical framework.

	Evaluation questions
Descriptive	Q0. How did national governments, and development and humanitarian actors respond to COVID-19?
Relevance	Q1. To what extent did COVID-19 support meet local needs and priorities, including those of vulnerable and marginalized groups?
Coherence	Q2. To what extent did responses align to ensure coherent approaches at global, regional and country levels?
Effectiveness	Q3. What are the early results of the collective (national and international) response to COVID-19?
Efficiency	Q4. To what extent were funding and programming decisions and interventions timely and informed?
Forward looking	Q5. What good practices, innovations and lessons learned emerged? How might they inform future crisis preparedness?

4. Approach and methodology

4.1. Approach

The evaluation design is based on a review of the existing evaluative work and studies of COVID-19 Global Evaluation Coalition participants, in addition to extensive consultations with participants of the Coalition, external partners, and the OECD's Development Co-operation Directorate. The evaluation will adopt an utilisation-focused approach, grounded in the identified evaluative needs of policy and decision-makers across governments and development institutions.

In recognition of the unprecedented and complex circumstances surrounding COVID-19 response efforts, the evaluation will apply principles of appreciative inquiry, focusing on the strengths of the collective effort rather than its weaknesses. This will support the identification of good practices to be replicated and inform future co-ordination and crisis preparedness.

The evaluation will be largely case-based, focused on the systematic generation and analysis of specific cases – including subsets of both providers and partner countries who received assistance. Each subset of cases (approximately 6-8 of each) will undergo a combination of within-case analysis and, to the extent possible, cross-case analysis. The case study design will provide in-depth examples and help identify and describe similarities and differences across contexts and approaches. Findings from these analyses will be used to help answer evaluation questions, derive conclusions, and draw lessons for future co-ordination and crisis preparedness.

The purposive sample of partner country case studies will be informed by a short-list of countries identified for further study by Coalition participants during a series of learning and planning workshops held in 2021. The final list will take into account, among others, issues of size, region, fragility status, direct and indirect COVID impacts, interest of relevant stakeholders, and available evaluation and results data. Likewise the selection of development co-operation providers for case study will aim for a broad spectrum of illustrative examples (by characteristics of size, geographic focus, and type of support) and capitalise on existing and ongoing evaluative work to support the identification of patterns between different contexts. The full set of case study subjects will be outlined in the inception report.

4.2. Methodology

The evaluation will adopt a mixed method and iterative design approach, using a range of data collection and analysis tools to assess each of the proposed evaluation questions. The following methods have been identified to conduct this evaluation:

1. A **meta-review of evaluation reports, assessments and other studies** of international development and humanitarian assistance organisations' responses to the COVID-19 pandemic will constitute a key line of evidence for the evaluation. The review will also include documentation on the national responses and priorities of select partner countries (ODA recipients) and review of broader literature and academic articles explicitly focused on international development and humanitarian responses to COVID-19. Data collection will begin with the meta-review to support a deeper understanding of relevant key concepts and how they were defined and approached in existing evaluative work (i.e. coherence, timeliness and adaptability).
2. A **review of statistics on development assistance** from 2016 to 2021 will be undertaken, with a focus on aid provided since the onset of the pandemic in 2020. This will include analysis of the data housed in the OECD Creditor Reporting System (CRS) Aid Activities database, and a review of the OECD's Development Co-operation Profiles and DAC peer reviews, to compile and analyse verified statistics and trends on how development assistance is allocated geographically, to sectors, and to multilateral and civil society organisations. To the extent possible, partner country case studies will also assess country-specific data from national governments and development co-operation actors to assess relevance, coherence and effectiveness at the country-level.
3. A series of 12 to 16 **illustrative case studies** will be conducted to provide in-depth examples at the organisation and country levels. Case studies will involve in-depth description and analysis of particular development agencies (providers) and partner countries (recipients). The overall aim of the case studies is to gain a comprehensive and holistic understanding of how individual development agencies responded to COVID-19, and how response efforts played out at the country level, including support for equitable access to vaccines.

As part of the case study design, the Evaluation Team will interview policy and decision-making units of bilateral development agencies, partner governments and other development co-operation entities. The selection of interviewees will be based on the organisations and countries included in the evaluation as case study subjects and will aim to address the issues outlined below:

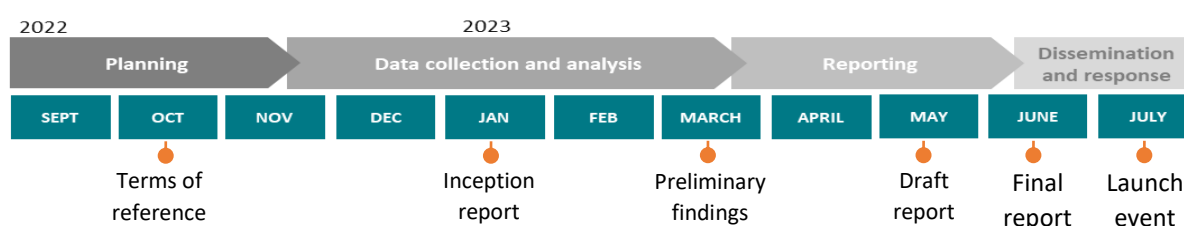
Provider case studies	Partner country case studies
<p>Descriptive case studies will examine the priorities, commitments, and funding and programming decisions of development agencies. They will help identify the internal factors (positive or negative) affecting responsiveness and adaptability of programming through different phases of the pandemic, as well as the mechanisms in place to co-ordinate efforts with other actors.</p>	<p>Descriptive case studies will be conducted to gain a more in-depth understanding of the collective response to COVID-19 at the country-level. They will examine alignment with national strategies and priorities, and with perceived COVID-19 risks and beneficiary needs and priorities. Partner case studies will also examine coherence across development partners and with other sustainable development efforts (Agenda 2030), and the extent to which support helped address the health and humanitarian crises and socio-economic fallout of COVID-19.</p>

The Evaluation Team will conduct one or more validation workshops to collect views on the findings and emerging recommendations from Coalition participants and beyond. The Evaluation Team will triangulate data through brainstorming and validation sessions framed around the evaluation questions and matrix. The specific delineations of the above evaluation approaches and methodologies will be refined during the inception phase under the guidance of the Evaluation Steering Group and the COVID-19 Global Evaluation Coalition.

5. Timing and deliverables

The data collection phase of the evaluation will begin immediately following the first convening of the Evaluation Steering Group in mid-December, where feedback on the inception report will be discussed. Emerging findings are expected in March 2023 and a final report is scheduled for completion in June 2023.

5.1. Indicative timeline



5.2. Deliverables

Three (3) key deliverables have been established for this evaluation:

Deliverable 1: Inception report. The Evaluation Team will produce an inception report setting out, at a minimum: a methodological approach for the evaluation, an evaluation matrix, data collection and analysis tools, a list of the limitations of the evaluation and potential mitigation measures, and a list of case study subjects. An Evaluation Steering Group will provide detailed feedback on the proposed methodology and approach, which will be incorporated in the final inception report.

Deliverable 2: Evaluation report. The final evaluation report will represent the main deliverable for the evaluation. The report will be written in a clear and concise manner, linking findings, recommendations and conclusions, and identifying responsibility and a timeline for follow-up where relevant. The final report will contain a supplemental section consolidating all key lessons learned from collective response and any notable innovations. The draft report will be reviewed by the Evaluation Steering Group, and the final report will be cleared by both the Steering Group and the broader COVID-19 Global Evaluation Coalition prior to dissemination.

Deliverable 3: Case study reports. Case study reports are planned to complement the evaluation report, providing in-depth examples of how the response played out in practice. These reports will serve as part of the overall data collection to support findings on the collective response. Case study reports will not be evaluations of particular country responses (development agencies nor partner countries) and will not produce recommendations for local action. Instead, they will be used to inform recommendations targeting development co-operation more broadly.

In addition to the above-mentioned deliverables, other evaluation products may be proposed, including presentations, briefs and factsheets.

Deliverables will follow the OECD Style Guide,²² including proper use of references and in text citations, and use of British English. The final report will be translated into French. The executive

summary and/or other evaluation products proposed in the inception report may be translated into national languages spoken in case study countries at the discretion of the Evaluation Team and depending on available resources.

6. Management, ethics and quality assurance

The DAC Quality Standards for Development Evaluation²³ will be applied throughout the evaluation process to improve the quality of the evaluation, facilitate comparisons, support partnerships and collaborations, and increase use of the evaluation findings. The evaluation will uphold the principle of “do no harm” and consider gender roles, ethnicity, ability, age, sexual orientation, language and other differences when designing and carrying out the evaluation.

Quality control will be exercised throughout the evaluation process through the establishment of an Evaluation Steering Group. In addition, a peer review of all major deliverables will be undertaken by COVID-19 Global Evaluation Coalition participants and OECD staff sitting on the COVID-19 Task Force.

6.1 Evaluation Team composition and budget

This evaluation falls under the auspices of the COVID-19 Global Evaluation Coalition. The evaluation will be conducted in-house by the OECD DAC Network on Development Evaluation (EvalNet) Secretariat, in its capacity as the Coalition Secretariat. The evaluation will be conducted using internal resources, with 300 person days allocated for this project split across the three core members of the Secretariat’s evaluation team.

The core Evaluation Team will be supported by two external consultants during the planning and data collection phases. The first will provide methodological advice, quality control and guidance, and the second will support with document review and analysis.

A budget of approximately 250-300 KEUR has been set for the OECD to support the conduct and dissemination of the evaluation. This figure includes contracts for external consultants and coverage of staff time, as well as costs related to translation, editing and publication.

6.2 Evaluation steering group

An Evaluation Steering Group will be established for this evaluation. The purpose of the group is to support the Evaluation Team and act as an advisory body for the Strategic Joint Evaluation, supporting a credible, transparent, inclusive and quality evaluation process. Members will help inform the evaluation’s scope, findings and recommendations, and help amplify and implement the evaluation’s results and recommendations. The Steering Group may also support the development of a communications strategy for the evaluation’s results and recommendations.

The Group will be comprised of individuals representing the diverse participants in the Coalition and will include a sufficient base of expertise. Individuals will participate in the group on an unpaid, voluntary basis. The full list of members will be included in the inception report.

6.3 Evaluation reference group

To support the usefulness of the evaluation, and enable learning from and action on its findings, the team will also engage with intended users. This may include creation of a Reference Group composed of critical actors in the development co-operation and humanitarian assistance space. The group will act as a conduit to wider audiences. The RG is purely advisory and must respect the decision of the independent evaluators about whether feedback is incorporated. Individuals will participate in the group on an unpaid, voluntary basis. The inception report will detail arrangements.

Annex A: Evaluation questions and sub-questions

The below questions will be elaborated on during the inception phase to produce the final list of evaluation questions and sub-questions.

	Evaluation questions	Indicative sub-questions
Descriptive	Q0. How did national governments, and development and humanitarian actors respond to COVID-19?	Q0A. What were the identified needs and priorities of national governments in addressing COVID-19 and how did they respond?
		Q0B. Who funded the international response to COVID-19 and where were efforts focused?
		VQ0. How and where did international development and humanitarian actors support equitable access to vaccines and vaccination roll-outs?
Relevance	Q1. To what extent did COVID-19 support meet local needs and priorities, including those of vulnerable and marginalized groups?	Q1A. To what extent was funding and programming responsive to local needs and priorities, including the specific needs of women and girls, and vulnerable and marginalised groups?
		Q1B. To what extent were providers flexible and adaptive in responding to changing needs and priorities as the pandemic evolved?
		VQ1. To what extent were efforts focused on equitable access to vaccines and vaccination roll-outs responsive to country needs and priorities?
Coherence	Q2. To what extent did responses align to ensure coherent approaches at global, regional and country levels?	Q2A. To what extent did the collective response complement and empower national efforts and leadership to address COVID-19 related needs and priorities?
		Q2B. To what extent was the collective bilateral response coherent and well-co-ordinated at global, regional and country levels? At the sectoral level?
		Q2C. To what extent was the collective bilateral response consistent and complementary with the broader efforts of humanitarian and development actors at global, regional and country levels? At the sectoral level?
		VQ2. To what extent were efforts focused on equitable access to vaccines and vaccinations co-ordinated in relation to speed, type and scale of resource allocations and countries of engagement?
Effectiveness	Q3. What are the early results of the collective (national and international) response to COVID-19?	Q3A. To what extent did bilateral providers deliver on individual and joint commitments regarding support for COVID-19 response and recovery efforts?
		Q3B. To what extent, and in what ways, did development co-operation address the immediate public health and humanitarian crises?

		<p>Q3C. To what extent, and in what ways, did development co-operation contribute to efforts focused on economic, environmental and social recovery and resilience?</p>
		<p>VQ3a. To what extent, if any, did vaccine-related support result in unintended effects, including on:</p> <ul style="list-style-type: none"> a) Routine childhood vaccinations? b) Broader efforts to strengthen country health systems?
		<p>VQ3b. What effect (positive or negative), if any, did non-COVAX response efforts have on those undertaken through COVAX channels?</p>
Efficiency	<p>Q4. To what extent were funding and programming decisions and interventions timely and informed?</p>	<p>Q4A. To what extent were providers successful in mobilising adequate, timely and flexible funding to respond to COVID-19?</p>
		<p>Q4B. What guided funding and programming decisions? When was this information obtained and how was it used?</p>
		<p>Q4C. To what extent were mechanisms in place to support flexible and adaptable funding and programming as the pandemic evolved?</p>
		<p>VQ4. To what extent was the provision of vaccines and vaccination-related support equitable and timely?</p>
Forward looking	<p>Q5. What good practices, innovations and lessons learned emerged from the collective response to COVID-19? How might they inform future crisis preparedness?</p>	<p>Q5A. What good practices emerged that can inform ongoing or future approaches?</p>
		<p>Q5B. What are the key lessons that can inform future co-ordination and crisis preparedness?</p>
		<p>VQ5. What innovative approaches, solutions and new ways of working emerged that could benefit ongoing or future action?</p>

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- ¹ United Nations (2022), *The Sustainable Development Goals Report 2022*, United Nations Publications, New York, <https://unstats.un.org/sdgs/report/2022/The-Sustainable-Development-Goals-Report-2022.pdf>.
- ² Johnson, L. and M. Kennedy-Chouane (2021), COVID-19 Global Evaluation Coalition, “The COVID-19 pandemic: How are humanitarian and development co-operation actors doing so far? How could we do better? Synthesis of early lessons and emerging evidence on the initial COVID-19 pandemic response and recovery efforts.” OECD, Paris, www.covid19-evaluation-coalition.org/documents/COVID19_Early_Synthesis-july-21.pdf.
- ³ Inter-Agency Humanitarian Evaluation (2021), *Inter-Agency Evaluation of the Humanitarian Response to the COVID-19 Pandemic*, <https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations/inter-agency-evaluation-humanitarian-response-covid-19-pandemic-terms-reference>.
- ⁴ World Bank (2022), *Evaluation of the World Bank Group’s Early Response in Addressing the Economic Implications of COVID-19*, https://ieg.worldbankgroup.org/sites/default/files/Data/reports/ap_covid19economicimplications.pdf
- ⁵ IMF (2022), *IMF’s Response to the Pandemic: Strategy and Collaboration with Partners*.
- ⁶ United Nations Sustainable Development Group (2022), *System-wide Evaluation of the UNDS Response to COVID-19*, <https://unsdg.un.org/resources/interim-report-system-wide-evaluation-unds-response-covid-19>
- ⁷ MOPAN (2022), *More than the Sum of its Parts? The Multilateral Response to COVID-19* (not yet published)
- ⁸ GAVI (2022), *Gavi’s COVAX Facility and COVAX AMC Evaluability Assessment and Evaluation Design study*, ITAD, Washington, www.gavi.org/programmes-impact/our-impact/evaluation-studies/gavis-covax-facility-and-covax-amc-evaluability-assessment-evaluation-design-study.
- ⁹ World Health Organization (2021), *ACT-Accelerator Strategic Review*, Dalberg, Geneva www.who.int/publications/m/item/act-accelerator-strategic-review.
- ¹⁰ GAVI (2022), *Evaluation of Gavi’s Initial Response to COVID-19*
- ¹¹ UNICEF (2021), *Real-Time Assessment of UNICEF’s support to the COVID-19 vaccine roll out and immunization programme strengthening in the Latin America and the Caribbean region* (Terms of references)
- ¹² OECD DAC (2020), *Joint Statement by the OECD Development Assistance Committee on the Covid-19 crisis*, www.oecd.org/dac/development-assistance-committee/dac-covid-19-statement.htm
- ¹³ OECD (2022), *Frequently asked questions on the ODA eligibility of COVID-19 related activities*, www.oecd.org/dac/financing-sustainable-development/FAQs-ODA-eligibility-of-COVID-19-related-activities-FEB-2022.pdf
- ¹⁴ OECD (2022), *ODA Levels in 2021 – Preliminary data*, www.oecd.org/dac/financing-sustainable-development/development-finance-standards/ODA-2021-summary.pdf
- ¹⁵ UNDP (2022), *Global Dashboard for Vaccine Equity*, <https://data.undp.org/vaccine-equity/>, accessed 5 October 2022
- ¹⁶ WHO (2022), *The Access to COVID-19 Tools (ACT) Accelerator*, www.who.int/initiatives/act-accelerator.
- ¹⁷ OECD (2022), *Frequently asked questions on the ODA eligibility of COVID-19 related activities*, www.oecd.org/dac/financing-sustainable-development/FAQs-ODA-eligibility-of-COVID-19-related-activities-FEB-2022.pdf.
- ¹⁸ OECD (2022), *Covid-19 vaccines and official development assistance*, <https://oecd-development-matters.org/2022/04/06/covid-19-vaccines-and-official-development-assistance/>
- ¹⁹ This includes, but is not limited to, assistance that has been tagged using the COVID-19 markers. OECD DAC Working Party on Development Finance Statistics (2020), *Introduction of a data field in the CRS for tracking cross-cutting COVID-19 related expenditures and other possible topics of interest*, [https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC/STAT\(2020\)37&docLanguage=En](https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC/STAT(2020)37&docLanguage=En)
- ²⁰ OECD DAC (2021), *DAC List of ODA Recipients*, <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/DAC-List-of-ODA-Recipients-for-reporting-2021-flows.pdf>
- ²¹ COVID-19 Global Evaluation Coalition (2021), *Shared Evaluation Framework*, <https://www.covid19-evaluation-coalition.org/about/>
- ²² OECD (2015), *OECD Style Guide*, <https://www.oecd.org/about/publishing/OECD-Style-Guide-Third-Edition.pdf>
- ²³ OECD DAC (2010), *Quality Standards for Development Evaluation*, <https://www.oecd.org/development/evaluation/qualitystandards.pdf>